

## Appendix 1

### Responses to Edinburgh Draft Integration Scheme for Consultation (v2.7)

Please note:

This Appendix contains only those matters raised through Stage 1 of the analysis of responses, i.e. matters with a material effect on the content or submission of the Draft Scheme. All matters related to other aspects of the process towards integration will be collated separately. A full analysis of the responses and joint NHS Lothian and Council response will be prepared.

Total Responses received – 23: 11 Organisations and 12 Individuals. Matters material to Scheme received from 17: 11 Organisations and 6 individuals

There are regulations which set out in detail what must be covered within an Integration Scheme, and we have been advised by Scottish Government to avoid including matters additional to what is required under the regulations, wherever possible. The comments below include advice from our external solicitors. Matters relevant to IJB decisions will be forwarded to the shadow Health and Social Care Partnership prior to the IJB being established.

#### Matters material to Integration Scheme Submission.

Comments	Decision and Rationale
<b>Aims and Vision</b>	
<ul style="list-style-type: none"><li>expand the planning principles to include a stated commitment to fair treatment of staff and commitments to the protection and development of public services, adequately resourced and free at the point of need.</li><li>a need for more service user focused outcomes with a focus on social model of care and the Integration scheme needs to be underpinned by principles of human rights, independent living and citizenship.</li><li>Bullet Point c) Could it be reworded to 'working collaboratively a shared vision will be embedded within staff teams via joint development and training, putting the needs of people we work with first'</li><li>Bullet point d) could something be added about efficiencies in terms of</li></ul>	<ul style="list-style-type: none"><li>We are not able to change the Integration Planning Principles as these are set down in statute.</li><li>It is not within the power of the Council to sign up to a commitment to 'the protection and development of public services adequately resourced and free at the point of need'. Matters such as charging for certain services and the local government/NHS financial settlements constrain the Council and NHS Lothian.</li><li>Almost all of the remaining proposals have been incorporated into a revised version of Aims and Vision Section of the Scheme.</li></ul>

<p>coordination of care.</p> <ul style="list-style-type: none"> <li>could this reference 'very best practice' in terms of delivering on consultation, partnership working and working with communities. Does IJB have an ambition to be an exemplar?</li> </ul>	
<b>Model to be implemented</b>	
<ul style="list-style-type: none"> <li>There should be one IJB for NHS and all four Council areas.</li> </ul>	<ul style="list-style-type: none"> <li>NHS Lothian Board and the four Councils in the Lothian area made decisions on their preferred model in 2014. The decision for Edinburgh was taken in public in August 2014 (Council Committee and NHS Lothian Board meeting) following a detailed analysis of the options. It is not intended to revisit the decision at this stage.</li> </ul>
<b>Local Operational Delivery</b>	
<ul style="list-style-type: none"> <li>Should para 6.1.3 also include other stakeholder info?</li> <li>Should the performance core group have a collaborative approach with wider membership?</li> <li>Lothian Hospital Strategic plan. Should this say that this plan will be widely consulted upon?</li> <li>Working Group on Prof, Tech Admin services – Should this include wider membership?</li> <li>It would be helpful to clarify how performance information will be handled and where in the performance management system information of a confidential nature may be handled – e.g. CHP performance management group receiving prescribing information with caveats re commercially sensitive data.</li> </ul>	<ul style="list-style-type: none"> <li>Many of the proposals have been incorporated into a revised version of Local Operational Delivery Section of the Scheme.</li> <li>As regards the Professional, Technical and Administrative services, it is clear that it is for the Council and NHS Board to determine the support arrangements to the IJB (as all relevant staff are employed by these two organisations).</li> <li>The point about confidential management information is noted, but does not require an amendment to the Scheme. It will be picked up in Standing Orders and other governance arrangements of the IJB which will be developed once the body is established.</li> </ul>
<b>Delegation of Functions</b>	
<ul style="list-style-type: none"> <li>An opportunity has been missed to delegate under 18s functions.</li> <li>Opportunity missed to delegate Criminal Justice functions and NHS prisons health care arrangements and the potential to move to</li> </ul>	<ul style="list-style-type: none"> <li>The Council and NHS Lothian are proposing to enter into voluntary arrangements (outwith the framework set up by this Scheme) for the integrated management of Children's Services in Edinburgh. A number</li> </ul>

