



Health and Social Care Integration Scheme for the Scottish Borders

Consultation Draft November 2014

Consultation Preface

The Public Bodies (Joint Working)(Scotland) Act 2014 requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed, and children’s health and social care services:

The Act requires that the Local Authority and the Health Board jointly prepare, consult and then agree an integration scheme for the Local Authority Area, prior to them submitting it to Scottish Ministers for final approval. The Act states that the purpose of an integration scheme is to set out:

- which integration model is to apply; and
- the functions that are to be delegated in accordance with that model.

The Act also requires that the Health Board and the Local Authority undertake a joint consultation as part of the preparation of their integration scheme. This draft integration scheme describes how the new Act will be applied within The Scottish Borders.

Individuals and communities in the Scottish Borders have benefited from the integration of designated health and social care services already. This draft integration scheme has been informed by considerable local experience of developing and delivering integration in practice; and also benefitted from a considerable amount of ongoing dialogue and positive interaction with a range of stakeholders over recent years. The Health Board and the Local Authority are committed to continuing that constructive engagement.

Any comments on the following draft integration scheme would be valued – please send to Mrs Susan Manion, Chief Officer, Health & Social Care Integration, C/o Scottish Borders Council, Newtown St Boswells, Roxburghshire, TD6 0SA Email: susan.manion@scotborders.gcsx.gov.uk

1. Introduction

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by Ministers, and children’s health and social care services.
- 1.2 The Act requires them to prepare jointly an Integration Scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either delegate between each other, or can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a “lead agency” arrangement. Delegation to an Integration Joint Board is commonly referred to as a “body corporate” arrangement.
- 1.3 This document uses the model Integration Scheme where the “body corporate” arrangement is used and sets out the detail as to how the Health Board and Local Authority will integrate services. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an Integration scheme for approval by Scottish Ministers.
- 1.4 Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.
- 1.5 The Act requires that an Integration Scheme once approved must be re-submitted and follow the consultation process set out in the regulations if it is to be amended. Changes to documents referred to within the Integration Scheme (eg Workforce Plan) do not require the Integration Scheme to go through this process – only changes to the Integration Scheme itself.
- 1.5 As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of councillors, NHS non-executive directors, and other members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members must carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority.
- 1.6 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the integration scheme in Section 4. Further, the Act gives the Health Board and the Local

Authority, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Vision, Aims and Outcomes of the Integration Scheme

- 2.1 Scottish Borders Council and NHS Borders will build on a history of partnership working. By maximising the opportunities presented through legislation we aim to achieve the highest outcomes for the people of the Scottish Borders. By creating our new integrated arrangements across health and social care we will enhance, strengthen and develop the formerly separate services for the provision of adult health and social care. By integrating service delivery and fulfilling the expectations of our Strategic Plan we seek to enhance and promote the health and wellbeing of the people of the Scottish Borders.
- 2.2 Working with the third and independent sector we will provide a unified approach across the public sector with a common sense of purpose. We will engage with service users, carers, staff and members of the public to empower individuals and communities to be a driving force for how the services will be shaped and developed. In turn we will deliver the best possible services that will be safe, of the highest quality, person centred, efficient and fair.
- 2.3 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Joint Board will set out within its Strategic Plan how it will deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act namely:
- People are able to look after and improve their own health and wellbeing and live in good health for longer.
 - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
 - People who use health and social care services have positive experiences of those services, and have their dignity respected.
 - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
 - Health and social care services contribute to reducing health inequalities.
 - People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
 - People using health and social care services are safe from harm.
 - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

- Resources are used effectively and efficiently in the provision of health and social care services.

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Integration Scheme

The parties:

Scottish Borders Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at Newtown St Boswells, Roxburghshire, TD6 OSA (“the Council”);

and

Borders Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Borders”) and having its principal offices at Borders General Hospital, Melrose, Roxburghshire, TD6 9BD (“NHS Borders”) (together referred to as “the Parties”)

1. Definitions and Interpretation

1.1 In this Integration Scheme, the following terms shall have the following meanings:-

- “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “Integration Joint Board” means the Integration Joint Board to be established by Order under section 9 of the Act;
- “Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act
- “The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
- “Integration Joint Board Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014
- “Scheme” means this Integration Scheme;
- “Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.
- “Payment” means the term used in legislation to describe the integrated budget contribution to the Integration Joint Board. This payment does not require a cash transaction to be made. The term is also used to describe the non cash transaction the Integration Joint Board makes to the Health Board and Local Authority for carrying out the directed functions.

