

Health and Social Care Integration

East Lothian Integration Joint Board

**Revised Joint Integration Scheme
(Body Corporate)**

East Lothian Integration Scheme 2022

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PREAMBLE

Health and Wellbeing Outcomes, and the Aims, Vision and Values of the Integration Joint Board (IJB)

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. This Revised Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

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

(and together the 9 Health and Wellbeing Outcomes, and the Aims, Vision and Values of the IJB specified in the preamble above shall be referred to in this document as 'the Outcomes')

Our vision and aims

The IJB's vision for the integration of health and social care in East Lothian is to support all people in East Lothian to live the lives they want as well as possible, achieving their potential to live independently and exercising choice over the services they use¹.

The IJB's strategic objectives are:

- A. to make health and social care services more sustainable and proportionate to need and to develop our communities
- B. to explore new models of community provision which involve local communities and encourage less reliance on health and social care services
- C. to improve prevention and early intervention
- D. to reduce unscheduled care and delayed discharges
- E. to provide care closer to home
- F. to deliver services within an integrated care model
- G. to enable people to have more choice and control
- H. to reduce health inequalities
- I. to build and support partnership working
- J. to support change and improvement across our services

The **values** that will underpin delivery of the Integration Joint Board's vision and outcomes are:

- to give people control over what happens to them is in itself promoting good health and wellbeing. The IJB will seek to maximise people's control over their lives as an integral part of the services we provide
- it is better to prevent health and social problems than to deal with them once they have occurred. The IJB will focus our attention and resources on prevention and early intervention
- that some people's social and economic circumstances lead to them having poorer health, wellbeing and life chances than others. IJB will work to tackle these inequalities by focusing our efforts on those at greatest risk
- it is right to offer people services as close to home as possible
- in working in partnership

¹ East Lothian IJB Strategic Plan 2019 - 2022, page 12

- in a single health and social care economy for East Lothian. We will invest the resources of the health and social care economy wherever it will have the greatest impact on meeting our shared objectives
- Recognise the interdependencies of services and will take a holistic approach to service provision, considering each individual in the context of their circumstances
- value the views of people who use our services
- value the diversity of East Lothian. We will work closely with our diverse communities to ensure they can contribute to the health and wellbeing of the population

Throughout all its work the Parties expect the IJB to be guided by the following ambitions:

- Provide the highest quality health and care services
- Always respect people's dignity and rights
- Support people to live independently at home
- Promote the principles of independent living and equality
- Do everything we can to reduce health inequalities
- Provide support and services so that people only have to go to hospital if they really have to
- Listen to people who use our services, and the people who care for them, working together to develop the services that are right for them
- Make sure that East Lothian people feel safe at home and in their communities
- Support people to take more responsibility for their own health and wellbeing

The provisions within this preamble are not part of the Revised Integration Scheme and are not intended to create legally binding obligations. They do however, give the context within which the Revised Integration Scheme should be read.

Integration Scheme

The Parties:

East Lothian Council, the local authority for the County of East Lothian constituted by the Local Government etc (Scotland) Act 1994 and having its principal offices at John Muir House, Brewery Park, Haddington, EH41 3HA (“the Council”);

and

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”, and each being referred to as a “Party”)

Background

- A. The Parties are required to comply with either subsection (3) or (4) of section 2(2) of the Act (hereinafter defined), and elected to comply with subsection (3) such that the Parties jointly prepared a joint integration scheme (as defined in section 1(3) of the Act) for East Lothian Area.
- B. The Parties entered into the East Lothian Joint Board Joint Integration Scheme in 2015.
- C. In preparing the said East Lothian Joint Board Joint Integration Scheme, the Parties had regard to the integration planning principles set out in section 4(1) of the Act and the national health and wellbeing outcomes prescribed by the Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014, and have complied with the provisions of section 6(2) of the Act (consultation); and in finalising the said Joint Board Integration Scheme, the Parties took account of any views expressed by virtue of the consultation processes undertaken under section 6(2) of the Act.
- D. Under s.45(3) of the Act, the Parties are obligated upon the instructions of the Scottish Ministers in the exercise of their power conferred by s.1(3)(f) of the Act, to jointly carry out a review of the said Joint Board Integration Scheme for the purpose of identifying and formalising any necessary or desirable changes required by the Scottish Ministers.
- E. The Scottish Ministers instructed the Parties to revise the said Joint Board Integration Scheme to reflect changes necessitated by provisions contained in the Carers (Scotland) Act 2016, in so far as such requires a relevant local authority and health board to delegate some of their duties in relation to adult carers to the IJB (hereinafter more specifically defined as “IJB”). The

Parties therefore determined to delegate certain functions set out in the said Carers (Scotland) Act 2016 to the IJB and revised the said Joint Board Integration Scheme.

- F. The Parties agreed to a new partially Revised Integration Scheme in accordance with the provisions set out in s.47 of the Act to reflect the instructions of the Scottish Ministers. This First Revised Integration Scheme was entered into in 2019.
- G. Full review and subsequent revision of the Joint Board Integration Scheme as envisaged by s.44 of the Act has been carried out by the Parties in accordance with the provisions of s.44 (5) of the Act and it has been agreed that this agreement would constitute the new Revised Integration Scheme.

In implementation of their obligations under the Act, the Parties hereby agree as follows:

1 Definitions and Interpretation

- 1.1 In this Scheme the following expressions have the following meanings, unless the context otherwise requires:-

“Act” means the Public Bodies (Joint Working) (Scotland) Act 2014 (unless otherwise specified by reference to another Act);

“Chief Officer” means the officer described in Section 7 of this 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 section 9 of the Scheme;

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

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

“IJB Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services in accordance with section 29 of the Act.

“Integration Dataset” means the collective Integration Indicators;

“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;

“IJB” means the East Lothian Integration Joint Board established by Order under section 9 of the Act pursuant to this Revised Integration Scheme;

“Integration Joint Boards Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Integration Scheme or ‘Scheme’ or ‘Revised Integration Scheme’” means this Revised Integration Scheme;

“Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Lothian IJBs” means the IJBs 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 Lothian Council, Midlothian Council and West Lothian Council respectively;

“Neighbouring IJBs” means the Lothian IJBs excluding the East Lothian IJB;

“Operational Budget” means the amount of payment made from the IJB to a Party in order to carry out delegated functions;

“Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“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;

- 1.2 Words and expressions defined in the Act shall bear the same respective meanings in the Revised Integration Scheme unless otherwise specified herein.

1.3 References to Sections are to the sections of this Revised Integration Scheme unless otherwise specified as being sections of an Act of Parliament, or has statutory meaning.

1.4 Reference to Annexes are to annexes to this Scheme and reference to Parts are the parts of the relevant Annex.

2 The Model to be implemented

2.1 The integration model set out in section 1(4)(a) of the Act applies in relation to the East Lothian Area, namely the delegation of functions by each of the Parties to a body corporate established by Order under section 9 of the Act.

