
Report To:	Inverclyde Integration Joint Board	Date: 10 November 2015
Report By:	Brian Moore Chief Officer Inverclyde Health & Social Care Partnership (HSCP)	Report No: IJB/23/2015/HW
Contact Officer:	Helen Watson Head of Service Planning, Health Improvement & Commissioning	Contact No: 01475 715285
Subject:	BUSINESS UPDATE	

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board on a number of key workstreams that are currently underway or are projected to require HSCP or IJB action.

2.0 SUMMARY

- 2.1 The integration landscape and requirements of Integration Joint Boards are still evolving. As Scottish Government Policy is shaped around this agenda, it is important the IJB members are advised of emerging policies, issues or HSCP workstreams that are responding to specific situations. This paper provides a brief summary of such workstreams that are currently or soon to be live.

3.0 RECOMMENDATION

- 3.1 That the Integration Joint Board note the business update report and advise the Chief Officer if any further information is required.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 This report highlights current and emerging workstreams that IJB Members should be alert to.

Public Bodies (Joint Working) (Scotland) Act 2014

4.2 The latest Guidance Note published in September 2015 relates to the Roles, Responsibilities and Membership of the Integration Joint Board, and is appended to this report for ease of reference.

4.3 The main new points to note from the Guidance are:

- i. Regulations for the production of an annual performance report against the National Outcomes (also attached). The IJB Reporting Schedule paper also presented to this meeting proposes that an Annual Performance Report should be presented to the IJB for approval in May of each year.
- ii. An Annual Financial Statement must be published. The guidance for this is extensive (120 pages) so has not been appended but is available by link on page 5 of the Roles, Responsibilities and Membership of the Integration Joint Board Document. It is proposed in the IJB Reporting Schedule paper that the Annual Financial Statement should be presented to the IJB for approval in May of each year.
- iii. The Public Records (Scotland) Act 2011 requires named public authorities to prepare and implement a Records Management Plan (RMP) which sets out proper arrangements for the management of their records. We will be invited by the Keeper of the Records of Scotland at some point to submit this plan for approval, however it would be prudent to begin preparations at an early date. It is proposed in the IJB Reporting Schedule paper that an RMP update should be presented to the IJB for approval in March of each year. Members should note that once our invitation from the Keeper has been received, additional reports may be required.
- iv. The Freedom of Information (Scotland) Act 2002 requires that all Scottish Public Authorities maintain a publication scheme, setting out the types of information that a public authority routinely makes available. The IJB has a duty to develop and put in place a publication Scheme, along with a guide setting out what information it will make available. The annual IJB Reporting Schedule paper will form part of the scheme.
- v. The Equality Act 2010 places an obligation on public authorities to take action to eradicate discrimination and to proactively promote equality of opportunity. In addition to this general duty, the IJB is required to develop a suite of equality outcomes, to be integrated into the Strategic Plan. The European Commission for Human Rights (ECHR) has offered to support us in developing our outcomes.
- vi. Under the guidance on diversity, the Scottish Government's Programme for Government encourages public bodies to set a voluntary commitment for gender balance on their Boards of 50/50 by the year 2020. IJBs are expected to take positive action to support and enable greater diversity in the membership of and appointments to their Board.

4.4 Consultation: Amendment to Schedule 2 of the Scottish Public Services Ombudsman Act 2002

On 14th October the Scottish Public Services Ombudsman (SPSO) issued a consultation letter proposing an amendment to Schedule 2 of the Scottish Public Services Ombudsman Act 2002 to add IJBs to the listed authorities. If approved, this would bring IJBs into line with other public services in that they would be required to establish a complaints procedure that ultimately gives complainants recourse to the SPSO if they are not satisfied with the response of the organisation. The proposal in

the consultation is in line with our own ambitions to fully integrate complaints procedures.

4.5 Strategic Plan Update

At the August 2015 meeting of the IJB our Establishment Plan was approved. Since then, the Strategic Planning Group has been working on developing the substantive Three-Year Strategic Plan, incorporating the various plans that the Guidance sets out as also being required (for example, Workforce Plan; Organisational Development Plan; Market Facilitation Plan etc.). It is important that none of these plans are created in isolation, and we are keen to ensure that all of them contribute to the realisation of our vision and values. The Strategic Plan is being developed in full collaboration with our key stakeholders, including community representatives. The iterative process will ensure that contributions and views are actively sought throughout the development process. In addition to this, we will issue a draft version of the Plan for final consultation purposes, prior to the final presentation to the IJB. A full draft will be presented to the March 2016 meeting of the IJB.

4.6 Afghan Resettlement Scheme

Following an announcement by the Secretary of State for Defence, the National Security Council agreed a package of measures to offer locally engaged Afghan staff, who worked as interpreters for the armed forces, who are made redundant as a result of the withdrawal of UK forces, the option to relocate to the UK. Inverclyde Council agreed in 2014 to participate in the Afghan Resettlement Scheme with 12 families being offered the opportunity to relocate in Inverclyde.

To date six families have settled with support from the HSCP and other partners, and information is awaited from the Home Office on arrival dates for the further six. All 6 families have settled well in the area and their children are attending pre-5 services and primary schools locally. All the families have full refugee status and are registered with local primary care services and receive benefits whilst being supported to seek employment or further training.

A multi-agency partnership, chaired by the HSCP has been established which has been instrumental in settling and supporting the Afghan families to integrate within Inverclyde. In addition, Inverclyde HSCP has established a post of Refugee Integration Coordinator.

4.7 Syrian Resettlement Scheme

The current conflict in Syria has created a humanitarian crisis that has so far resulted in 4.5 million people fleeing the country to seek refuge elsewhere. On 7 September 2015 the Prime Minister announced that the UK would receive 20,000 refugees over the life of the current Parliament, 5 years.

Refugees who come to the UK through the resettlement scheme will be identified in camps in countries neighbouring Syria such as Lebanon, Turkey and Iraq. The UN Refugee Agency (UNHCR) will identify people who fit the criteria identified by the UK Government (the criteria is yet to be confirmed, but it is likely to be relaxed from the previous criteria of women and children at risk of violence, medical cases and victims of torture). Refugees will then be subject to security checks and provided with documentation before they leave the camp.

The refugees will be granted immigration status which will allow them to access the full range of welfare benefits, including housing benefit. Inverclyde Council has agreed to participate in this scheme and ten families will be offered relocation to Inverclyde with two families expected prior to Christmas 2015.

It is anticipated that the major challenges for the HSCP being involved in the Syrian

scheme will be financial, language-related and cultural, and work is on-going to mitigate these issues. There may in addition be complex health needs, therefore colleagues within NHS GGC are cited on Inverclyde's involvement.

Experience to date has highlighted an extremely positive partnership approach from a range of HSCP and wider Council services, and partner agencies which have helped the Afghan nationals to settle well within the local community. Learning from this work will be applied to our approach in supporting and resettling the Syrian families.

4.8 Rest Centre Arrangements

In October an unexploded mine was found in the River Clyde at Gourock. It was thought to be from WWII, but it was unclear whether it still presented a danger of detonating. On that basis a decision was made that it should be relocated for safe destruction. However it was assessed that there could be a risk of spontaneous detonation during the process of moving the mine so on that basis an evacuation of the immediate proximity, including any vulnerable people, had to be undertaken and a rest centre set up by HSCP staff in Clydevew Academy to receive those who had to be evacuated.

Gourock Health Centre was within the exclusion zone so had to be temporarily closed, however patients were contacted and appointments rescheduled wherever possible. HSCP staff coordinated the process and people were evacuated and then resettled with minimum fuss.