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

- In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for Scottish Borders, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme¹ comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

2.1 The remit of the Integration Joint Board is to prepare and implement a strategic plan in relation to the provision of health and social care services to adults in their area in accordance with the requirements of the Act.

2.2 The regulations of the Integration Joint Boards procedure, business and meetings and that of any committee of the Integration Joint Board will follow the standing orders which will be agreed at its first meeting and which may be amended by the Integration Joint Board.

2.3 Borders Health Board and Scottish Borders Council will positively support, through appropriate/effective communication and interaction, the Integration Joint Board to allow the achievement of its outcomes, vision, philosophy and principles. The Integration Joint Board will similarly support, through appropriate/effective communication and interaction, Borders Health Board and Scottish Borders Council in their delivery of integrated and non integrated services.

2.4 The Integration Joint Board will have a distinct legal personality and the autonomy to manage itself. There is no role for the Scottish Borders Council or Borders Health Board to independently sanction or veto decisions of the Integration Joint Board.

2.5 The Integration Joint Board will create such committees that it requires to assist it with the planning and delivery of services which are within its scope.

2.6 Membership of the Integration Joint Board shall comprise five persons appointed by Borders Health Board, and five persons appointed by Scottish Borders Council plus non-voting representatives drawn from health and social care professionals, staff, the third sector, users, the public and carers. The Chief Officer of the Integration Joint Board and Chief Finance Officer will be non voting members.

2.7 The term of office of voting Members of the Integration Joint Board shall last as follows:

- (a) for Local Government Councillors, until the day of the next ordinary Elections for Local Government Councillors in Scotland.
- (b) for Borders Health Board nominees, until the day their appointment by Scottish Ministers ceases.

2.8 At the first meeting the Integration Joint Board will elect a Chairperson and Vice Chairperson from the voting membership of the Integration Joint Board. The Chair and Vice–Chair posts shall rotate annually between the Borders Health Board and Scottish Borders Council, with the Chair being from one body and the Vice-Chair from the other.

3. Delegation of Functions

3.1 The functions that are to be delegated by Borders Health Board to the Integration Joint Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by Borders Health Board and which are to be integrated, are set out in Part 2 of Annex 1.

3.2 The functions that are to be delegated by Scottish Borders Council to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by Scottish Borders Council and which are to be integrated, are set out in Part 2 of Annex 2.

4. Local Operational Delivery Arrangements

4.1 The Integration Joint Board will be responsible for the strategic planning and delivery of the services and functions delegated to it.

4.2 The Integration Joint Board will comprise the necessary resources to undertake the functions delegated by Borders Health Board and Scottish Borders Council.

4.3 The Parties have agreed that the Health & Social Care Integration Joint Board will:

- a. Appoint its Chief Officer
- b. Appoint its Chief Finance Officer
- c. Convene a Strategic Planning Group specifically to enable the preparation of Strategic Plans in accordance with section 32 of the Act; inform significant decisions outside Strategic Plan in accordance with section 36 of the Act; and review the effectiveness of the Strategic Plan in accordance with section 37 of the Act, in line with the obligations to meet the engagement and consultation standards.
- d. Prepare, approve and implement a Strategic Plan for all of its delegated services and functions, in accordance with the Act; and supported by an integrated workforce and organisational development plan.

- e. Establish arrangements for locality planning in support of key Outcomes for the agreed localities in the context of the Strategic Plan.
- f. The first Strategic Plan will be presented by the Chief Officer for approval before the integration start date in accordance with the Act.
- g. Establish a Clinical and Care Governance group to oversee clinical and care governance arrangements for the delegated services, including (where necessary) to make recommendations to either or both Parties.
- h. Maintain and routinely review an integrated strategic risk register.
- i. Establish a standing Audit Committee to focus on financial and audit issues, including (where necessary) to make recommendations to either or both Parties.
- j. Establish a Joint Staff Forum to focus on applying the principles of staff governance across services in partnership with trade unions, and where necessary to make recommendations to either or both Parties.
- k. Approve the allocation of resources to deliver the Strategic Plan within the specific revenue and capital budgets as delegated by each Party (in accordance with the standing financial instructions/orders of both Parties), and where necessary to make recommendations to either or both Parties.
- l. Prepare and publish an annual financial statement that sets out the amount that the Integration Joint Board intends to spend in implementation of the Strategic Plan in accordance with the Act.
- m. The Integration Joint Board will deliver an Annual Report to Borders Health Board and Scottish Borders Council. It will inform the Parties by reporting on the performance of the services in the delivery of the strategic planning outcomes.