2.2. The original scheme came into effect on the date the IJB Order to establish the IJB came into force.

2.3 This Scheme comes into effect on the date of approval by Scottish Minister's

3 Local Governance Arrangements

3.1 Membership

3.1.1 The IJB shall have the following voting members:

- a) **4** councillors nominated by the Council; and
- b) **4** non-executive directors nominated by NHS Lothian in compliance with articles 3(4) and 3(5) of the IJBs Order.

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

3.1.3 Non-voting members of the IJB will be appointed in accordance with article 3 of the IJB's Order.

3.1.4 The term of office of members shall be prescribed by regulation 7 of the IJB's Order.

3.2 Appointment of chair and vice chair

3.2.1 The IJB shall have a chairperson and a vice-chairperson who will both be voting members of the IJB.

3.2.2 The term of office for the Chairperson and Vice Chairperson will be two years.

- 3.2.3 The Council and NHS Lothian may determine (out of those voting members nominated in terms of paragraph 3.1.2 of this Scheme) who they appoint as chairperson or vice-chairperson.
- 3.2.4 The Council appointed the first chairperson and NHS Lothian appointed the first vice-chairperson of the Integration Joint Board for the initial two year period from 1 April 2015.
- 3.2.5 The right to appoint the chairperson and vice chairperson respectively will continue to alternate between each of the Parties on a two-year cycle 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.
- 3.2.6 The chairperson shall not have a casting vote
- 3.2.7 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.

4 Delegation of Functions

- 4.1 The functions that are to be delegated by NHS Lothian to the IJB (subject to the exceptions and restrictions specified or referred to in Part 1 of Annex 1) are set out in Part 1 of Annex 1. The services currently provided by NHS Lothian in carrying out these functions are described in Part 2 of Annex 1.
- 4.2 The functions that are to be delegated by the Council to the IJB (subject to the restrictions and limitations specified or referred to in Parts 1A and 1B of Annex 2) are set out in Parts 1A and 1B of Annex 2. For indicative purposes only, the services which are currently provided by the Council in carrying out these functions are described in Part 2 of Annex 2.

5 Local Operational Delivery Arrangements

5.1 Directions issued by the IJB via the Chief Officer

- 5.1.1 The IJB membership will be involved in the operational governance of integrated service delivery via two particular arrangements: (1) directions issued by the IJB via the Chief Officer of the IJB; and (2) oversight of performance management by the voting members of the IJB.
- 5.1.2 The IJB will issue directions to the Parties via its Chief Officer. The IJB must direct the Parties to carry out each of the functions delegated to the IJB. A direction in relation to a given function may be given to one or other of the Parties, or to both Parties. The primary responsibility for delivering capacity (that is to say, activity and case mix) in respect of the services associated

with the carrying out of a given function shall lie with the IJB, and shall be reflected in the directions issued from time to time by the IJB. Subject to the provisions of the Act and this Revised Integration Scheme, the Parties are then required to follow those directions

5.2 Oversight of performance management by the voting members of the IJB

- 5.2.1 The IJB shall oversee delivery of the services associated with the functions delegated to it by the Parties. The IJB is the only forum where health and social care functions for the East Lothian Area are governed by members of both NHS Lothian and the Council. Accordingly the Parties agree that the primary responsibility for performance management in respect of delivery of the delegated functions will rest with the IJB.
- 5.2.2 The Parties will provide performance information so that the IJB can develop a comprehensive performance management system.
- 5.2.3 The IJB performance management reports will be available to both Parties for their use in their respective performance management systems. However it is expected that the voting members of the IJB will take responsibility for performance management at the IJB, and will provide an account of highlights and/or exceptional matters to meetings of NHS Lothian and the Council.
- 5.2.4 In the interests of efficient governance, the relevant committees of NHS Lothian and the Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and the Council functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The IJB will not duplicate the internal operational oversight role carried out by the Parties' respective committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate and agreed by the Parties in order to secure the proper discharge by the IJB of its statutory responsibilities or duties under this Scheme.
- 5.2.5 Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the IJB, the chair of that committee will advise the Chair of the IJB and the Chief Officer of that matter and will cooperate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.
- 5.2.6 The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the East Lothian Area.

- 5.2.7 The voting members of the IJB are councillors of the Council and non-executive board members of NHS Lothian. In their capacity as councillors and non-executive board members, they will be engaged in the governance of their respective constituent bodies, and it is likely that they will be members of one or more committees of those constituent bodies.
- 5.2.8 Given the overall vision as outlined in the preamble of this Revised Integration Scheme, it is the intention that the operational governance functions of both Parties and the IJB should be integrated. In all matters associated with the work of the IJB, the voting members of the IJB will be expected by the Parties to play a crucial role in:
- a) communicating, and having due regard to, the interests of NHS Lothian or (as the case may be) the Council in overseeing the carrying out of the integrated functions, but on the understanding that, in carrying out their role as a member of the IJB, their primary duties and responsibilities are those which attach to them in that capacity; and
 - b) communicating, and having due regard to, the interests of the IJB in overseeing the carrying out of the integrated functions whilst discharging their role as a councillor or (as the case may be) as a non-executive board member of NHS Lothian, but on the understanding that, in carrying out their role as a councillor or non-executive board member, their primary duties and responsibilities are those which attach to them in that capacity.
- 5.2.9 This Scheme sets out detailed measures on the governance of integration functions throughout the text. Over and above these measures, the Parties will ensure that the IJB members are involved in overseeing the carrying out of integration functions through the following action:
- a) The terms of reference, membership and reporting arrangements of the relevant committees of the Parties will be reviewed and the IJB will be consulted within this process (and all future reviews).
- 5.2.10 Without prejudice to the role of the voting members of the IJB (as specified above) in relation to oversight of operational delivery of services in accordance with directions issued to either or both of the Parties by the IJB, the IJB will, through the Chief Officer, have an oversight role in the operational delivery of services by the Parties in the carrying out of integration functions. 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 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 IJB;
or
- (b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

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

5.3 Support for Strategic Planning

5.3.1 The Parties will support the IJB in ensuring that the consultation process associated with the preparation of each Strategic Plan for the East Lothian Area includes other Integration Authorities likely to be affected by the Strategic Plan. The Integration Authorities that are most likely to be affected by the Strategic Plan for the East Lothian Area are:

- (a) Midlothian Integration Joint Board
- (b) Edinburgh Integration Joint Board
- (c) West Lothian Integration Joint Board.

5.3.2 NHS Lothian will procure that reciprocal provisions to those set out in Sections 5.1, 5.2 and 5.3 are contained in the integration schemes of the Neighbouring IJBs in Lothian.

5.3.3 In addition the Scottish Borders Integration Joint Board shares a border with East Lothian Integration Joint Board and may be affected by the East Lothian Strategic Plan.