4.9 Partnership Beds update

Inverclyde HSCP continues with the process to procure 42 NHS Mental Health continuing care beds (30 for older people, 12 for adults). The procurement vehicle for the development and management of this facility is HUB West Scotland. Following conclusion of the stage two processes the Full Business Case was approved in early summer 2015. We are unable to progress to financial close until the resolution of the ongoing ESA10 classification issues. Current indications suggest this will be considered by the Office of National Statistics in November. This being the case, we would anticipate financial close in February 2016, and construction starting in March 2016.

4.10 Integration 5 Year Celebrations

Inverclyde CHCP was established in October 2010. To mark the 5 years of integration, a series of staff events have been held which focused on informing and involving staff in sharing practice and reflecting on our achievements of the last five years. These have included pop-up health bars within Health Centres, building a picture of our staff and the work they do by stories of a "day in the life of", and personal profiles and an event at the Beacon to showcase our work and the service we provide.

5.0 PROPOSALS

- 5.1 The content of this report is for noting only, and to ensure that IJB Members are informed about the business of the HSCP.

6.0 IMPLICATIONS

Finance:

6.1 There are no financial implications in respect of this report.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal:

6.2 There are no legal implications in respect of this report.

Human Resources:

6.3 There are no human resources implications in respect of this report.

Equalities:

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

7.0 LIST OF BACKGROUND PAPERS

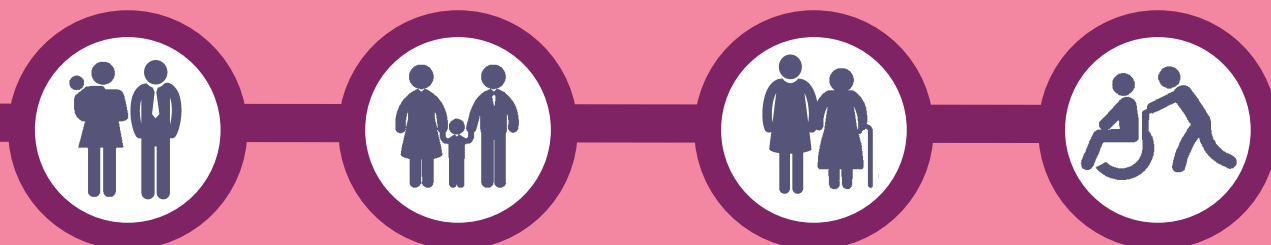
7.1 Roles, Responsibilities and Membership of the Integration Joint Board (Sept 2015);
Policy Note: The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.
SPSO Consultation Letter (October 2015).



The Scottish
Government
Riaghaltas na h-Alba

Roles, Responsibilities and Membership of the Integration Joint Board

Guidance and advice to supplement the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014



Contents

The Aim of this Guidance	Page 3
Section 1: Role and Responsibilities of the Integration Joint Board	
1.1 Role and remit of the Integration Joint Board	Page 4
1.2 Duties placed on Integration Joint Boards by the Public Bodies (Joint Working) (Scotland) Act 2014	Page 5
1.3 Other key requirements of the Integration Joint Board	Page 6
1.4 Liability arrangements for Integration Joint Boards and their members	Page 10
1.5 The relationship between the Integration Joint Board and the strategic planning group	Page 11
1.6 Appointing a Committee of an Integration Joint Board	Page 12
1.7 Complaints under Integration	Page 13
Section 2: Membership of the Integration Joint Board	
2.1 Minimum Membership	Page 15
2.2 Good Practice in the identification and appointment of members	Page 17
2.3 Professional membership	Page 17
2.4 Appointment of stakeholder members	Page 18
2.5 Induction of members	Page 19

The Aim of this Guidance

This guidance is intended for use by all members of an Integration Joint Board particularly the Chair - and provides further advice to supplement the existing legislation. The document focuses on the roles, responsibilities and membership of the Integration Joint Board.

[Section 53](#) of the Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) sets out an Integration Joint Board is required to have regard to this guidance when exercising its functions under the Act. This guidance relates to Integration Joint Boards that must be established when a Health Board and Local Authority choose a Body Corporate Model of integration (under section 1(4)(a) of the Act).

Section 1: Role and Responsibilities of the Integration Joint Board

1.1 Role and remit of the Integration Joint Board

The Act puts in place arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. The Act requires Health Boards and Local Authorities to work together effectively to agree a model of integration to deliver quality, sustainable care services. Where a Health Board and a Local Authority agree to put in place a Body Corporate model, an Integration Joint Board will be established. This will see Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, who will be responsible for the planning of integrated arrangements and onward service delivery.

The Health Board and Local Authority will set out within their integration scheme which of their functions they intend to delegate to the Integration Joint Board. The scope of the delegated functions will vary depending on local decision making but must adhere to the statutory minimum.

The functions that must be delegated by the Health Board to the Integration Joint Board as per the Act are set out in [The Public Bodies \(Joint Working\) \(Prescribed Health Board Functions\) \(Scotland\) Regulations 2014](#).

The functions that must be delegated by the Local Authority to the Integration Joint Board as per the Act are set out in [The Public Bodies \(Joint Working\) \(Prescribed Local Authority Functions etc.\) \(Scotland\) Regulations 2014](#).

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through the directions issued by it under [section 25](#) of the Act. The Integration Joint Board will also have an operational role as described in the locally agreed operational arrangements set out within their integration scheme.

To fulfil its remit the Integration Joint Board will:

- Adhere to the content of any future regulations or guidance issued by Scottish Ministers
- Ensure stakeholder engagement
- Take into consideration national developments in policy and practice

1.2 Duties placed on Integration Joint Boards by the Public Bodies (Joint Working) (Scotland) Act 2014

- [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#), “the Act”, places a duty on Integration Joint Boards to develop a strategic plan for integrated functions and budgets. For more information, please see the guidance on [Strategic Commissioning Plans](#).
- Each Integration Joint Board must establish a strategic planning group to support the strategic planning process. For more information, **see section 1.5 of this guidance**.
- An Integration Joint Board must review its strategic plan at least every three years.
- Sections [4](#) and [31](#) of the Act set out the integration principles which underpin delivery of integrated health and social care services. These principles describe “how” integrated care should be planned and delivered. Integration Joint Boards are under a duty to have regard to these principles when preparing a strategic plan. For more information, please see the guidance on the [Integration Planning and Delivery Principles](#).
- [Section 37](#) of the Act places Integration Joint Boards under a duty to have regard to the [National Health and Wellbeing Outcomes](#) (the Outcomes) when preparing a strategic plan. These Outcomes are high-level statements of what Integration Joint Boards are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.
- Integration Joint Boards are required to issue directions to Health Boards and Local Authorities as to how integration functions are to be carried out. Details relating to this are set out in sections [26](#) and [27](#) of the Act.
- Integration Joint Boards are required to prepare an annual performance report. This must comply with the requirements of the [Regulations on the Content of Performance Reports](#).
- An annual financial statement must be published setting out the total resources included in the plan for that year. For more guidance, please see the [Professional Guidance, Advice and Recommendations for Integration Arrangements](#).
- A full list of guidance and advice published to support the Public Bodies (Joint Working) (Scotland) Act 2014, is available at <http://www.gov.scot/HSCI>.