4.4 Targets and Performance Management

4.4.1 A Performance Management Framework will be developed that meets the obligations set out in legislation and will take account of targets and objectives which are in force at any given time. This framework will clearly show where there is a contribution to the priorities of the Community Planning Partnership and will provide evidence of the impact of our joint working.

4.4.2 The Performance Management Framework will, as far as possible, draw on existing data sets and reporting mechanisms. Scottish Borders Council and Borders Health Board have existing performance management processes and the Integration Performance Framework will align with these processes to avoid duplication and streamline reporting.

- 4.4.3 In meeting the requirements of the national Integration Performance Scorecard, consideration will need to be given to any additional resource requirements for collecting and reporting information that is not currently collected, both in operational and support terms.
- 4.4.4 The Integration Performance Scorecard will be provided to the Integration Joint Board, and also to relevant groups within the individual organisations, initially the Borders Health Board Clinical Board and Scottish Borders Council Executive Committee and Corporate Management Team.
- 4.4.5 Should performance monitoring and reporting indicate that the partnership is not delivering its expected outcomes, it will follow the agreed joint response and escalation process.
- 4.4.6 The Chief Officer will be responsible for a) sharing performance management information with the bodies described in paragraph 4 and b) sharing issues that will primarily impact on one of the partners business but have implications for integrated/delegated services by liaising and communicating with both organisations.
- 4.4.7 Scottish Borders Council and Borders Health Board have a duty to report performance publicly and it is presumed that this duty will extend to integration. It will therefore be necessary to select relevant measures from the Scorecard that are of public interest and demonstrate best value to report publicly.
- 4.5 In regard to Corporate Services support there will be a service level agreement for the provision of those services to the Integration Joint Board.
- 4.6 In regard to support for Strategic Planning there will be set out local arrangements for the preparation of the Strategic Plan with local arrangements from Borders Health Board and Scottish Borders Council, taking into account the relevant activity and financial data covering the services, facilities and resources that relate to the Strategic Plan.

5. Clinical and Care Governance

- 5.1 Assurance to the Integration Joint Board and subsequently, Scottish Borders Council and Borders Health Board in respect of the key areas of governance will be achieved through explicit and effective lines of accountability. This accountability begins in the care setting within an agreed clinical and care governance framework established on the basis of existing key principles embedded in the governance and scrutiny arrangements for Borders Health Board and Scottish Borders Council.
- 5.2 The Borders Health Board Medical Director and Director of Nursing and Midwifery share accountability for clinical governance of NHS services as a responsibility/function delegated from the Chief Executive of Borders Health Board.

- 5.3 These Directors continue to hold accountability for the actions of the Borders Health Board clinical staff who deliver care through the health and social care integrated services. They, in turn, continue to attend the Borders Health Board Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by Borders Health Board.
- 5.4 The Chief Social Worker will be in attendance at the Integration Joint Board to ensure she/he maintains an overview and can be held to account for the quality of social work services delivered by social work staff through the integrated health and social care services. The Chief Social Work Officer is then held to account by the Executive Committee of Scottish Borders Council for the totality of Social Work.
- 5.5 The Chief Officer is responsible for ensuring the appropriate clinical and care governance oversight arrangements are in place in support of the integrated services and must report to the Integration Joint Board accordingly. The Chief Officer will be supported in this by the appointed clinical and professional leads in both the Scottish Borders Council and Borders Health Board and, as appropriate, senior professional leads in the integrated service.
- 5.6 A Clinical and Care Governance Group will be established to oversee the agreed clinical and care governance arrangements within the integrated services. It will be co-Chaired by a senior member of the social work team and a senior clinician. The group will have membership representation from the range of professional groups who are part of the health and social care partnership arrangements.
- 5.7 The Scottish Borders Council and Borders Health Board will continue to monitor and report on clinical and care governance matters through their existing mechanisms to comply with legislative and policy requirements.
- 5.8 The appropriate appointed Clinical Directors at Borders Health Board level (Medical Director, Director of Nursing and Midwifery, Associate Director of Allied Health Professionals and Director of Public Health) will support the Chief Officer and the Integration Joint Board in the manner they support Borders Health Board for the range of their responsibilities. If they are members of the Integration Joint Board, they will give that advice direct to the Integration Joint Board. If they are not members of the Integration Joint Board they should ensure the appropriate arrangements are in place to discharge their responsibilities, ensuring the effective functioning of the service. This will be achieved through health and social care staff who have a professional or corporate accountability to those Board Clinical Director posts.
- 5.9 The Chief Social Work Officer should support the Chief Officer and the Integration Joint Board in the same manner they support the Scottish Borders Council. As a non-voting member of the Integration Joint Board they should provide this directly to the Integration Joint Board. The Chief Social Work Officer should ensure the appropriate arrangements are in place to discharge their responsibilities, ensuring the effective functioning of the service. This will

be achieved through the social care staff who have professional or corporate accountability to the Chief Social Work Officer.