5.3.4 The Parties will to ensure that the IJB can:

- (a) effectively engage in all of the planning process and support the Neighbouring IJBs in discharging their role including contributing to the work of the strategic planning groups for the Neighbouring IJBs as required;
- (b) provide such information and analysis as Neighbouring IJBs reasonably require for the production of their Strategic Plans;
- (c) inform Neighbouring IJBs as to how the services, facilities and resources associated with the functions delegated to the IJB by the Parties are being or are intended to be used with respect to carrying out of those functions in line with these planning processes;

- (d) in a situation where Strategic Plans in one area are likely to have an impact on the plans in another area, ensure that these matters are raised with other relevant Integration Joint Boards and resolved in an appropriate manner;
- (e) in a situation where Strategic Plans in another area are likely to have an impact on the East Lothian Area, ensure that these matters are raised and any associated risks are mitigated for the benefit of service users.

5.4 Lothian Hospitals Strategic Plan, and Lothian Strategic Development Framework

5.4.1 NHS Lothian developed a plan (the 'Lothian Hospitals Strategic Plan') to support the IJB initial Schemes to fulfil their duties. The Lothian Hospitals Strategic Plan does not and will not bind the IJB though the IJB Strategic Plans are intended to inform and support 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.

5.4.2 The Lothian Hospitals Strategic Plan (which is or shall be replaced either in whole or part by the Lothian Strategic Development Framework referred to in [5.4.4] herein) was initially developed in partnership with the Lothian IJBs where integration functions are delivered by NHS Lothian in a hospital. Such reflected the relevant provisions of the Strategic Plans prepared by the respective Lothian IJBs, as well as NHS Lothian plans for non-delegated functions and it is intended that the Lothian Strategic Development Framework shall reflect the same.

5.4.3 The purpose of the Lothian Hospital Strategic Plan (and the purpose of the forthcoming Lothian Strategic Development Framework) 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 NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the Lothian IJBs (e.g. tertiary, trauma, surgical, planned and children's services).

5.4.4 The forthcoming Lothian Strategic Development Framework shall be developed jointly by NHS Lothian and the Lothian IJBs, until such time as such is completed the Lothian Hospitals Strategic Plan shall continue to subsist. The elements of the Lothian Strategic Development Framework addressing non-delegated functions shall only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Strategic Development Framework which cover functions

delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.

5.5 Professional, technical or administrative support services

5.5.1 The Parties agree to provide the IJB with the corporate support services that it requires to discharge fully its duties under the Act.

5.5.2 The Parties and the IJB will regularly undertake review of the support services put in place pursuant to the IJB Scheme to ensure that the IJB has available to it all necessary professional, technical or administrative services for the purpose of preparing its Strategic Plan and carrying out the integration functions. This process will form part of the annual budget setting process for the IJB.

5.6 Performance targets, improvement measures and reporting arrangements

5.6.1 All national and local Outcomes, improvement measures and performance targets (including the Annual Performance Report (as defined and required under the Act) which are connected exclusively with the functions delegated by the Parties to the IJB under this Revised Integration Scheme will become the responsibility of the IJB to deliver; and the IJB 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.

5.6.2 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 IJB and the Party or Parties which exercise those functions, and the IJB 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.

5.6.3 A set of shared principles will be developed and agreed between the Parties for targets and measurement based on existing best practice, and will be reviewed regularly as required.

5.6.4 A core group of senior managers and relevant support staff from each Party will continue to review and where necessary revise and further develop the Performance Framework, taking account of relevant national guidance. The Performance Framework will be underpinned by the Outcomes and will be further developed on an ongoing basis to drive change and improve effectiveness. The Performance 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.

- 5.6.5 A core set of Integration 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 of the functions delegated to the IJB.
- 5.6.6 An Integration Dataset will be created for the IJB. The Integration Dataset shall include information on the data gathering, reporting requirements and accountability for each of these measures and targets and include, in relation to each target, the extent to which responsibility sits with or is to transfer to the IJB. Such shall be shared with and reviewed by the IJB and amended as appropriate following such review.
- 5.6.7 The Outcomes which apply to integrated health and social care, and the associated national indicators which underpin the nine health and wellbeing Outcomes will be used by the IJB to inform the development of the Performance Framework.
- 5.6.8 The IJB shall apply the Outcomes and Integration Indicators to inform and assist in setting local priorities and monitoring performance, and will be reported per national and local reporting arrangements.
- 5.6.9 The Integration Indicators will be aligned with the priority areas identified in the joint strategic needs assessment and the Strategic Plan and will be refined as these documents are reviewed and refreshed. The Integration Indicators shall be in line with IJB strategy and will demonstrably evidence the IJB's endeavours to achieve the Outcomes.
- 5.6.10 The Parties have obligations to meet targets for functions which are not delegated to the IJB, 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 IJB 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.
- 5.6.11 The Performance Framework may require information on functions which are not delegated to the Integration Board. Either one of the Parties, or the IJB, will be able to reasonably require information of that nature to be included within the Integration Dataset.
- 5.6.12 The continuous development of an effective Performance Framework, taking account of relevant national guidance, will be supported by the parties and the IJB. The framework will be underpinned by the Outcomes, and national integration indicators, and will used by the Parties and the IJB to drive change and improve effectiveness.

6 Clinical and Care Governance

6.1 Introduction

- 6.1.1 This Section of this Revised Integration Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place. The Parties will expect the IJB to develop more integrated governance arrangements in East Lothian to complement the existing clinical and care governance arrangements.
- 6.1.2 The Parties have well established systems to provide clinical and care governance as well as assurance for professional accountabilities. Those systems will continue and the scope of these systems will extend to provide the IJB with the requirements to fulfil their clinical and care governance responsibility.
- 6.1.3 This Section describes the relationship between the Parties' clinical and care governance systems and the IJB. The relationship between these systems and the Strategic Planning Group and delivery of services within localities will be via the Chair and Chief Officer of the IJB. The IJB non-voting membership includes the Chief Social Work Officer and three health professionals who are determined by NHS Lothian. These members will provide a further link between the Parties clinical and care governance systems and the IJB as described in Section 6.2. It is for the IJB to ensure that the Strategic Planning Group has sufficient information to undertake its function and the Parties shall provide such information to the IJB as is necessary for it to do so. This is in line with the commitment in this scheme at 5.3.1 to provide the IJB with the corporate support services required to fully discharge its responsibilities under the Act, which includes support to the IJB, its Strategic Planning and localities.
- 6.1.4 Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's Performance Framework (pursuant to Section 5.6 of this Scheme).
- 6.1.5 The IJB will not duplicate the role carried out by the Parties existing governance arrangements other than in exceptional circumstances where the IJB considers that direct engagement by the IJB is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.
- 6.1.6 The Parties agree that in the event that one of its committees within its governance arrangements identifies an issue which is of direct and material relevance to the IJB, the chair of that committee will advise the chairperson of the IJB and the Chief Officer of that matter and

will co-operate with the IJB in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

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

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

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

6.1.10 Within its existing governance framework, NHS Lothian has:

(a) A healthcare governance committee, the remit of which is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that the Lothian NHS Board meets its responsibilities with respect to:-

- NHS Lothian Participation Standards
- Volunteers/Carers
- Information Governance
- Protection of Vulnerable People including children, adults, offenders
- Relevant Statutory Equality Duties

and

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

6.1.11 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.