1.3 Other key requirements of the Integration Joint Board

Integration Joint Boards are public bodies, and as such are subject to a range of other requirements. An Integration Joint Board must ensure that arrangements are established to comply with their duties as set out in legislation. Although the responsibility of compliance sits with an Integration Joint Board; Integration Joint Boards may choose to draw on the experience of and/or request support from their constituent Health Board and/or Local Authority to aid it in complying with the legislative requirements set out below. In such circumstances the Health Board and/or Local Authority would be expected to provide the support requested.

The Public Records (Scotland) Act 2011

Integration Joint Boards are designated as “Bodies Corporate” for the purposes of the [Public Records \(Scotland\) Act 2011](#). They will be obliged, therefore, to comply fully as public authorities under the legislation.

The Public Records (Scotland) Act 2011 requires named public authorities to prepare and implement a records management plan which sets out proper arrangements for the management of their records. Records management plans must be agreed with the Keeper of the Records of Scotland (the Keeper) and regularly reviewed by authorities. The plan must account for all the public records for which the authority has responsibility.

The plan must detail the functions of each authority and the types of records created in pursuance of these functions. It will show the policies and procedures in place for the appropriate storage, retention, disposal, archiving and security of these records.

To assist public authorities to comply with their obligations, the Keeper has produced a [model plan](#) in the form of an annotated list of the elements that might be expected to be covered in a robust records management plan. In addition the Keeper has produced [guidance](#) that accompanies the model plan.

A Senior Officer of the Integration Joint Board will therefore be responsible for overseeing the development and implementation of the records management plan and for approving it prior to submission for the Keeper’s agreement.

Further details on the National Records of Scotland and the Public Records (Scotland) Act 2011 Assessment Team and support they provide can be found on their [website](#).

Records Management

It will be necessary for an Integration Joint Board to consider how Freedom of Information (Scotland) Act 2002 / Environmental Information (Scotland) Regulations 2004 obligations impact on its records management practices, including how information is stored. The [Code of Practice](#) on Records Management sets out recommended ‘best practice’.

The records management plan will need to be clearly set out if information is held by the Integration Joint Board or the information held is owned by the Integration Joint Board or held 'on behalf of' the relevant Local Authority or Health Board. If a request is sent to an Integration Joint Board for information it holds 'on behalf of' the Local Authority or Health Board, the applicant should be informed by the Integration Joint Board that it does not hold the information and they should then be directed to the relevant Local Authority or Health Board.

Integration Joint Boards, Health Boards and Local Authorities may also wish to consider putting systems in place, for example, Memoranda of Understanding, to support effective handling of requests where the scope of which includes communications between the bodies, or information on topics of shared interest/joint working.

Data Sharing

Health Boards and Local Authorities will continue to be responsible for answering data access requests in relation to any data for which they are the Data Controller, however, for requests in relation to any data that Integration Joint Boards are responsible they will be responsible for answering any data access request.

Data (Subject) Access Requests

Data Access Requests (*called Subject Access Requests under the [Data Protection Act 1998](#)*) are requests by individuals for their personal data and work on the basis of whichever body is the Data Controller.

It is possible for the same data to be held by more than one public authority as a result of agreed sharing. Integration Joint Boards must ensure that data sharing arrangements set out in the integration scheme are in place and that it is clear how subject access requests are managed by both parties when shared data is involved.

Further information on Subject Access Requests can be found in the [Subject Access Requests Code of Practice](#).

[The Freedom of Information \(Scotland\) Act 2002](#) and [Environmental Information \(Scotland\) Regulations 2004](#)

The Freedom of Information (Scotland) Act 2002 - and the related Environmental Information (Scotland) Regulations 2004 - provide any applicant with the right to request – and be provided with - any recorded information held by Scotland's public authorities. If an authority does not wish to provide information it holds, an 'exemption' or (under the Environmental Information (Scotland) Regulations 2004) an 'exception' must be applied, for example, for legal advice or personal data.

Integration Joint Boards are a “public authority” for the purpose of Freedom of Information (Scotland) Act 2002. This means they are subject to both Freedom of Information (Scotland) Act 2002 and the related Environmental Information (Scotland) Regulations 2004, as well as other requirements of Freedom of Information legislation, and will be required to respond to information requests accordingly.

Integration Joint Boards should be aware of their responsibilities under this [Code of Practice](#) which sets out recommended guidance in the handling of information requests.

As Health Boards and Local Authorities are already subject to information access legislation, Integration Joint Board members are likely to already have an awareness of the requirements that Freedom of Information (Scotland) Act 2002 and the related Environmental Information (Scotland) Regulations 2004 place on officials and organisations.

While, in due course, Integration Joint Boards may wish to develop their own guidance and training, it is suggested that members may initially wish to familiarise themselves with existing guidance and training. For example, [the Scottish Government guidance and training on information request handling](#).

Publication Scheme

[Section 23 of Freedom of Information \(Scotland\) Act 2002](#) also requires that all Scottish public authorities subject to the Act maintain a publication scheme. A publication scheme sets out the types of information that a public authority routinely makes available. The Integration Joint Board will need to develop and put in place a publication scheme, along with a guide setting out what information it will make available.

It is important that consideration is given to the publication scheme – and associated guides to information – as early as possible. A publication scheme must be approved by the Scottish Information Commissioner. Information on publication schemes is available on the [Commissioner’s website](#).

Office of the Scottish Information Commissioner (OSIC)

The Scottish Information Commissioner promotes and enforces both the public's right to ask for information held by Scottish public authorities and good practice by authorities.

The Commissioner’s staff have considerable experience in assisting authorities who are new to the Freedom of Information (Scotland) Act 2002 / Environmental Information (Scotland) Regulations 2004 responsibilities and will be pleased to help. They can be contacted on 01334 464610, or by email to enquiries@itspublicknowledge.info.

Ethical Standards in Public Life - Code of Conduct

Integration Joint Boards are “devolved public bodies” for the purposes of the Ethical Standards in Public Life (Scotland) Act. This means that each Integration Joint Board is required to produce a code of conduct for members. The code should be based on [the model code of conduct for members of devolved public bodies](#).

Each Integration Joint Board is required to review this model code and adopt it, with or without modifications, as its own code of conduct; applying to all members and business of the Integration Joint Board. All members are required to sign the code of conduct. Some members may have already signed similar codes of conduct i.e. Code of Conduct for Councillors; however they are still required to sign the Integration Joint Board’s code of conduct as their duties as Integration Joint Board members should be independent of the responsibilities that they may have by virtue of other posts.

[The Standards Commission](#)

The Standards Commission is an independent public body which encourages high ethical standards in public life through the promotion and enforcement of Codes of Conduct for those appointed to the Boards of devolved public bodies.

[The Commissioner for Ethical Standards in Public Life in Scotland](#)

The Commissioner is an independent office holder who works in two areas:

Public appointments, regulating how people are appointed to the Boards of public bodies in Scotland; and

Public standards, where the Commissioner can investigate a complaint about a Councillor or a member of a devolved public body who is alleged to have contravened the Councillors’ or the appropriate public body’s Code of Conduct. It is in this capacity that the Integration Joint Board would be under the remit of the Commissioner.

Equalities Duties

All public authorities in Scotland, including Integration Joint Boards, must comply with the [public sector equality duty](#) set out in the [Equality Act 2010](#). The duty places an obligation on public authorities to take action to eradicate discrimination and to pro-actively promote equality of opportunity.

The duty has a two tier structure - a general duty set out in the [Equality Act 2010](#), and specific duties set out in [Regulations](#) made by Scottish Ministers.

To better enable public authorities to locate equality data and evidence, the Scottish Government has developed an [evidence finder](#).