6. Chief Officer

- 6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act.
- 6.2 The Chief Officer is the Accountable Officer for Health and Social Care to the Integration Joint Board.
- 6.3 The Chief Officer will report to the Scottish Borders Council's Chief Executive and the Borders Health Board's Chief Executive or such other delegated officers.
- 6.4 Where there is to be prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Scottish Borders Council's Chief Executive and Borders Health Board's Chief Executive will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair.
- 6.5 Subject to the prior written consent of the other Party and the consent of the Chair and Vice-Chair of the Integration Joint Board, the Chief Executive of either Party may direct the Chief Officer to be managerially responsible for functions or services which are not delegated under this Scheme. The Chief Officer's accountability for such services shall be directly to the Chief Executive of the Party making the direction.
- 6.6 The Chief Officer will be a full member of both the Scottish Borders Council's and Borders Health Board's corporate management teams, as well as a non-voting member of the Integration Joint Board.
- 6.7 The Chief Officer is required to maintain effective relationships with a range of key stakeholders across Borders Health Board, the wider NHS, Scottish Borders Council, the Voluntary and Independent Sectors, service users, carers, the Scottish Government, Trades Unions and professional organisations.

7. Workforce

- 7.1 All staff will remain employed by their existing organisations and subject to the relevant terms and conditions as specified within those contracts (including the adherence to the corporate policies of their employing organisation).
- 7.2 Any future changes in staff arrangements will be promulgated on a planned and coordinated basis in accordance with established policies and procedures
- 7.3 Core HR services will continue to be provided by the appropriate corporate HR functions in Scottish Borders Council and Borders Health Board.

- 7.4 The will be a joint Organisational Development plan involving engagement, leadership and workforce development and training for the integrated workforce. The plan will be developed and reviewed with all relevant stakeholders.
- 7.5 The corporate HR functions in the Scottish Borders Council and Borders Health Board will provide the workforce planning information required to support the integrated services and lead the development, maintenance and review of a workforce plan which will assist the delivery of the service outcomes outlined in the Strategic Plan
- 7.6 There will be a Joint Staff Forum reporting to the Integration Joint Board, ensuring the key principles of staff partnership are embedded in the delivery of the agreed outcomes.
- 7.7 Borders Health Board and Scottish Borders Council professional/clinical supervisions arrangements for professional and clinical staff will continue until superseded by any jointly agreed arrangements.

8. Finance

- 8.1 Borders Health Board and Scottish Borders Council must agree and set out the method of determining –
- (a) Amounts to be paid by Borders Health Board and Scottish Borders Council to the Integration Joint Board in respect of each of the functions delegated by them to the Integration Joint Board other than those to which paragraph (b) applies.
 - (b) Amounts to be made available by Borders Health Board to the Integration Joint Board in respect of each of the functions delegated by Borders Health Board which are:
 - (i) Carried out in a hospital in the area of Borders Health Board and;
 - (ii) Provided for the areas of two or more local authorities. This is not applicable to Borders Health Board as they are co-terminus with Scottish Borders Council.
 - (c) The method by which any variations to the amounts paid or set aside will be determined.
 - (d) The conditions that must be met before a variation to the amounts paid or set aside may be made.
- 8.2 The amounts described in (a) and (b) are not subject to Ministerial approval but are subject to the approval of the Integration Joint Board.
- 8.3 The arrangements in relation to the determination of the amounts paid, or set aside, and their variation, to the Integration Joint Board by Borders Health Board and Scottish Borders Council are:

8.4 Payment in the first year to the Integration Joint Board for delegated functions

8.4.1 The baseline payment will be established by reviewing recent past performance and existing plans for Borders Health Board and Scottish Borders Council for the functions to be delegated, adjusted for material items.

8.4.2 Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to recurring actual expenditure in the previous three years adjusted for any planned changes to ensure they are realistic. There will be an opportunity in the second year of operation to adjust baseline budgets to correct any inaccuracies. An outline of the agreed due diligence procedure is attached at Appendix 2.