- 6.1.12 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.
- 6.1.13 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.
- 6.1.14 The Chief Social Work Officer reports annually to the Council on standards achieved, governance arrangements (including supervision and case file audits), volume/quantity of statutory functions discharged, the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.
- 6.1.15 These reports must comply with national guidance issued by the Scottish Government. The Chief Social Work Officer will also provide a copy of these annual reports to the IJB.
- 6.1.16 The intention of using the existing NHS Lothian and Council internal governance as a primary source of assurance is to recognise that the Parties will have continuing governance responsibilities for both delegated and non-delegated functions, and that the Parties wish to minimise unnecessary bureaucracy. The IJB will be engaged through its voting membership being part of the Parties' internal governance arrangements. The IJB will be in a position to holistically consider the information/assurance received from the Parties and arrive at a determination for all of its functions. If the IJB is in any way dissatisfied with the information or assurance it receives from the Parties, or the effectiveness of the Parties internal governance arrangements, it may give a direction to the Parties to address the issue, or revise its own system of governance.

6.2 Clinical and Care Governance Risk

- 6.2.1 There is a risk that the plans and directions of the IJB could have a negative impact on clinical and care governance, and professional accountabilities. Section 6.3 of this Revised Integration Scheme sets out the arrangements that have been or will be put in place to avoid this risk.

6.3 Professional Advice

- 6.3.1 NHS Lothian has within its executive membership three clinical members (referred to below as '**Executive Clinical Directors**'); a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the

clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.

- 6.3.2 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 of harm. 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.
- 6.3.3 The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership and he or she will remain the lead and accountable professional for his or her profession.
- 6.3.4 The IJB may elect to appoint one or both of the Medical Director and the Nurse Director as additional non-voting members of the IJB. The IJB's Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:
- (a) A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Lothian in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
 - (b) A registered nurse who is employed by NHS Lothian or by a person or body with which NHS Lothian has entered into a general medical services contract; and
 - (c) A registered medical practitioner employed by NHS Lothian and not providing primary medical services.
- 6.3.5 NHS Lothian will consider the advice of the Executive Clinical Directors, and any other relevant officer it deems fit before making appointments to fill the membership positions referred to in Section 6.3.4. The appointees will be professionally accountable to the relevant Executive Clinical Director. NHS Lothian will develop a role description for the appointments referred to in Section 6.3.4, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.
- 6.3.6 The three health professional representatives referred to in Section 6.3.4 will each also be:
- (a) A member of an integrated professional group (should it be established); and/or
 - (b) A member of a NHS Lothian committee; and/or
 - (c) A member of a consultative committee established by NHS Lothian.

- 6.3.7 If a new “integrated professional group” is established, the Chief Social Work Officer must also be a member.
- 6.3.8 The three health professional representative set out in Section 6.3.4 and the Chief Social Work Officer will be expected by the Parties to play a lead role in:
- (a) Communicating and having regard to their duties to NHS Lothian or the Council as the case may be whilst discharging their role as a member of the IJB;
 - (b) Communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) the Council.
 - (c) The members will be expected to communicate regularly with the Executive Clinical Directors, and the Council’s Chief Executive as and when appropriate.
- 6.3.9 The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.
- 6.3.10 NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.
- 6.3.11 The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.
- 6.3.12 The engagement of professionals throughout the process to develop and consult on the Strategic Plan is intended to ensure that the IJB has all the required information to prepare a Strategic Plan, which will not compromise professional standards.
- 6.3.13 In the unlikely event that the IJB issues a direction to NHS Lothian, which is reasonably likely to compromise professional standards, then in the first instance, the relevant Executive Clinical Director will write to the IJB.
- 6.3.14 If the issue is not resolved to his/her satisfaction, he/she must inform the board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:

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

6.3.15 Regardless of whether a written authority has been given, the Executive Clinical Directors, in their capacity as NHS Lothian members, should always vote against a proposal that they cannot endorse as accountable officers. It is not sufficient to abstain from a decision.

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

6.3.17 If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business, which may compromise professional standards, he/she must immediately notify the relevant Executive Clinical Director(s) of their concerns.

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

6.3.19 In the event that the Integration Joint Board issues an direction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Chief Officer of his/her concerns and if his/her concerns are not resolved

by the Chief Officer to his/her satisfaction they must then raise the matter with the Chief Executive of the Council.

6.4 Professionals Informing the IJB Strategic Plan

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

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

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

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

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

- (a) Local consultative committees that have been established under section 9 of the National Health Service (Scotland) Act 1978;
- (b) Managed Clinical/ Care Networks;
- (c) East and Mid Lothian Public Protection Committee (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult this committee on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk;
- (d) Any integrated professional group established.

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

- NHS Lothian 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.

6.4.5 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.

6.4.6 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 for the IJB.

6.5 External scrutiny of clinical and care functions

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

6.5.2 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.

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

6.6 Service User and Carer Feedback

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

7 Chief Officer

7.1 The Chief Officer will be appointed by the IJB; he/she will be employed by one of the Parties and will be seconded to the IJB.

- 7.2 The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the IJB and will be a member of the senior management teams of the Parties. The Chief Officer will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the Parties by the IJB and for monitoring compliance by the Parties with directions issued by the IJB.
- 7.3 The Chief Officer will report directly to the Chief Executives of both Parties. There will be a joint process for the regular performance reviews, support and supervision with both Chief Executives. Annual objectives for the Chief Officer will be agreed and the process will involve the chairperson of the Integration Joint Board agreeing objectives with the Chief Officer relevant to his/her role with the Integration Joint Board as well as the Chief Executives of the Parties. The Chief Officer's performance against those annual objectives will be monitored through an agreed Performance Framework established by the Party which is his/her employer.
- 7.4 If an interim replacement for the Chief Officer of the IJB is required, in line with a request from the IJB to that effect (on the grounds that the Chief Officer is absent or otherwise unable to carry out his/her functions), the Chief Executives of the Parties will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the IJB on an interim basis.
- 7.5 The Chief Officer will have operational responsibility for all of the functions delegated to the IJB with the following exceptions:
- (a) The Chief Officer for NHS Lothian acute hospital services and directors responsible for the Western General Hospital, the Royal Infirmary of Edinburgh, St Johns Hospital and the Royal Edinburgh Hospital will provide delegated services on these hospital sites that will not be operationally managed by the Chief Officer.
- Specific NHS Lothian functions that are managed on a pan-Lothian basis as a 'hosted service' which are solely the responsibility of NHS Lothian and not an IJB Delegated Function, which may be managed by one of the four chief officers in Lothian.
- 7.6 A group consisting of Directors responsible for hospital functions delegated to the IJB and the Chief Officers of the four IJBs in Lothian will be established to ensure close working arrangements between A) IJB Chief Officers, the Chief Officer of NHS Lothian acute hospital services and Hospital Site Directors and B) Chief Officers responsible for the management of a hosted service on behalf of the other three Lothian Chief Officers.