The Scottish Government has also produced an [evidence toolkit](#) to help authorities source supporting evidence to help with their Scottish specific reporting duties.

Diversity

The Scottish Government expects all public bodies to champion diversity and mainstream equal opportunities in their work. Scottish Ministers particularly welcome under-represented groups having membership on Scotland's public bodies. The Scottish Government's Programme for Government encourages public bodies to set a voluntary commitment for gender balance on their Boards of 50/50 by 2020, with the aim of ensuring that Boards of public bodies are broadly reflective of the wider Scottish population. The Scottish Government has already committed to achieving gender balance on its Board by 2020. Public bodies, including Integration Joint Boards, are expected to take positive action to support and enable greater diversity in the membership of and appointment to their Board.

1.4 Liability arrangements for Integration Joint Boards and their members

Integration Joint Boards are eligible to join the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) which covers the following areas of liability:

- **Clinical Negligence**
- **Employers Liability**
- **Public Liability**
- **Personal Injury, Loss, Damage to Property or other Wrongful Act**
- **Dishonest, Fraudulent, Criminal or Malicious Activities**
- **Defamation**
- **Directors and Officers Liability**
- **Consequential or Ancillary Expense**
- **Financial Loss Suffered by Member as a result
Fraud/Dishonesty/Theft**

[The National Health Service \(Clinical Negligence and Other Risks Indemnity Scheme\) \(Scotland\) Regulations 2000](#) (as amended) makes provision for Integration Joint Boards to apply to become a member of CNORIS. Membership is not compulsory, but represents a cost-effective alternative to arranging separate insurance. If an Integration Joint Board decides to become a member of CNORIS then they will be indemnified as above.

If an Integration Joint Board decides not to become a member of CNORIS then it will be necessary to ensure alternative arrangements are put in place to cover the Integration Joint Board and its members against any claims arising in relation to liabilities listed above.

1.5 The relationship between the Integration Joint Board and the strategic planning group

The Public Bodies (Joint Working) (Scotland) Act 2014 places a requirement on Integration Joint Boards to create a strategic plan for the area for which it is established. As part of this process, the Integration Joint Board must establish a strategic planning group. The Integration Joint Board must also determine the processes and procedures for the strategic planning group, subject to the provisions set out in [section 32](#) of the Act.

In developing the processes and procedures for the strategic planning group, the Integration Joint Board must be mindful that the work of the strategic planning group does not end with the publication of the strategic plan.

After the strategic plan is published, the strategic planning group will continue to review progress of the plan, measured against the statutory outcomes for health and wellbeing, and associated indicators. Strong lines of communication will need to be established between the strategic planning group and the Integration Joint Board. This is needed to ensure that the strategic planning group can effectively communicate its findings to the Integration Joint Board which will help to inform and facilitate revisions to the strategic plan at least every three years.

A detailed explanation of the process for the development of the strategic plan can be found in the [Strategic Commissioning Plan Guidance](#).

1.6 Appointing a Committee of an Integration Joint Board

Integration Joint Boards can appoint sub-committees should that be desirable. [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#) extends the options available to an Integration Joint Board in effectively planning for the provision of services by permitting an Integration Joint Board to form a committee to carry out any of its functions as it sees fit. Any decision of such a committee must be agreed by the majority of the voting members who are members of the committee.

A committee of an Integration Joint Board can only exercise the functions conferred upon it by the Integration Joint Board. The purpose of the committee is to support the effective working of the Integration Joint Board on matters which have been devolved to it by the Integration Joint Board. This may be in an advisory capacity or, depending on the remit given by the Integration Joint Board, the committee may have decision making powers to carry out certain functions of the Integration Joint Board. In the interests of fairness and effective working, a committee of an Integration Joint Board must consist of equal numbers of representatives from each constituent authority, as set out in [the Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014 \(article 17\(3\)\)](#).

An Integration Joint Board can appoint advisory members to sit on a committee from outside the membership of the Integration Joint Board, although, as before, any such decision must be agreed on by the voting members of the Integration Joint Board.

1.7 Complaints under Integration

Complaints about Integrated services

Where a Health Board and Local Authority choose a body corporate model of integration, the Health Board and Local Authority will remain the responsible bodies for the delivery of health and social care services. As such any complaints about service delivery will be dealt with through the existing health procedures and social care/social work complaints procedures.

To ensure complaints are joined up from the perspective of the complainants, Health Boards and Local Authorities are required to agree and set out within their integration schemes arrangements for the management of complaints relating to integrated service delivery and the process by which a service user, and those complaining on behalf of service users may make a complaint. The arrangements set out in the integration scheme cannot alter the underlying position, described above, that complaints are to be dealt with under existing health procedures and social care/social work complaints procedures.

The Health Board and Local Authority must ensure that the arrangements that they have jointly agreed are:

- Clearly explained
- Well-publicised
- Accessible
- Allow for timely recourse
- Complainants are signposted to independent advocacy services

Complaints about Integration Joint Boards

Integration Joint Boards are new public bodies and complaints may be raised against an Integration Joint Board in relation to particular functions, such as strategic planning. Complaints against the Integration Joint Board are not covered under current complaints procedures and therefore Integration Joint Boards will need to establish a complaints procedure in relation to the functions that have been delegated to them. In addition, where the Integration Joint Board has a greater involvement in the operational delivery of services, it may be that a complaint will be made in respect of a direction that the Integration Joint Board has issued. An Integration Joint Board will, therefore, require to operate suitable procedures for handling such complaints.

[The Scottish Public Services Ombudsman](#) and their internal unit, the Complaint Standards Agency, have developed a Model Complaints Handling Procedure which seeks to improve complaints handling across Scottish Public Services. The Scottish Public Services Ombudsman Model Complaints Handling Procedure Guidance places an emphasis on 'getting it right first time'. The Scottish Public Services Ombudsman Model Complaints procedure is firmly focused on quicker, simpler and more streamlined complaints handling with local, early resolution by empowered and well trained staff.

The Scottish Government expects Integration Joint Boards to implement a complaints handling procedure that embraces the structure, principles and time scales set out in the [Scottish Public Services Ombudsman Model Complaints Handling Procedure Guidance](#).

The Scottish Government intends to consult on a proposal to add Integration Joint Boards to schedule 2 of the Scottish Public Services Ombudsman Act.

This will have the effect of providing for the Scottish Public Services Ombudsman to investigate actions of the Integration Joint Boards in carrying out its duties, or any service failure attributable to an Integration Joint Board. It cannot, however, investigate the merits of a decision taken within the Integration Joint Board's discretion, unless the established processes have not been followed in making that decision.

It is expected that there will only be a small number of complaints against an Integration Joint Board that can be investigated by the Scottish Public Services Ombudsman – most issues raised about, for example, strategic planning, will likely be about the merits of a decision rather than in relation to carrying out a consultation.

The proposed legislative change, once implemented will allow Integration Joint Boards to fulfil the final independent stage of the Scottish Public Services Ombudsman Model Complaints Handling Procedure.

Section 2: Membership of the Integration Joint Board

2.1 Minimum Membership

[The Public Bodies \(Joint Working\) \(Membership and Procedures of Integration Joint Boards\) \(Scotland\) Order 2014 \(“the Order”\)](#) sets out requirements about the membership of an Integration Joint Board. This includes minimum required membership, and provision for additional members to be appointed.

The Integration Joint Board is created as a new legal entity that binds the Health Board and the Local Authority together in a joint arrangement. The membership of an Integration Joint Board reflects equal participation by the Health Board and Local Authority to ensure that there is joint decision making and accountability.