8.5 Payment in subsequent years to the Integration Joint Board for delegated functions

8.5.1 In subsequent years the Chief Officer and the Integration Joint Board Chief Finance Officer will develop a case for the Integrated Budget based on the strategic plan. The financial plan will be presented to Borders Health Board and Scottish Borders Council for consideration as part of the annual budget setting process. The case should be evidenced, with full transparency demonstrating the following assumptions:

- Performance against outcomes
- Activity changes
- Cost inflation
- Price changes and the introduction of new drugs/technology
- Agreed service changes
- Legal requirements
- Transfers to/from the amounts made available by Borders Health Board for hospital services to which (b) applies
- Adjustments to address equity of resource allocation

8.5.2 Borders Health Board and Scottish Borders Council should consider the following when reviewing the strategic plan:

- The Local Government Financial Settlement
- The uplift applied to NHS Board funding from Scottish Government
- Efficiencies to be achieved

8.5.3 There must be tri-partite agreement on the strategic plan and related financial plan. Further guidance on the development of the financial plan is shown in Appendix 4.

8.6 Method for determining the amount set aside for hospital services

8.6.1 This should be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board.

8.6.2 The capacity should be given a financial value using the data from the latest Integrated Resources Framework (IRF).

8.6.3 If the strategic plan sets out a change in hospital capacity the resource consequences will be determined through a bottom up process based on;

- Planned changes in activity and case mix due to interventions in the strategic plan.
- Projected activity and case mix changes due to changes in population need.
- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

8.7 In-year variations

8.7.1 Neither Borders Health Board nor Scottish Borders Council may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within the constituent authorities. The express consent of the Integration Joint Board and constituent authorities would be required for any such change.

8.7.2 The Chief Officer of the Integration Joint Board will deliver the agreed outcomes within the total agreed delegated resources. Where there is a forecast outturn overspend against an element of the operational budget the Chief Officer and the Chief Financial Officer of the Integration Joint Board must agree a recovery plan to balance the overspending budget with the relevant finance officer of the constituent authority. The recovery plan will need to be approved by the Integration Joint Board.

8.7.3 Should the recovery plan be unsuccessful the Integration Joint Board may request that the payment from Borders Health Board and Scottish Borders Council be adjusted, to take account of any revised assumptions. It will be the responsibility of the authority who originally delegated the budget to make the additional payment to cover the shortfall.

8.7.4 In the case of joint services any additional payment will be agreed pro rata in line with the original budget level.

8.7.5 The Integration Joint Board should make repayment in future years following the same methodology as the additional payment. If the shortfall is related to a recurring issue the Integration Joint Board should include the issue in the strategic plan and financial plan for the following year.

8.7.6 Additional adjustments may be required, for example, when errors in the methodology used to determine the delegated budget are found. In these circumstances the payment for this element should be recalculated using the revised methodology.

- 8.7.7 Where there is a planned underspend in operational budgets arising from specific management action by the Integration Joint Board it will be retained by the Integration Joint Board. This underspend may be used to fund additional capacity in-year or carried forward to fund capacity in subsequent years. . The carry forward will be held in an ear-marked balance within Scottish Borders Council's general reserve. If an underspend arises from a material error in the assumptions made to determine the initial budget, the methodology of the payment may need to be recalculated using the revised assumptions.
- 8.7.8 Any unplanned underspend will be returned to Borders Health Board or Scottish Borders Council by the Integration Joint Board either in the proportion that individual pressures have been funded or based on which service the savings are related to.
- The Integration Joint Board will have financial accountability for the funding received as payments from Borders Health Board and Scottish Borders Council. This financial accountability will not apply to notional funding for Set Aside Budgets included within the strategic plan.
 - The Integration Joint Board follows best practice guidelines for audit. This will involve Internal Audit, External Audit and the establishment of an Audit Committee. Details of this are included in the Appendix 5 – Audit Arrangements.
 - The Integration Joint Board will appoint a Chief Finance Officer, to fulfil the duties outlined in Appendix 6 – Guidance on Role of Chief Finance Officer. This post will be a part time post and funded from existing resources as a secondment from either Borders Health Board or Scottish Borders Council. The initial appointment will be for a period of two years.
 - The Integration Joint Board and their Chief Finance Officer will receive financial management support from Borders Health Board and Scottish Borders Council who will:
 - Record all financial information in respect of the Integration Joint Board in the financial ledger of the party which is delivering services and carrying out related financial transactions on behalf of the Integration Joint Board.
 - Transfer all appropriate financial information to the Integration Joint Board financial ledger on a monthly basis. This will be used to report to the Integration Joint Board.
 - Support the Chief Finance Officer of the Integration Joint Board to allow them to carry out their functions in preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the strategic plan and other reports that may be required.