8 Workforce

8.1 The arrangements in relation to their respective workforces agreed by the Parties are:

- (a) For staff managed by a line manager who is employed on different terms and conditions, the manager will observe the contract of employment and apply the employer's employment policies and procedures. Guidance will be available to assist the line manager. In addition the Parties will establish professional leadership lines of accountability to ensure clinical and professional standards are monitored and maintained;
- (b) The Parties have agreed an Organisational Development Plan which is being implemented. There is a Human Resources and Organisational Group which includes Senior Managers and Trades Unions from both Parties.

8.2 The Parties have developed a Human Resources and Organisational Development plan which supports the workforce through the integration process. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership development and the training needs for staff that will be responsible for managing integrated teams. This plan will be reviewed annually to ensure that it takes account of the Strategic Plan of the IJB and the development needs of staff within the IJB.

8.3 The Human Resources and Organisational Development plan will be monitored regularly and reviewed no less than once in any financial year.

8.4 The Parties will support the IJB to prepare a joint Workforce Development and Support Plan through the provision of professional, technical and support services described in Sections 5.4 and 6.1 of this Revised Scheme of Integration. The Workforce Development and Support Plan will sit alongside and be informed by the IJB's Strategic Plan.

9 Finance

9.1 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

9.2 Chief Finance Officer

9.2.1 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.

9.2.2 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.

9.3 Financial Management of the Board

9.3.1 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.

9.4 Principles of Financial Governance

9.4.1 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

9.5 Financial Governance

9.5.1 The Parties will contribute to the establishment of a Board budget. The Chief Officer will manage the Board budget.

9.5.2 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.

- 9.5.3 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 9 of this Revised Scheme of Integration) 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.
- 9.5.4 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.
- 9.5.5 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.
- 9.5.6 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.
- 9.5.7 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.
- 9.5.8 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.
- 9.5.9 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.
- 9.5.10 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.
- 9.5.11 The Chief Finance Officer will liaise closely with the council's Section 95 Officer and the health board's Director of Finance and their teams in order to discharge all aspects of their role.

9.6 Resources Delegated to the Board

- 9.6.1 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.
- 9.6.2 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.
- 9.6.3 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.

9.7 Annual Budget Payments to the Board

- 9.7.1 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.
- 9.7.2 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.
- 9.7.3 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 Section 95 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

9.7.4 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.

9.7.5 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.

9.8 **The set-aside of resources for use by the Board under section 1(3) (d) of the 2014 Act**

9.8.1 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).

9.8.2 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.

9.9 **Hosted Services**

9.9.1 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”.

9.9.2 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.

9.10 **Due Diligence**

9.10.1 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.

9.10.2 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

9.10.3 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.

9.10.4 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.

9.11 **Process to agree payments from the Board to the Parties**

9.11.1 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.

9.11.2 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.

9.11.3 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.

9.11.4 Once issued, Directions can be amended or deleted or replaced by a subsequent Direction by the Board.

9.11.5 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.

9.12 **Financial Reporting to the Board**

9.12.1 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.

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

9.12.3 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.

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

9.13 Process for addressing variance in the spending of the Board

9.13.1 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.

9.13.2 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.

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

9.13.4 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.

9.14 Additional Payments by the Parties to the Board

9.14.1 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.

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

9.14.3 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.

9.14.4 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.

9.15 Underspends

9.15.1 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.

9.15.2 The Board can hold reserves, as determined by its Reserves Policy.

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

9.16.1 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.

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

9.17.1 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

9.17.2 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.

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

9.18.1 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.

9.19 **Use of Capital Assets**

9.19.1 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.

9.19.2 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.

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

9.19.4 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.

9.19.5 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.

9.20 **Audit and Financial Statements**

Financial Statements and External Audit

9.20.1 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.

9.20.2 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.

9.20.3 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.

9.20.4 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).

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

9.20.6 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.

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

10 Participation and Engagement

10.1 The Parties will support the Chief Officer, who will on behalf of the IJB, produce a strategy for engagement with, and participation by members of the public, representative groups or other organisations in relation to the decisions about the carrying out of integration functions as set out in this Section 10. The process to identify and provide support to the Chief Officer to develop the IJB's participation and engagement strategy is described in Section 5. As part of the process set out in Section 5 the Parties will:

- (a) Make available to the IJB arrangements that are already established for consultation by one or both of the Parties. The IJB will consider a range of ways in which to connect with all stakeholders.

- (b) Make available service/user participation and engagement teams to the IJB as this relates to function delegated within this Revised Integration Scheme.
 - (c) Make available communication support to allow the IJB to engage and participate.
- 10.2 The Parties expect that the IJB's participation and engagement strategy will be produced before the date the IJB approves the Strategic Plan for public consultation. When the IJB approves the Strategic Plan, Parties expect that IJB members must be satisfied that the Strategic Plan has had sufficient consultation and that the participation and engagement strategy has been followed.
- 10.3 The development of the participation and engagement strategy will be achieved using a collaborative response, involving the membership of the East Lothian Strategic Planning Group.
- 10.4 The Strategic Planning Group is expected to take both an advisory and active role in the undertaking of future participation and engagement around the implications of service development and re-design.

11 Consultation on this Revised Integration Scheme

- 11.1 A three stage approach was adopted to ensure sufficient involvement and consultation in the revision and further development of this This Revised Integration Scheme:

Stage 1: Informing and Engaging:

Initial review was undertaken and revisions made by officers of the Parties with the involvement of a range of professionals within both Parties. This draft was approved for consultation by the Parties

Stage 2: Consultation

A formal internal and external stakeholder consultation was held from **x 2022 to x 2022**.

Stage 3: Response to the consultation

This Revised Integration Scheme was further developed by officers, guided by the consultation, and submitted for approval by the Parties to submit to Scottish Government.

- 11.2 Further details of the people and groups involved in the informing, engagement and consultation on this Scheme are set out in Annex 4.

12 Information-Sharing and data handling

- 12.1 There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, City of Edinburgh Council, East Lothian Council, Midlothian Council, West Lothian Council and Scottish Borders Council are all signatories and has been subject to previous modifications to comply with the Integration Scheme Regulations. This Protocol is subject to periodic review by a sub group on behalf of the Pan-Lothian Data Sharing Partnership and any resultant updates will be agreed and form the Protocol to support this Revised Integration Scheme. Any updated Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Chief Officers of the Integration Joint Boards, once they have been appointed by the IJB, on behalf of the Pan-Lothian Data Sharing Partnership.
- 12.2 Procedures for sharing information between the Council, the other local authorities within NHS Lothian area, NHS Lothian, and, where applicable, the IJB will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the Pan-Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Lothian Integration Joint Boards and the functions respectively delegated to them. This will also form the process for amending the Pan-Lothian and Borders General Information Sharing Protocol.
- 12.3 The Council and NHS Lothian will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control and access. The IJB may require to be Data Controller for personal data if it is not held by either by the Council or NHS Lothian.
- 12.4 Arrangements for third party organisations access to records will be jointly agreed by all the Parties and the IJB prior to access.
- 12.5 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.
- 12.6 Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of respective organisations, and the Chief Officers of the Lothian Integration Joint Boards.