The Local Authority and the Health Board will set out the number of representatives that will sit on the Integration Joint Board within their integration scheme. The Order requires that the Local Authority and Health Board put forward a minimum of three nominees each. This number may be increased by local agreement, but the same number must be nominated by each party. Local Authorities can insist on nominating a maximum of 10% of their full number of Councillors. The Health Board and Local Authority may also agree that they will each nominate a larger number than this.

The Local Authority will nominate Councillors to sit on the Integration Joint Board.

The Health Board will nominate non-executive directors to sit on an Integration Joint Board. Where the Health Board is unable to fill all their places with non-executive directors, they can then nominate other members of the Health Board.

The Integration Joint Board will make decisions about how health and social care services are planned and delivered for the communities within their areas. To do this effectively, they will require professional advice, for example, to ensure that the decisions reflect sound clinical practice. It is also essential that Integration Joint Boards include key stakeholders within the decision making processes to utilise their advice and experience.

To ensure this, the Order sets out a minimum membership, but allows local flexibility to add additional nominations as Integration Joint Boards see fit. In addition to Health Board and Local Authority representatives, the Integration Joint Board membership must also include:

- The Chief Social Work Officer of the constituent Local Authority
- A General Practitioner representative, appointed by the Health Board
- A Secondary Medical care Practitioner representative, employed by the Health Board
- A Nurse representative, employed by the Health Board
- A staff-side representative
- A third sector representative
- A carer representative
- A service user representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

The Chief Social Work Officer of the Local Authority, Section 95 Officer of the Integration Joint Board and the health professionals will be appointed by the Health Board or the Local Authority because of the role they fulfil. The Chief Officer will be appointed by the Integration Joint Board and will provide a single point of accountability for integrated health and social care services.

The ways in which the members of the Integration Joint Board are to be identified and appointed to the Integration Joint Board will differ. The Integration Joint Board will co-opt the staff-side, third sector, carer and service user representative, and this should be done as soon as practicable once the Integration Joint Board is established. How the Integration Joint Board approaches the appointment of the staff-side, third sector, carer and service user representative members will be dependent on local circumstances, for example, through existing carers networks or the organisations operating within the area of the Integration Joint Board, therefore section [2.4](#) sets out principles that should be implemented in the identification of members.

Locally, the Integration Joint Board might wish to add additional members, perhaps because they are a key stakeholder locally or because the Integration Joint Board might seek more representation from a particular group. Alternatively, this might occur because the Health Board or Local Authority have included functions out with the minimum scope and they require additional professional advice.

If an Integration Joint Board is established by more than one Local Authority, the Order makes specific provision for how the minimum membership is to be determined.

2.2 Good Practice in the identification and appointment of members of Professional and Stakeholder members

The Order sets out the minimum required membership. All Integration Joint Board members have equal responsibility as Board members and the reference made between professional members and stakeholder members in the following section only reflects the difference in the routes of appointment.

The Order also makes provision for the Integration Joint Board to appoint additional professional and/or stakeholder members, as required.

To ensure that members are able to successfully fulfil the roles they are appointed to, sections **2.3** and **2.4** set out principles that should be implemented in the identification of members.

2.3 Professional Membership

The Order requires a minimum professional membership on the Integration Joint Board as follows:

- Appointment of a GP
- Appointment of a Nurse
- Appointment of a Secondary Care representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board
- The Chief Social Work Officer of the constituent Local Authority

With the exceptions of the Chief Officer, the Section 95 Officer and Chief Social Work Officer, the Order provides some flexibility in the appointment of professional members. However, due to the particular skills and experience required, and the strategic nature of the professional roles on the Integration Joint Board, the Health Board, Local Authority and the Integration Joint Board should follow the principles below to ensure they identify the appropriate members of professional staff to fill these posts:

- The professional members appointed will bring professional experience and knowledge to inform the Integration Joint Board decision making in terms of planning, operational delivery and the effectiveness of major reforms. This advice will ensure the Integration Joint Board can fully take account of safety and quality of care matters. As such, the appointed person must be able to demonstrate the appropriate experience, skills and competencies to fulfil this role. The appointed member must demonstrate their ability to work at a senior level and have experience of operating at a strategic level;
- Professional members should have a named, appointed deputy, able to demonstrate a similar level of skill and experience as the substantive appointment. Deputies should be expected to attend only where absolutely necessary to ensure continuity of advice from the professional.

- The Health Board should ensure the appointed professional members have defined roles that are clearly set out, and held locally. The Health Board and/or Local Authority must ensure that they have time, resource and support to fulfil their responsibilities to the Integration Joint Board for the full term of their appointment.
- As effective strategic planning is key, the Health Board and Local Authority must ensure that the appointed professional members are given specific training and support to contribute effectively to the Integration Joint Board, where such training is required.

The above principles should also be considered when the Integration Joint Board opts to appoint additional professional members. However, in this case the application of each principle will depend on the nature and basis on which these additional members are appointed.

2.4 Appointment of Stakeholder members

In addition to the professional membership, the Order also requires stakeholder members be appointed to the Integration Joint Board as follows:

- A staff side member
- A third sector member
- A carer member
- A service user member

The ways in which stakeholder members will be identified and appointed to these positions on the Integration Joint Board will vary due to the local circumstances of each Integration Joint Board, such as type and number of the representative groups working within their area. Although there will not be a uniform approach in appointment of the stakeholder members, it is important that they are able to appropriately fulfil their roles. The Integration Joint Board should follow the principles set out below:

- Stakeholder members will reflect the views of the groups they represent on the Integration Joint Board; naturally the individuals that comprise these stakeholder groups will be diverse. As such, the appointed person must be able to demonstrate the appropriate experience and skill to reflect the breadth and diversity of views and situations of the individuals or groups that they represent.
- The Integration Joint Board should ensure the appointed member has the resources and support to fulfil their responsibilities to the Integration Joint Board for the full term of their appointment.
- As effective strategic planning is key, the Integration Joint Board must ensure that the appointed stakeholder members are given specific training and support to contribute effectively to the Integration Joint Board, where such training is required.

As with professional members, these principles should also be considered when the Integration Joint Board opts to appoint any additional stakeholder members. The implementation of each principle will depend on the nature and basis on which these additional members are appointed.

2.5 Induction of Members

As well as their collective roles in carrying out the responsibilities of the Integration Joint Board, members will have individual roles to carry out to ensure that integrated health and social services are planned and delivered to improve outcomes for the communities they serve. In doing so, Integration Joint Board members must ensure that this is carried out effectively and in line with the integration delivery principles.

Integration Joint Board members will come from a variety of backgrounds. Some members may not have had much/any experience of sitting on the board of a public body. All Integration Joint Board members will require induction training to ensure that they are able to carry out their duties to the highest standard. The training and information requirements will of course vary from member to member, and Integration Joint Boards locally decide how best to organise and operate their induction training requirements.

All members should receive an induction; as a minimum this should cover the member's specific post requirements, roles, responsibilities and policies.

The Scottish Government have produced [On Board: A Guide for Board Members of Public Bodies in Scotland](#) which can be used as a standard induction pack covering generic issues such as roles and responsibilities of public bodies, and accountability and governance arrangements to supplement the tailored induction that individual Integration Joint Boards will wish to produce.

The Scottish Government has also produced **Leading the Journey of Integration: A Guide for Organisational Development Leaders** to support the development of Integration Joint Boards. The guide highlights the important roles that are required for the integration of health and social care to be a success. It sets out key information paired with development exercises which can be used individually or collectively by an Integration Joint Board. The guide can be found on the [Adult Health Social Care Integration Implementation Website](#).