- Support the Chief Officer and the Chief Finance Officer of the Integration Joint Board to prepare the annual accounts and the financial statement under section 39 of the Act.
- Ensure monthly financial monitoring reports relating to the performance of the Integration Joint Board against the delegated budget will be submitted to the Chief Officer within 15 working days of the month end for reporting to the Integration Joint Board. These reports will also be shared with Borders Health Board and Scottish Borders Council.
- Ensure quarterly reports will be prepared on the financial performance against the strategic plan.
- Provide a schedule of payments to the Integration Joint Board following approval of the strategic plan and its related financial plan. It is intended that this will be a one-off payment made during April/May of each financial year. This payment may be subject to in-year adjustments for material issues.
- In advance of each financial year a timetable of financial reporting will be submitted to the Integration Joint Board for approval.

9. Participation and Engagement

9.1 Section 6(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Local Authorities and Health Boards to prepare an Integration Scheme. Before submitting the Integration Scheme to Scottish Ministers for approval, the Local Authority and Health Boards must jointly consult with:-

- Staff of the Local Authority likely to be affected by the Integration Scheme;
- Staff of the Health Board likely to be affected by the Integration Scheme;
- Health professionals;
- Users of health care;
- Carers of users of health care;
- Commercial providers of health care;
- Non-commercial providers of health care;
- Social care professionals;
- Users of social care;
- Carers of users of social care;
- Commercial providers of social care;
- Non-commercial providers of social care;
- Non-commercial providers of social housing; and
- Third sector bodies carrying out activities related to health or social care.

9.2 Good communication is vital to the success of integrated services and the reputation of all partners involved. Engaging the workforce of both organisations simultaneously, and informing and involving the public will become increasingly important as services come together. A strategy sets out a framework for communications within the context of health and social care integration (Appendix 7).

9.3 There are national standards for community engagement and participation which underpin how the Scottish Borders Council and Borders Health Board operate. A framework has been developed to take into account these requirements, specifically Scottish Government Planning Advice note 2010 and CEL 4(2010) 'Informing, engaging and consulting people in developing health and community care services'

10. Information-Sharing and data handling

10.1 The Scottish Borders Council, the Borders Health Board and the Integration Joint Board agree to be bound by the Information Sharing Protocol.

10.2 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance.

10.3 All staff are bound by the data confidentiality policies of their employing organisations and the requirements of the Information Sharing Protocol that is in place.

10.4 With respect to individually identifiable material, data and information will be held in both electronic and paper format and only be accessed by authorised personnel to provide the service user with the appropriate service within the partnership. It may be necessary to share information with external agencies and in that case consent will be sought from the service user if no statutory requirement exists. In order to comply with the Data Protection Act 1998 all parties will always ensure that any personal data that is processed will be handled fairly, lawfully and with justification.

10.5 **Information Sharing and Confidentiality:** Both parties are signatories to the Pan Lothian and Borders Partnership General Protocol for Sharing Information (General Protocol). This protocol describes the key principles the parties must adhere to for information to be shared lawfully, securely and confidentially.

10.6 Both parties agree to be bound by this Information Sharing Protocol. The national protocol on information sharing – **SASPI** – will be adopted in due course. (Appendix 8)

10.7 **The Public Records (Scotland) Act:** Both parties are scheduled Public Authorities under the Public Records (Scotland) Act and have a duty to create and have approved a records management plan. Reference to information management procedures of the integrated service will be recorded in both plans, including information sharing and other record keeping arrangements and duties that pertain to services contracted out to third party service providers or external agencies will also be included.

10.8 **Record keeping:** The parties will work towards common records and templates that are readily available for staff to use, in particular:

- Data sharing agreement template
 - Consent forms for data sharing
 - A data sharing log (this will be a public document)
 - Data sharing agreement Review form
- 10.9 Responsibility for the maintenance and distribution of joint service templates, logs and Board records sits with the Chief Officer of Integrated Services. File plans and records retention schedules for records created solely by the Integrated Services will be devised and approved by the Integration Joint Board.
- 10.10 Responsibility for records created, retained and disposed by each organisation remains with that organisation. Each party will maintain their existing records according to their own policies and disposal schedule.
- 10.11 The key policies and guidance documents for each party can be found in Appendix 9.
- 10.12 **Security:** The success of information sharing relies on a common understanding of security. The information sharing protocol refers to the expected standard but each party must maintain its own guidance to ensure it meets that standard and that controls to manage the following elements are included:
- Safe storage of documents transported between work and site. Access to electronic and physical records. Use of laptops, memory sticks and other portable data devices when working off site (including at home);
 - Confidential destruction;
 - Security marking on electronic communications when applicable
- 10.13 **Access to information - Freedom of Information (FOI):** Both Borders Health Board and Scottish Borders Council will receive Freedom of Information requests and will manage these requests through their own existing processes. Both parties process involves a central FOI Co-ordinator for each organisation, a 10 day timescale for departments to respond to the FOI Co-ordinator and Service Director sign off prior to the response being returned to the requestor. The Co-ordinators of both organisations will work closely together and communicate regularly in relation to FOI.
- 10.14 Where FOI's relate to a joint service, the receiving organisation will forward the FOI to the relevant Service Manager who will provide the requested information on behalf of both organisations. The receiving organisation will undertake the progress monitoring, responsibility for redacting, quality checking and responding to the applicant. A list of services that are in scope for Integration and their Managers will be developed and shared between the

two organisations. All Fol's that relate to Joint Services will be signed off by the Chief Officer for Integration.

- 10.15 Should one organisation receive a request that also relates to the other, this request will be managed by the receiving organisation by partnership working of both organisations Fol Co-ordinators.
- 10.16 Both organisations will use the same performance measures and report regularly to the Integration Joint Board and to **OSIC**.
- 10.17 FOI requestors will be logged. Requests for review will be administered by the organisation who dealt with the request and will include review panel members from both organisations.
- 10.18 **Subject Access Requests:** The differing charging regimes in each organisation for Subject Access and Access to Medical Records requests prevents a joint approach being adopted for gathering of personal information. Therefore, each party will manage its requests following that organisation's procedures.
- 10.19 If a subject access request refers to the integrated service it may be necessary to send out two responses. The requestor should be informed at the outset that this will happen. There will be no change to the process for managing access to deceased persons records.
- 10.20 **Privacy and confidentiality:** Most of the information the integrated services will handle will be personal and confidential in nature. All staff with access to shared information will
1. receive regular training in handling personal data compliantly;
 2. have access to systems and records removed as soon as they leave the post that allows them to share information;
 3. be subject to appropriate level of vetting by HR. This particularly applies to existing staff that may not have been subject to checks in their current role but require it in their integrated services post.
- 10.21 **Information Governance:** The Information Governance reporting arrangements for each party are as follows:
1. Borders Health Board: The Information Governance Committee reports to the Borders Health Board's Audit Committee.
 2. Scottish Borders Council: Information Management is currently under review at Scottish Borders Council. However, under the proposed structure The Information Governance Group reports to the Corporate Management Team.

11. Complaints

11.1 The Parties agree that complaints by patients/carers/service users will be managed and responded to by the lead organisation (Appendix 10) and agree to the following arrangements in respect of this:

- A framework has been developed that clearly shows the lead organisation for each integrated service and the contact details for those who will be responsible for progressing any complaints received – Appendix 10. The lead organisation will take responsibility for the triage of the complaint, and liaise with the other organisation to develop a joint response where required.
- There are four established processes for a complaint to follow depending on the lead organisation.
 1. Scottish Borders Council Community Health and Care Partnership (CHCP) (Non Statutory Social Work).
 2. Statutory Social Work.
 3. NHS.
 4. Independent Contractors – All Independent Contractors involved with the Partnership, will be required to have a Complaints Procedure in place. Where complaints are received that relate to a service provide by an Independent Contractor, the lead organisation will refer the complainant to the Independent Contractor for resolution of their complaint. This may be done by either provision of contact details or by the lead organisation passing the complaint on, depending on the approach preferred by the complainant.
- Each organisation will have a clearly defined description of what constitutes a complaint contained within their organisations complaints handling documentation.
- Should there be any data sharing requirements in relation to any complaint, the data sharing protocol set out in section 15 of the Scheme of Integration – Data Sharing, will detail how this will be managed.
- All complaints will be signed as per the lead organisations procedure and monitored by the Chief Officer for Health and Social Care.
- Staff shall follow the complaints handling process of their employing organisation. The employing organisation will take responsibility for the triage of the complaint, and liaise with the other organisation where required – appendix 5.
- The current process for gathering service user/patient/carer feedback within NHS and SBC, how it has been used for improvement, and how it is reported will continue – Appendix 11.
- Existing performance information and lessons learned relating to complaints investigations, will be collected and reported to the Integration Joint Board in

line with Section 8 of the Scheme of Integration – Clinical & Care Governance.