- 12.7 The information sharing agreements and procedures have been established and shall 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 in 12.2.

13 Complaints

The Parties agree the following arrangements in respect of complaints:

- 13.1 Any person will be able to make complaints either to the Council or to the NHS Lothian. The Parties have in place well publicised, clearly explained and accessible complaints procedures, which allow for timely recourse and signpost independent advocacy services, where appropriate. There is an agreed emphasis on resolving concerns locally and quickly; as close to the point of service delivery as possible.

Complaints can be made to:

- the Council by:
 - telephone: 0131 653 5290
 - email: feedback@eastlothian.gov.ukonline: www.eastlothian.gov.uk
 - in writing: Customer Feedback Team, East Lothian Council, John Muir House, Haddington, EH41 3HA (or Freepost Plus, RSTG-AGEL-RJYH, Customer Feedback Team, East Lothian Council, John Muir House, Haddington, EH41 3HA) ; or
 - in person by visiting any Council office where feedback forms are available.
 - NHS Lothian by:
 - Telephone: 0131 536 3370
 - Email: feedback@nhslothian.scot.nhs.uk
 - In writing to NHS Lothian Patient Experience Team, Waverley Gate, 2 – 4 Waterloo Place, Edinburgh, EH1 3EG.
- 13.2 There are currently different legislative requirements in place for dealing with complaints about health and social care. Complaints regarding the delivery of an integrated service will be made to, and dealt with by, the Party that delivers the integrated 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 initially receiving a complaint to make sure that it is routed to the appropriate organisation/individual, so that the person making the complaint only needs to submit a complaint once.
- 13.3 From 1 April 2017, the health and social work complaints handling procedures were aligned and therefore have the same stages and timescales, with the exception of timescale

extensions. Additionally, complaints about Social Work functions were merged into the Local Authority Model Complaint Handling Procedure in 2020 (now reflected in the updated East Lothian Council Complaints Handling Procedure). Joint working protocols have been adopted and will continue to be reviewed so that the process of making a complaint is as simple as possible and complaints about integrated services are responded to clearly, thoroughly and timeously. These joint working protocols will identify the lead organisation for each integrated service and will include the contact details of officers responsible for managing any complaints received

- 13.4 When a complaint covers both health and social care functions, responsible officers within the Council and NHS Lothian 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.
- 13.5 At the end of the process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman. Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate and information held by the Council may be shared with the Care Inspectorate.
- 13.6 Responsibility for responding to the Scottish Public Services Ombudsman lies with the Party who dealt with the original complaint. Where necessary, officers responsible for complaints handling within the Council and NHS Lothian will work together to provide a full response to any Scottish Public Services Ombudsman enquiry that covers both health and social care functions.
- 13.7 The Chief Officer will have an overview of complaints made about integrated services and subsequent responses. Complaints about integrated services will be recorded and reported to the Chief Officer on a regular and agreed basis. Regular trend analysis of complaints and outcomes will also be carried out as part of a wider quality assurance framework.
- 13.8 All independent contractors (General Practitioners, Community Pharmacists, Optometrists, opticians, General Dental Practitioners etc.) will be required to have a complaints procedure. Where complaints are received about the service provided by an independent contractor, the Party receiving the complaint will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received about independent contractors will be recorded for contract monitoring purposes.

14 Claims Handling, Liability & Indemnity

- 14.1 The Parties and the IJB recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the IJB.
- 14.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.
- 14.3 So far as reasonably practicable the normal common law and statutory rules relating to liability will apply.
- 14.4 Each Party will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 14.5 Each Party will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 14.6 Each Party will assume responsibility for progressing and determining any claim which relates to any heritable property which is owned by them. If there are any heritable properties owned jointly by the Parties, further arrangements for liability will be agreed upon in consultation with insurers.
- 14.7 In the event of any claim against the IJB or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.
- 14.8 If a claim is settled by either Party, but it subsequently transpires that liability rested with the other Party, then that Party shall indemnify the Party which settled the claim.
- 14.9 Claims regarding policy and/or strategic decisions made by the IJB shall be the responsibility of the IJB. The IJB may require to engage independent legal advice for such claims.
- 14.10 If a claim has a “cross boundary” element whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other until an agreement is reached as to how the claim should be progressed and determined.

14.11 The IJB will develop a procedure for claims relating to hosted services with the other relevant integration authorities. Such claims may follow a different procedure than as set out above.

14.12 Claims which pre-date the establishment of the IJB will be dealt with by the Parties through the procedures used by them prior to integration.

15 Risk Management

15.1 Integration Joint Board

15.1.1 Risk management processes will include risk monitoring, and a reporting process for the Parties and IJB via a Risk Register for the IJB. Risks will be continuously monitored and reported to the IJB.

15.1.2 The Parties will provide to the IJB sufficient support to enable it to fully discharge its duties in relation to risk management. This will be determined through the process described in Section 5.4.

15.1.3 The Parties anticipate that the IJB will also develop and agree its own risk management procedure in relation to carrying out of integration functions including reports, which will cover all of its activities.

15.1.4 The risk management procedure will include:-

- (a) A statement of the IJB's risk appetite and associated tolerance measures;
- (b) A description of how the system of risk management will work in practice, including procedures for the identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within NHS Lothian and the Council will inform the IJB's system of risk management;
- (c) A description of how the IJB system of risk management is informed by other related systems of NHS Lothian and the Council, such as complaints management, health & safety, adverse events management, emergency planning and business resilience;
- (d) an agreement between NHS Lothian and the Council on the resources to be made available to support risk management;

15.1.5 The IJB risk register will not duplicate the detail of risk registers within NHS Lothian and the Council. However, the IJB will update its risk register should there be any emerging themes/risks which have a bearing on its activities.

15.2 **NHS Lothian and the Council**

15.2.1 Both Parties will continue to apply their existing policies and systems for risk management.

15.2.2 NHS Lothian covers four local authority areas, and there will be some 'hosted services' which one operational director manages on a Lothian-wide basis. The identification and management of risk for those hosted services will reflect the differing directions of the four IJBs.

16 **Dispute resolution mechanism**

16.1 The Parties will commit to working well together, listening to each other and will always work to resolve any issues before they require the Dispute Resolution process to be actioned.