The Scottish
Government
Riaghaltas na h-Alba

© Crown copyright 2015



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.scotland.gov.uk

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78544-625-2 (web only)

Published by The Scottish Government, September 2015

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS56029 (09/15)

Health and Social Care Integration

Public Bodies (Joint Working) (Scotland) Act 2014

Guidance for Integration Financial Assurance

Introduction and Purpose

The purpose of this note is to provide advice to Health Boards, Local Authorities and Integration Joint Boards on a process of assurance to help make Integration a success.

The advice is based on a number of publications and on lessons learnt from the Highland partnership, which partners may find a useful resource and the details are included at the foot of the paper and in the annex.

Assurance and Integration

It has been noted¹ that many of the challenges of public sector mergers stem from the fact that they tend to be externally imposed on the bodies and that Boards/Councils and senior management teams often feel that they are being thrown into a process over which they have little control. This introduces additional risks to the success of the new arrangements and to existing operations during the transition period.

Audit Scotland's June 2012² report emphasised a number of lessons that public sector bodies can learn from to minimise these risks, including the importance of strong leadership, effective planning for transition and implementation and assessing performance.

An effective assurance process should enable the host body (whether an Integration Joint Board (IJB) in a corporate body arrangement; or a Health Board or Local Authority in a lead agency arrangement) to identify the resources delegated to it and the financial, legal or organisational risks involved; it should also help the delegating partners to quantify the risks to their respective operations. If planned and implemented in a logical sequence, it should allow the Health Board and Local Authority to maximise the benefits and minimise the risks from integration.

Typically, an assurance process covers three main areas:

- Legal
- Financial
- Operational

The focus of this guidance is on financial assurance, but it is recommended that partners coordinate their activities across the three domains as work in one area can often inform work in another.

A formal process of financial assurance will typically involve an exhaustive review of all relevant documents and records in an effort to assess the resources and risks associated with them. A similar process will be required for integration but it should be possible for partners to avoid some of the work by placing reliance on assurances from each other for their respective delegated resources and on the existing operational and financial knowledge of the shadow chief officer. This will clearly require a high degree of trust between the key officers.

It is recommended that Health Boards and Local Authority Directors of Finance and the shadow Chief Officer and shadow Chief Financial Officer of the IJB foster an assurance process based on mutual trust and confidence involving an open-book approach and an honest sharing and discussion of the assumptions and risks associated with the delegated services.

The assurance process should be proportionate to the potential risks and should cover the whole transition period from pre-integration, implementation and post integration.

Financial Assurance

Integration Joint Boards will be established during 2015/16 and so will not be able to formally participate in the financial assurance process until that point. One of most important items of business for a newly established Integration Joint Board will be to obtain assurance that its resources are adequate to allow it to carry out its functions and to assess the risks associated with this. In order to facilitate this, it is recommended that:

- The shadow Chief Officer and the shadow Chief Finance Officer work with the Health Board and Local Authority Directors of Finance in carrying out the assurance work up to establishment of the Integration Joint Board. Where the shadow Chief Finance Officer has not been identified, the Health Board and Local Authority Directors of Finance should provide advice to the shadow Chief Officer;
- The shadow Integration Joint Board should receive regular reports on the assurance work until the IJB is established and the IJB audit committee (or committee(s) carrying out equivalent function) should receive them thereafter; and
- The Health Board and Local Authority internal auditors provide a report to the Health Board and Local Authority audit committees (copied to the shadow Integration Joint Board) on the assurance process that has been carried out by the Health Board and Local Authority.

The financial assurance process should focus on two main areas: financial governance; and financial assurance and risk assessment for the delegated resources.

1) Financial Governance

The legislation sets out the finance provisions that must be included in the Integration Scheme and the Integrated Resource Advisory Group guidance (IRAG) and the model integration scheme provide further information on these.

The Health Board accountable officer and the Local Authority section 95 officer must ensure that these provisions enable them to discharge their responsibilities in respect of the resources that will be delegated to the Integration Joint Board; similarly, the shadow Chief Finance Officer must ensure that the provisions provide the IJB with the financial information and support systems to enable it to carry out its functions.

2) Financial assurance and risk assessment

In order to assess whether the resources delegated to the Integration Joint Board are adequate for it to carry out its functions, the shadow Chief Officer and shadow Chief Finance Officer must review the provisions in the Integration Scheme that set out the method of determining the

payments and amounts to be made available to the IJB; this should include both the method for setting the initial sums and that to be followed in subsequent years.

Assurance for the Initial sums

It is recommended that the initial sums should be determined on the basis of existing Health Board and Local Authority budgets, actual spend and financial plans for the delegated services. It is important that the plans are tested against recent actual expenditure and that the assumptions used in developing the plans and the associated risks are fully transparent.

To assist in this it is recommended that:

- The budget in the financial plan is assessed against actual expenditure reported in the management accounts for the most recent two/three years. Ideally, the roll forward of the budget for the delegated services and the actual expenditure over this period should be understood;
- Material non-recurrent funding and expenditure budgets for the delegated services and the associated risks are identified and assessed;
- The medium term financial forecast for the delegated services and associated assumptions and risks is reviewed;
- Savings and efficiency targets and any schemes identified are clearly identified and the assumptions and risks are understood by all partners. This is a key part of the assurance process and the experience from Highland partners is that it is a potential source of future disagreement (see annex A); it is advised that partners devote sufficient time to understand the targets, efficiency schemes and associated assumptions and risks;
- All risks should be quantified where possible and measures to mitigate risk identified. Risks could be classified as delivery of efficiency savings; on-going risks; emerging risks;
- The amount set aside for the IJB consumption of large hospital services is consistent with the methods recommended in the IRAG guidance on the set aside resource and that the assumptions and risks are assessed.

Partners should be aware that the financial regimes, cultures and terminology differ between Health Boards and Local Authorities with the potential for confusion when reviewing the budget-particularly in the definition of what represents a recurrently balanced budget. It is recommended that partners are clear about the definitions of the terms used in their assurance work.

In line with normal budget monitoring practice, it is advised that a review be carried out during the post integration period to compare actual performance against the assumptions in the plan.

A key lesson from the experience of Highland partnership is that partners may find it useful to consider treating the first year as a transitional year and agree to a risk sharing arrangement with adjustments being made through subsequent year's allocations; if partners adopt this approach, it is recommended that it is incorporated in the Integration Scheme.

Assurance for subsequent years

It is recommended that the method included in the Integration Scheme for determining the payments to the IJB in subsequent years is consistent with the approach set out in section 4.2 of the IRAG guidance. Similarly, it is recommended that the method included in the Integration Scheme for determining the amount to be set aside in subsequent years for consumption of large hospital services should be assessed against the methods recommended in the separate IRAG guidance on the set aside resource.

Role of the Audit Committees (or committee(s) carrying out equivalent function)

The introduction of integration arrangements and the establishment of the IJB audit committee (or committee(s) carrying out equivalent function) will have implications for the ongoing work of the Health Board and Local Authority audit committees. Advice on this is provided at section B2.6 of the IRAG guidance.

In addition, the audit committees will have an important role to play in the assurance process through assessment of the objectives, risks, and post integration performance results of the IJB.