rehabilitation based approaches.	<p>of reports have been issued to the Council Children's and Families Committee outlining the proposed approach and a consultation has been undertaken recently.</p> <ul style="list-style-type: none"> <li>• An internal paper was prepared considering the options for additional services within the Council to be delegated to the IJB. The recent changes to Criminal Justice governance and the extent of partnership working beyond health functions were deciding factors for retaining these within the Council at the moment.</li> <li>• NHS Lothian decided, during the consultation period, to delegate prison healthcare within HMP Edinburgh and HMP Addiewell to the Edinburgh IJB.</li> </ul>
<b><i>Representativeness across different groups - IJB Membership</i></b>	
<ul style="list-style-type: none"> <li>• The balance of NHS and Social Care professionals should be improved in the non-voting arrangements of the IJB – specifically OTs. Is clarification required on how the voice of OT and other Council therapy professionals are communicated?</li> <li>• More professional membership is required of such an important committee.</li> <li>• The arrangements for clinical engagement are medical and nursing dominated. ACF would seek assurance on mechanisms to engage ALL professional groups including other independent practitioners, dentists, community pharmacy, ophthalmologists</li> <li>• Third sector role is referred to only in passing. Whilst this is a reflection of SG/Act requirement for Scheme it is an opportunity to weave in much of the partnership working that everybody says they want to see into the formal document.</li> <li>• How will the public (in its widest sense) have a statutory right to influence the IJB. Are IJB meetings to be public or held in public?</li> <li>• Many concerns expressed that the presences of the Third Sector and service/carer reps in leadership positions on the IJB and in the Strategic Plan process is not strong enough.(Changeworks, ECIL, individuals).</li> </ul>	<ul style="list-style-type: none"> <li>• The integration Scheme regulations specify what must be included within this section, and – as noted above – the Scottish Government have cautioned against including matters which are not strictly required under the regulations.</li> <li>• The IJB itself will have the power to broaden representation across professional groups within its membership and to establish additional professional governance mechanisms, once it is established. These comments will be shared with the IJB for future consideration.</li> <li>• A third sector representative, a service user and a carer representative are all required on the IJB as specified in the regulations. It will be up to the IJB to develop this representation; the regulations do not require the Scheme to provide further detail on this aspect.. The comments will be forwarded to the IJB for consideration in these matters.</li> <li>• The regulations state specifically that only (a) the councillors nominated by the local authority and (b) the individuals (normally non-executive directors of the Health Board) nominated by the Health Board will have voting rights – so there is no scope to depart from that approach. The Scottish Government have, however, indicated strongly in guidance that they expect the IJB to work on the basis of consensus and to rarely resort</li> </ul>

	<p>to voting.</p> <ul style="list-style-type: none"> <li>• The IJB will develop its own standing orders – and again, it would not be possible, from a legal point of view, for the Scheme to prescribe these. Given the approaches currently being taken within the Council and NHS Lothian, it is likely that IJB meetings will be held in public. The IJB will also develop an Engagement Strategy. The comments will be forwarded to the IJB for consideration in these matters.</li> <li>• Again, details of the composition of the Strategic Planning Group are cannot be included in the Integration Scheme, given that they are not part of the content required under the regulations (see above). The comments will be forwarded to the IJB for consideration once the IJB has been established.</li> </ul>
<p><b><i>Clinical and Care Governance – General</i></b></p> <ul style="list-style-type: none"> <li>• it would be helpful to agree a principle re health and care governance that although there may be some duplication initially, that within an agreed timescale and plan, that this duplication will be reduced.</li> <li>• it may be worth being explicit that there should be no duplication and that if an existing group /structure is retained there must be a clear rationale for doing so – to avoid the assumption that everything is ‘business as usual’</li> <li>• Existing Committees – assumed includes NHS Lothian Pharmacy Senior management Team, Area Drug and Therapeutic Committee(ADTC) and sub committees and the Lothian Area Pharmaceutical Committee (LAPC).</li> <li>• correct the info on professional registration for OTs. (This is now amended in V1 of Final Scheme)</li> <li>• Clinical and social care governance should work together rather than be separate.</li> <li>• Strong professional leadership is vital to support uni-professional and multi-professional working.</li> </ul>	<ul style="list-style-type: none"> <li>• The issue of duplication is recognised as a real concern in these new arrangements. The IJB can rely on existing mechanisms, and it may also establish additional or alternative mechanisms. Revisions have been made to the Integration Scheme to note this complexity, to make provision for the role of the IJB in existing governance arrangements, and to review existing arrangements in the Council and NHS Lothian in order to minimise bureaucracy.</li> <li>• All existing NHS Lothian and Council Committees that have a role in clinical and care governance are included within the existing arrangements. Officer/management groups may change depending on the management arrangements which flow from the IJB directions.</li> <li>• The reference to OT registration has been amended in the Scheme.</li> <li>• The IJB has the option to establish an integrated professional clinical and care governance group. This is referenced within the Scheme. It will be a decision for the IJB on whether and how this is taken forward. The comments will be forwarded to the IJB once established.</li> </ul>