16.2 Where either of the Parties fails to agree with the other on any issue related to this Revised Integration Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act (a 'Dispute'), then they will follow the process described below:

(a) The Chief Executives of NHS Lothian and the Council, and the Chief Officer, will meet to resolve the Dispute within 21 calendar days of being notified of the issue;

(b) If unresolved, NHS Lothian, the Council, and the Chief Officer, will each prepare a written note of their position on the Dispute and exchange it with the others within 14 calendar days of the meeting in (a) above;

(c) Within 14 calendar days of the exchange of written notes in (b) the Chief Executives and Chief Officer must meet to discuss the written positions;

(d) In the event that the issue remains unresolved, representatives of NHS Lothian and the Council will proceed to mediation with a view to resolving the Dispute.

16.3 Scottish Government will be informed by the chairperson of the IJB of the Dispute, the mediation process being followed and the agreed timeframe to conclude the mediation process. A copy of this correspondence will be sent to the Chair of NHS Lothian and the Leader of the Council.

- 16.4 The mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of NHS Lothian and the Leader of the Council and failing agreement within 21 calendar days shall be nominated by the Centre of Effective Dispute Resolution (CEDR) on the request of either Party.
- 16.5 The mediation will start no later than 21 calendar days after the date of the appointment of the mediator.
- 16.6 The Parties agree that the cost of the mediator will be met equally by NHS Lothian and the Council.
- 16.7 The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Chair of NHS Lothian and the Leader of the Council.
- 16.8 Where following mediation, the Dispute remains unresolved the Parties agree that the chairperson of the IJB shall write to the Scottish Ministers to provide notification that agreement cannot be reached. Scottish Government may then instruct the Parties how to proceed.
- 16.9 The Parties shall cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.
- 16.10 Nothing in this Revised Integration Scheme shall prevent the Parties from seeking any legal remedy or from commencing or continuing court proceedings in relation to the Dispute.

ANNEX 1

PART 1

Functions delegated by the NHS Lothian to the IJB

Set out below is the list of functions that are to be delegated by NHS Lothian to the IJB in compliance with the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
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 ⁽²⁾ (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I ⁽³⁾ (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 48 (provision of residential and practice accommodation);
	section 55 ⁽⁴⁾ (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 (permission for use of facilities in private practice);

⁽²⁾ Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2) (as section 2CA) and re-numbered as section 2CB by S.S.I. 2013/292, regulation 8(2).

⁽³⁾ Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

⁽⁴⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

	section 75A ⁽⁵⁾ (remission and repayment of charges and payment of travelling expenses);
	section 75B ⁽⁶⁾ (reimbursement of the cost of services provided in another EEA state);
	section 75BA ⁽⁷⁾ (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
	section 79 (purchase of land and moveable property);
	section 82 ⁽⁸⁾ use and administration of certain endowments and other property held by Health Boards);
	section 83 ⁽⁹⁾ (power of Health Boards and local health councils to hold property on trust);
	section 84A ⁽¹⁰⁾ (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 ⁽¹¹⁾ (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 ⁽¹²⁾ ;

⁽⁵⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽⁶⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽⁷⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽⁸⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽⁹⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁰⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

⁽¹¹⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽¹²⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) Regulations 2006/330;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;
	The National Health Service (General Dental Services) (Scotland) Regulations 2010/205;
	The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55 ⁽¹³⁾ ;
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);

⁽¹³⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

	section 34 (Inquiries under section 33: co-operation) ⁽¹⁴⁾ ;
	section 38 (Duties on hospital managers: examination notification etc.) ⁽¹⁵⁾ ;
	section 46 (Hospital managers' duties: notification) ⁽¹⁶⁾ ;
	section 124 (Transfer to other hospital);
	section 228 (Request for assessment of needs: duty on local authorities and Health Boards);
	section 230 (Appointment of a patient's responsible medical officer);
	section 260 (Provision of information to patients);
	section 264 (Detention in conditions of excessive security: state hospitals);
	section 267 (Orders under sections 264 to 266: recall);
	section 281 ⁽¹⁷⁾ (Correspondence of certain persons detained in hospital);
	and functions conferred by—
	The Mental Health (Safety and Security) (Scotland) Regulations 2005 ⁽¹⁸⁾ ;
	The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005 ⁽¹⁹⁾ ;

⁽¹⁴⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁵⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽¹⁶⁾ Section 46 is amended by S.S.I. 2005/465.

⁽¹⁷⁾ Section 281 is amended by S.S.I. 2011/211.

⁽¹⁸⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

⁽¹⁹⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

	The Mental Health (Use of Telephones) (Scotland) Regulations 2005 ⁽²⁰⁾ ; and
	The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008 ⁽²¹⁾ .
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 ⁽²²⁾ .
Carers (Scotland) Act 2016	
s.12 (duty to prepare young Carer statement)	
s.31 (duty to prepare local Carer strategy) Carers (Scotland) Act 2016	

But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 so far as they extend to the services detailed in Part 2 of Annex 1 of this Revised Integration Scheme.

⁽²⁰⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²¹⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²²⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

PART 2

Services currently provided by NHS Lothian which are to be delegated

Interpretation of this Part 2 of Annex 1

In this part—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004⁽²³⁾; and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

Part 2A

Provision for people over the age of 18

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

- a) the function is exercisable in relation to the persons of at least 18 years of age;
- b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed at numbers 1 to 6 below; and
- c) the function is exercisable in relation to the following health services:
 1. Accident and Emergency services provided in a hospital.
 2. Inpatient hospital services relating to the following branches of medicine—
 - general medicine;
 - geriatric medicine;
 - rehabilitation medicine;
 - respiratory medicine; and
 - psychiatry of learning disability.

⁽²³⁾ S.S.I. 2004/115.

3. Palliative care services provided in a hospital.
4. Inpatient hospital services provided by General Medical Practitioners.
5. Services provided in a hospital in relation to an addiction or dependence on any substance.
6. Mental health services provided in a hospital, except secure forensic mental health services.
7. District nursing services.
8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
9. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
10. The public dental service.
11. 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⁽²⁴⁾.
12. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁵⁾.
13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽²⁶⁾.
14. 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⁽²⁷⁾.
15. Services providing primary medical services to patients during the out-of-hours period.
16. Services provided outwith a hospital in relation to geriatric medicine.
17. Palliative care services provided outwith a hospital.
18. Community learning disability services.
19. Mental health services provided outwith a hospital.
20. Continence services provided outwith a hospital.
21. Kidney dialysis services provided outwith a hospital.
22. Services provided by health professionals that aim to promote public health.

⁽²⁴⁾ Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

⁽²⁵⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽²⁶⁾ Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

⁽²⁷⁾ Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Part 2B

NHS Lothian has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

Provision for people under the age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

- a) the function is exercisable in relation to persons of less than 18 years of age; and
- b) the function is exercisable in relation to the following health services:
 - 1. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
 - 2. General Dental Services, Public Dental Services and the Edinburgh Dental Institute
 - 3. General Ophthalmic Services
 - 4. General Pharmaceutical Services
 - 5. Out of Hours Primary Medical Services
 - 6. Learning Disabilities
 - 7. Health Visiting
 - 8. School Nursing

ANNEX 2

PART 1A

Functions delegated by the Council to the IJB

Set out below is the list of functions that must be delegated by the Council to the IJB.

Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
National Assistance Act 1948⁽²⁸⁾	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958⁽²⁹⁾	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968⁽³⁰⁾	

⁽²⁸⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

⁽²⁹⁾ 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

⁽³⁰⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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 and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration 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 integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration 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.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	

Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
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 integration function.
The Local Government and Planning (Scotland) Act 1982⁽³¹⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986⁽³²⁾	
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 have been delegated.

⁽³¹⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

⁽³²⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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⁽³³⁾	
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 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽³⁴⁾	
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⁽³⁵⁾	

⁽³³⁾ 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

⁽³⁴⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁵⁾ 2002 asp 5.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 5 (Local authority arrangements for of 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⁽³⁶⁾	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006⁽³⁷⁾	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.

⁽³⁶⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

⁽³⁷⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Adult Support and Protection (Scotland) Act 2007⁽³⁸⁾	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
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⁽³⁹⁾	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	

⁽³⁸⁾ 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

⁽³⁹⁾ 2013 asp 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	
Section 4 ⁽⁴⁰⁾ The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 ⁽⁴¹⁾	

In each case, so far as the functions are exercisable in relation to persons of at least 18 years of age.

Carers (Scotland) Act 2016

Section 6
(Duty to prepare adult carer support plan)

Section 21
(Duty to set eligibility criteria)

Section 24
(Duty to provide support)

Section 25
(Provision of support to carers: breaks from caring)

⁽⁴⁰⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

⁽⁴¹⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Section 31
(Duty to prepare local carer strategy)

Section 34
(Information and advice service for carers)

Section 35
(Short breaks services statements)

PART 1B

In addition to the functions that must be delegated, the Council has chosen to delegate the following functions to the IJB.

<i>Column A Enactment conferring function</i>	<i>Column B Limitation</i>
Criminal Procedure (Scotland) Act 1995	
Sections 51(1)(aa), 51(1)(b) and 51(5) (Remand and committal of children and young persons in to care of local authority).	
Section 203 (Local authority reports pre-sentencing.)	
Section 234B (Report and evidence from local authority officer regarding Drug Treatment and Testing Order.)	
Section 245A (Report by local authority officer regarding Restriction of Liberty Orders.)	
Management of Offenders etc. (Scotland) Act 2005	
Section 10 (Arrangements for assessing and managing risks posed by certain offenders.)	
Section 11 (Review of arrangements.)	
Social Work (Scotland) Act 1968	
Section 27 (Supervision and care of persons put on probation or released from prison.)	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence is deferred.)	

PART 2

Services currently associated with the functions delegated by the Council to the IJB

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the IJB as specified in Part 1A and 1B of Annex 2.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare
- Criminal Justice Social Work services including youth justice

ANNEX 3

Proposed Management Arrangements for functions delegated to the IJB

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

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

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 described in Annex 1, Part 2 with the exception of the following:

a) 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 Director of NHS Lothian, this is commonly referred to as a "hosted service".

b) Acute Hospitals

Services provided on the three acute hospitals in NHS Lothian (Western General Hospital, Edinburgh Royal Infirmary, St Johns Hospital) will be managed by the Chief Officer for NHS Lothian acute hospital services and the relevant hospital site Director.

ANNEX 4

Initial Integration Scheme Consultation

Further details of the people and groups involved in the engagement and consultation on the original East Lothian Integration Scheme are set out below:

Public and Staff consultation from December 17th 2014 to February 17th 2015 with responses received from:

- Members of the public
- Members of staff in East Lothian Council
- Clinical and non-clinical staff in NHS Lothian
- Third Sector Organisations and representative bodies

The members and organisations on the following groups and committees were consulted on the original Integration Scheme:

East Lothian Council Corporate Management Team
East Lothian Council
East Lothian Council's Audit and Governance Committee
East Lothian Health and Social Care Partnership Shadow Board
East Lothian Health and Social Care Partnership Shadow Strategic Planning Group
East Lothian Area Partnerships
NHS Lothian Corporate Management Team
NHS Lothian Board
NHS Lothian Strategic Planning Group
NHS Lothian Strategic Programme Managers
NHS Lothian Healthcare Governance committee
Lothian Area Clinical Forum
All staff of East Lothian CHP and East Lothian Council's Adult Wellbeing department
East Lothian Partnership forum
East Lothian joint planning groups
TSI (STRiVE) for all third sector members
East Lothian independent sector care at home and care home providers
Scottish Care
Carers of East Lothian
East Lothian Council Strategic Housing Department (including RSLs within East Lothian)
All General Practitioners in East Lothian
All Community Pharmacists in East Lothian
All Optometrists in East Lothian
All General Dental Practitioners in East Lothian
Press release and use of social media
Advert in East Lothian Courier Newspaper
Lothian Medical Committee
East Lothian Community Planning Partnership
MSPs (including all list MSPs)
Local MP
Midlothian, West Lothian, City of Edinburgh and Scottish Borders Councils
NHS Borders
Scottish Government Policy Department
Joint Improvement Team

Revised Joint Integration Scheme

Details of the people and groups involved in the engagement and consultation on the revised (2022) East Lothian Integration Scheme are set out below:

Public and Staff consultation from April XX 2022 to May XX 2022 with responses received from:

- x
- y
- z
- x

The members and organisations on the following groups and committees were consulted on the revised Integration Scheme:

The following organisations, groups and committees were consulted on the revised Integration Scheme:

East Lothian Council Corporate Management Team
East Lothian Council
East Lothian Council's Audit and Governance Committee
East Lothian Integration Joint Board
East Lothian HSCP Management Team
East Lothian Health and Social Care Partnership Strategic Planning Group
East Lothian Area Partnerships/Connected Communities
NHS Lothian Corporate Management Team
NHS Lothian Board
NHS Lothian Strategic Programme Managers
NHS Lothian Healthcare Governance Committee
Lothian Area Clinical Forum
All staff of East Lothian Health and Social Care Partnership
East Lothian Partnership Forum
East Lothian Joint Planning Groups
Third Sector Interface (TSI) (Volunteer Centre East Lothian) for all third sector members
East Lothian independent sector care at home and care home providers
Scottish Care
Carers of East Lothian
East Lothian Council Strategic Housing Department (including RSLs within East Lothian)
All General Practitioners in East Lothian
All Community Pharmacists in East Lothian
All Optometrists in East Lothian
All General Dental Practitioners in East Lothian
Press release and use of social media
Advert in East Lothian Courier Newspaper
Lothian Medical Committee
GP Sub-committee
East Lothian Partnership
MSPs (including all list MSPs)
Local MP
Midlothian, West Lothian, City of Edinburgh and Scottish Borders Councils
NHS Borders
NHS Borders Integration Joint Board
Scottish Government Policy Department(s)