Pre Integration-shadow period

The Health Board and Local Authority audit committees can help increase the likelihood for success of the new arrangements by verifying that officers have effective assurance processes in place. Preparations for integration may be too far advanced for full involvement of the audit committees in the preparatory stage, but where this is practical, it is recommended that they obtain assurance:

- On the finance provisions to be included in the Integration Scheme;
- On the plans for financial governance and financial assurance and risk;
- That lessons have been learnt from other integration projects (e.g. Highland partnership); and
- That the predetermined financial metrics that officers will use in future to assess whether integration has met its objectives have been identified and that a process for obtaining baseline data is in place.

It is recommended that the audit committees are provided with a report, produced jointly by the Health Board and Local Authority Chief Internal auditors (and copied to the shadow IJB), on the assurance work that has been carried out by the Health Board and Local Authority. This report should be produced sufficiently in advance of the date of delegation of functions and resources (published in the Strategic Plan) to allow for consideration by the audit committees.

The arrangements for obtaining financial assurance should be set out in the Annual Governance Statements of the Health Board, Local Authority and Integration Joint Board for both the year prior to and the year of, delegation of functions and resources.

Implementation

The audit committee of the Integration Joint Board once established (or the committee(s) carrying out an equivalent function) should be provided with the assurance report and should:

- Review the finance provisions to be included in the Integration Scheme to ensure that they enable the IJB to carry out its functions;
- Formally assess whether the resources to be made available to the IJB are adequate for it to deliver its objectives and that the associated risks and assumptions are reasonable and clearly understood;
- That the respective risk management arrangements have been updated to incorporate the risks introduced by integration. See IRAG guidance section B2.2.

Advice for cases where the IJB cannot obtain assurance that its level of resources are adequate will be provided by the policy team in due course.

Post Integration

The post-integration period is a critical stage of the change process and the audit committees (or the committee(s) carrying out an equivalent function) have a key role in assessing whether the objectives of integration are on line to be achieved. It is recommended that the three audit committees (or the committee carrying out equivalent function in the IJB) are provided with a post integration report within the first year of the establishment of the IJB to evaluate the actual risk and financial performance against the pre-integration assumptions, performance on relevant integration milestones, identify lessons learned and assess whether the IJB is on course to deliver the long-term benefits.

The results of the review should be shared with the Scottish Government to enable wider learning.

Role for Internal Audit

It is recommended that the report (on the assurance process carried out by the Health Board and Local Authority) is a joint report by the Chief internal Auditors of the Health Board and Local Authority.

Further Resources

1. [Audit Scotland: Learning the lessons of public body mergers. Good practice guide](#)
2. [Scott-Moncrieff Briefing: Mix with Care- Mergers in the Public sector](#)
3. [Deloitte: The role of the Audit Committee in the merger & Acquisition cycle.](#)
4. [Charities Commission: Checklist for due diligence](#)
5. [HFMA. Combining NHS bodies. A practical checklist for mergers and acquisitions synopsis](#)

Annex A: Lessons from Highland Partnership

NHS Highland (NHSH) and The Highland Council (THC) established a lead agency arrangement in April 2012, in which adult social care services and resources were delegated to the health board; and children's community health services and resources were delegated to the local authority. The following note summarises the experience of the partners and the main lessons learnt in the first years of the partnership.

General

NHSH and THC did not undertake 'due diligence' in the legal sense. It is important to recognise the fact that the two partners entered into a Partnership Agreement on a high-trust basis with buy-in from all key senior players. The general view expressed was that it would be impossible to remove all the risk from the process of entering into a Lead Agency arrangement and there had to be a balance between understanding the risks and 'just doing it'.

There was exchange of budgetary information in advance of the transfer and meetings with counterparts to understand the composition of the budgets. Clearly, it will always be the case that the 'transferring' organisation will inevitably have a much more detailed understanding of the budgets, pressures, risks etc than the 'receiving' organisation and in our view it is impossible for a transfer to take place without some degree of trust. Probably the key lessons learnt were:

Budgets

- There needs to be a mutual acceptance that the first year must be a transitional year. This allows the 'receiving' organisation to begin to get to grips with the budgets, service pressures etc.
- There needs to be clarity around risk sharing / risk transfer. Whilst this will never cover every scenario it is clear we did not set this out in sufficient detail in Highland. This caused some significant difficulties towards the end of the first year and towards the end of the second year.
- There needs to be clarity about the reporting arrangements and the responsibilities. For example – do we report every month? Every quarter? Do we just report variances or do we present action plans to address these. If so, which organisation takes the decisions around any actions that might be challenging? If there is a significant adverse variance does the 'host' reduce services unless the 'commissioner' provides more funding? Or does the host need to look for savings elsewhere in its portfolio. These scenarios were briefly addressed in the Partnership Agreement but in a fairly simplistic way (with the default being that the two DoFs...and then the two CEOs...should resolve any differences). In effect this is what happened (although it required senior political and senior non-executive input, plus senior operational input as well as the DoFs / CEOs).
- The cultures and terminology differ between the two organisations. In the context of budget setting perhaps the most significant difference is the definition of what represents a recurrently balanced budget.
- The financial regimes differ – most notably the ability of councils to carry reserves / have year-end variances versus the requirement on Health Boards to break-even each and every year. Although this was a known issue right from the start it still led to some misunderstandings

during the first year and perhaps a mutual briefing on respective financial regimes might have been useful.

Efficiency Savings

Very similar issues to the budget issues above. Probably the only additional issue is the degree to which existing efficiency savings programmes already in train are explained / and 'owned' by the organisation delegating the functions. This issue probably gave rise to the most significant disagreement between the two organisations (i.e. the degree to which the savings programme 'inherited' by the other party was understood / owned and deliverable).

Financial Planning

Again – similar issues but in particular there needs to be clarity around the timescales and 'ground rules' for budget setting – particularly in relation to cost pressures and efficiency savings. We found that timelines differed. We also had to take a view as to whether NHSH ought to play into the THC budget setting process in a traditional way (i.e. of submitting pressures and savings plans for agreement or otherwise) or whether we employed more of a 'commissioning' approach where the THC agreed a quantum of funding and NHSH took the decisions as to what savings to make, pressures to fund etc. In practice we began with a model towards the 'commissioning' end of the spectrum but have moved back towards a more traditional approach, with NHSH being represented on the THC senior management team as part of the budget setting process.

Service Planning

In theory this takes place in the Adult Strategic Commissioning Group. However – by definition – this is a high level Group setting high level principles. Therefore, the strategic approach to commissioning is therefore reasonably well defined. Less well defined is operational service planning – for example the extent to which the Council should be involved in redesigns. This brings into play the different governance regimes and in particular the role of local councillors.

Local councillors have a keen interest in Adult Social Care services provided in their locality and will often take up issues with NHSH as the provider. In theory they should take their issues to THC officials (as 'commissioners') in order for them to take up issues with NHSH as provider, but in reality councillors will want a direct line of sight. They will also take a keen interest in any efficiency plans that may affect services in their area. Another difference in governance is the fact that NHS executive directors are full Board members with 'voting rights' whereas council officials can only make recommendations to Council. This is not an issue for the vast majority of business but potentially might be an issue for very significant matters.

Health and Social Care Integration Directorate
Integration and Reshaping Care Division

T: 0131-244 3588
E: brian.nisbet@gov.scot

Chief Officers of Integration Joint Boards;
NHS Chief Executives (Territorial Boards);
Healthcare Improvement Scotland;
Local Authority Chief Executives;
SOLAR;
SOLACE;
COSLA;
Care Inspectorate;
Scottish Local Government Partnership;
Scottish Public Service Ombudsman.