<ul style="list-style-type: none"> <li>• There is a need for clarity regarding management and leadership responsibilities within teams is paramount and difference between the two clearly acknowledged.</li> <li>• The opportunity for an integrated professional group would be welcomed – The Integration Scheme could go further in defining this.</li> <li>• How will OT standards be overseen and how will OT views be communicated into the Strategic Plan. Unison proposes that a non-voting seat on the IJB be filled by a senior occupational therapist, and that the H&amp;SC senior occupational therapy group be added to the list of senior professionals in 7.3.5.</li> </ul>	<ul style="list-style-type: none"> <li>• The IJB will determine its own non-voting membership and arrangements for representation on the Strategic Planning Group. The comments will be forwarded to the IJB once established.</li> </ul>
<p><b>Finance</b></p>	
<ul style="list-style-type: none"> <li>• request that the paragraphs on set-aside are made explicit with respect to the expected apportionments changing over time as the balance of care shifts.</li> <li>• Section 10.4 of v2.7 process for addressing variance re prescribing budget. It is unlikely that any prescribing savings will be fortuitous as they are mostly driven by local Prescribing Action Plan. The wording of this section could effectively see the IJB retain all prescribing under spends as a consequence of local delivery to the detriment of other Lothian IJBs despite the overall prescribing budget being determined on a health board population basis. The current approach is a risk sharing one across all 4 CHPs.</li> <li>• there is a need to clarify language around Internal Audit and Financial Audit.</li> </ul>	<ul style="list-style-type: none"> <li>• The Council and NHS Lothian cannot explicitly note that there will be a shift in the balance of care in the set-aside budgets as this will be a matter for consideration by the IJB once established.</li> <li>• The prescribing budget will be determined on a health board basis and will then be delegated to each IJB according to the agreed budget process. Under and overspends will be managed through the budget setting process and redetermination arrangements involving NHS Lothian, the Council and IJB as outlined in the Scheme.</li> <li>• The section on internal audit has been removed from the Scheme on the advice of the Scottish Government, on the basis that it is not strictly required under the regulations (see above). It will be for the IJB to establish the internal audit arrangements and this cannot be specified by the Council or NHS Lothian. This should aid clarity.</li> </ul>

<b><i>Claims and Liability</i></b>	
<ul style="list-style-type: none"> <li>• A separate paper was prepared on all the matters related to claim and liabilities and insurance cover. The major matter relates to ensuring the statements in the Scheme do not prejudice future choices for the Council for the management of additional risks and liabilities that arise from integration.</li> </ul>	<ul style="list-style-type: none"> <li>• Amendments have been made to this section of the Integration Scheme</li> </ul>
<b><i>Participation and Engagement</i></b>	
<ul style="list-style-type: none"> <li>• importance of improving participation and engagement rather than relying on existing.</li> <li>• need to include lay people in participation</li> <li>• PPF are listed but these are now abolished. Need to make clearer how community participants will be consulted.</li> <li>• Is an enabling reference required in the Scheme for collaboration, consultation/involvement to underpin the very best practice in relation to how the IJB performs its functions? Participation should also extend to monitoring and evaluation arrangements /measures/KPIs.</li> </ul>	<ul style="list-style-type: none"> <li>• Amendments have been made to this section of the Scheme and to the Annex to reflect all these comments.</li> </ul>
<b><i>Dispute Resolution</i></b>	
<ul style="list-style-type: none"> <li>• Disputes could arise within IJB, between IJB and main parties and also with neighbouring IJBs. The dispute process needs to recognise this and make provision form resolution.</li> </ul>	<ul style="list-style-type: none"> <li>• The comment is accepted – but the regulations relating to the content of an integration scheme state that the Scheme must include a dispute resolution mechanism covering disputes between the Council and the Health Board; it is therefore not possible (see above) to extend the provisions so as to include disputes involving the IJB. There would be scope for the Council, the Health Board and the IJB to develop a protocol for dispute resolution, and this or another protocol might also cover disputes between neighbouring IJBs.</li> </ul>

**Material comments to Scheme received from**

***Organisations: 11***

Area Clinical Forum

Changeworks

Council's Insurers and Insurance Manager

Cyrenians

Edinburgh Centre for Independent Living

Enable

EVOC

Marie Curie

Professional Advisory Committee

Shadow Health and Social Care Partnership

Unison

***Individuals x6***