14 October 2015

Dear Colleagues

Consultation letter

The Public Bodies (Joint Working) (Scotland) Act 2014¹(the Act) puts in place arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. Integration Joint Boards will be new public bodies and as such they will not be covered by existing legislation in relation to complaints raised against their duties.

The Scottish Government has issued guidance on the Roles, Responsibilities and Membership of the Integration Joint Board². This details the arrangement and principles by which Integration Joint Boards are currently expected to handle complaints against them.

The Scottish Government however proposes to make an amendment to Schedule 2 of the Scottish Public Services Ombudsman Act 2002 (“the 2002 Act”) to add Integration Joint Boards to the ‘listed authorities’ set out in Schedule 2 of the 2002 Act, which will mean there will be a legal requirement for Integration Joint Boards to establish a complaints procedure. This letter sets out the reasons for the proposal, explains the effect of the changes, and seeks views on the proposal.

Proposed Legislative changes

The Scottish Public Services Ombudsman Act 2002³ (“the 2002 Act”) sets out, among other things, a list of public bodies [and persons] subject to investigation by

¹ [The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

² [Roles, Responsibilities and Membership of the Integration Joint Board](#)

the SPSO. Investigation by the SPSO is, in the view of the Scottish Government, an appropriate final independent stage for an IJB complaints procedure. For an IJB to have a complaints procedure which complies with the SPSO model complaints procedure, it is necessary for complaints to be able to be referred to the SPSO.

As new bodies, Integration Joint Boards do not currently appear on the list of bodies, set out in Schedule 2 of the 2002 Act, which may be investigated by the SPSO. The Scottish Government are proposing to make an Order in Council under section 3(2)⁴ of the 2002 Act to amend this list. Adding Integration Joint Boards to Schedule 2 to the 2002 Act provides for the SPSO to have the investigatory powers set out in section 5(1)⁵ of the 2002 Act, subject to the restriction in section 7⁶.

Effect of the proposed legislative changes

The above changes will have the effect of providing for the SPSO to investigate actions of the Integration Joint Boards in carrying out its duties, or any service failure attributable to an Integration Joint Board. The SPSO cannot, however, investigate the merits of a decision taken within the Integration Joint Board's discretion, unless there has been maladministration in the taking of that decision.

Within these limitations it is expected that there will only be a small number of complaints against an Integration Joint Board that can be investigated by the SPSO – most issues raised about, for example, strategic planning, will likely be about the merits of a decision rather than in relation to carrying out a consultation.

Additionally, including Integration Joint Boards in Schedule 2 would also place a legal requirement on Integration Joint Boards to have a complaints handling procedure in place for complaint in relation to their duties (as required by section 16A (2)(a) of the 2002 Act). Currently there is no such legal requirement for Integration Joint Boards. The complaints procedure will also have to comply with the SPSO's principles on complaints handling procedures.

Views

We are taking this opportunity to invite comments on the proposal to add Integration Joint Boards to the list of the bodies set out in Schedule 2 of Scottish Public Services Ombudsman Act 2002 which will mean there will be a legal requirement for Integration Joint Boards to establish a complaints procedure.

You are asked to indicate whether or not you support the proposed amendment to the Scottish Public Services Ombudsman Act 2002 and the inclusion of Integration Joint Boards in the list of bodies set out in Schedule 2. If you do not support the proposals we would ask you to provide details outlining your concerns about the proposed amendment.

³ [The Scottish Public Services Ombudsman Act 2002](#)

⁴ [Section 3 and schedule 2 – Persons liable to investigation.](#)

⁵ [Matters which may be investigated](#)

⁶ [Matters which may be investigated: restrictions](#)

A full list of those who have been invited to respond has been set out at **Annex A**

I would be grateful if you could send your response, using the template provided at **Annex B** to the following e-mail address IRC@scotland.gsi.gov.uk by **12 November 2015**.

If you have any queries in relation to this letter please contact me via e-mail brian.nisbet@gov.scot or on 0131 244 3588.

Yours sincerely

A rectangular area containing a grid of 'X' characters. A black scribble is drawn over the grid, obscuring the text underneath.

Brian Nisbet
Integration and Reshaping Care Division

Annex A List of invited respondents

1. East Ayrshire Integration Joint Board
2. North Ayrshire Integration Joint Board
3. South Ayrshire Integration Joint Board
4. Argyll and Bute Integration Joint Board
5. East Dunbartonshire Integration Joint Board
6. East Lothian Integration Joint Board
7. East Renfrewshire Integration Joint Board
8. Edinburgh City Integration Joint Board
9. Inverclyde Integration Joint Board
10. Midlothian Integration Joint Board
11. North Lanarkshire Integration Joint Board
12. Renfrewshire Integration Joint Board
13. Shetland Islands Integration Joint Board
14. West Dunbartonshire Integration Joint Board
15. South Lanarkshire Integration Joint Board
16. West Lothian Integration Joint Board
17. Perth and Kinross Integration Joint Board
18. Dundee City Integration Joint Board
19. Angus Integration Joint Board
20. Dumfries and Galloway Integration Joint Board
21. Fife Integration Joint Board
22. Clackmannanshire and Stirling Integration Joint Board
23. Falkirk Integration Joint Board
24. Western Isles Integration Joint Board
25. Glasgow Shadow Integration Joint Board
26. Orkney Shadow Integration Joint Board
27. Scottish Borders Shadow Integration Joint Board
28. Moray Shadow Integration Joint Board
29. Aberdeen City Shadow Integration Joint Board
30. Aberdeenshire Shadow Integration Joint Board
31. NHS Ayrshire and Arran
32. NHS Borders
33. NHS Dumfries and Galloway
34. NHS Fife
35. NHS Forth Valley
36. NHS Grampian
37. NHS Highland
38. NHS Greater Glasgow and Clyde
39. NHS Lanarkshire
40. NHS Lothian
41. NHS Orkney
42. NHS Tayside
43. NHS Shetland
44. NHS Western Isles
45. Aberdeen City Council
46. Aberdeenshire Council
47. Angus Council
48. Argyll and Bute Council
49. City of Edinburgh Council
50. Clackmannanshire Council
51. Comhairle nan Eilean Siar
52. Dumfries and Galloway Council
53. Dundee City Council
54. East Ayrshire Council
55. East Dunbartonshire Council
56. East Lothian Council
57. East Renfrewshire Council
58. Falkirk Council
59. Fife Council
60. Glasgow City Council
61. Highland Council
62. Inverclyde Council
63. Midlothian Council
64. Moray Council
65. North Ayrshire Council
66. North Lanarkshire Council
67. Orkney Islands Council
68. Perth and Kinross Council
69. Renfrewshire Council
70. Scottish Borders Council
71. Shetland Islands Council
72. South Ayrshire Council
73. South Lanarkshire Council
74. Stirling Council
75. SOLAR
76. SOLACE
77. COSLA
78. Care Inspectorate
79. Healthcare Improvement Scotland
80. Scottish Local Government Partnership
81. Scottish Public service Ombudsman

Annex B – Consultation Response

Name:

Organisation:

Position:

Question 1: Do you support the proposal to add Integration Joint Boards to the list of the bodies set out in Schedule 2 of Scottish Public Services Ombudsman Act 2002 which will mean there will be a legal requirement for Integration Joint Boards to establish a complaints procedure.?

Please place an X in one of the boxes below to indicate your views on the proposal.

Yes		No	
------------	--	-----------	--

Question 2: If you do not support the proposed amendment, please outline the reasons for this below.