- Performance information and lessons learned relating to complaints investigations will be reported to the Integration Joint Board at their next meeting following reporting to the Borders Health Board or Scottish Borders Council.
- The proposed arrangements will be monitored and evaluated annually.

12. Claims Handling, Liability & Indemnity

12.1 At this stage Borders Health Board will continue to follow their **CNORIS** programme for their services and Scottish Borders Council will continue with their current insurance processes. This will be applied to all services managed by the Chief Officer. Any evaluation to move Scottish Borders Council services to be covered by CNORIS can only be undertaken when more information is available to allow this to be progressed. Until this stage steady state will prevail.

13. Risk Management

13.1 The Corporate services in Borders Health Board and Scottish Borders Council will support the Chief Officer and the Integrated Joint Board on the development of a risk monitoring and risk management frame work. There will be regular reviews by The Integrated Joint Board of the strategic risk register which will identify, assess and prioritise risks related to the planning and delivery of delegated functions, particularly any which are likely to affect delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties.

13.2 The Chief Officer is responsible for drawing to the Integration Joint Board's attention any substantive developments that lead to a substantial change to the strategic risk register out with the routine review process.

13.3 The approved integrated risk register will be shared with both of the Parties on a regular basis.

13.4 In terms of Business Continuity the Resilience Officers from each respective organisation work closely together to provide assurance of what will be done for who in the event of a business continuity requirement.

13.5 Both organisations work closely together during cross system events such as severe weather, major road traffic accidents, etc. In terms of resilience for joint services, existing business continuity plans are in place and tested on an annual basis for all services including those that are wholly integrated within both the Borders Health Board and the Scottish Borders Council.

14. Dispute resolution mechanism

- 14.1 Where either of the Parties fails to agree with the other or with the Integration Joint Board on any issue related to this Scheme, then they will follow the process as set out below:²
- (a) The Chief Executives of Borders Health Board and Scottish Borders Council, and the Chief Officer, will meet to resolve the issue;
 - (b) If unresolved, the Borders Health Board, Scottish Borders Council and the Integration Joint Board will each prepare a written note of their position on the issue and exchange it with the others;
 - (c) In the event that the issue remains unresolved, the Chief Executives (or their representatives) of Borders Health Board, Scottish Borders Council and the Chief Officer will proceed to mediation with a view to resolving the issue.
 - (d) The Chief Officer will appoint a professional independent mediator. The mediation process will commence within 28 calendar days of the agreement to proceed.
 - (e) The Mediator shall have the same powers to require any Partner to produce any documents or information to him/her and the other Partner as an arbiter and each Partner shall in any event supply to him such information which it has and is material to the matter to be resolved and which it could be required to produce on discovery; and
 - (f) The fees of the Mediator shall be borne by the Parties in such proportion as shall be determined by the Mediator having regard (amongst other things) to the conduct of the parties.
 - (g) Where the issue remains unresolved after following the processes outlined above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached.
- 14.2 The Chief Officer shall write to Scottish Ministers detailing the unresolved issue, the process followed and findings of the mediator and seek resolution from Scottish Ministers.

Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

SCHEDULE 1 Regulation 3

Functions prescribed for the purposes of section 1(8) of the Act

Column A

Column B

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978

Except functions conferred by or by virtue of—
 section 2(7) (Health Boards);
 section 2CA⁽³⁾ (Functions of Health Boards outside Scotland);
 section 9 (local consultative committees);
 section 17A (NHS Contracts);
 section 17C (personal medical or dental services);
 section 17I⁽⁴⁾ (use of accommodation);
 section 17J (Health Boards' power to enter into general medical services contracts);
 section 28A (remuneration for Part II services);
 section 38⁽⁵⁾ (care of mothers and young children);

⁽³⁾ Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).

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

⁽⁵⁾ The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

section 38A⁽⁶⁾ (breastfeeding);

section 39⁽⁷⁾ (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55⁽⁸⁾ (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A⁽⁹⁾ (remission and repayment of charges and payment of travelling expenses);

section 75B⁽¹⁰⁾ (reimbursement of the cost of services provided in another EEA state);

section 75BA⁽¹¹⁾ (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82⁽¹²⁾ (use and administration of certain endowments and other property held by Health Boards);

section 83⁽¹³⁾ (power of Health Boards and local health councils to hold property on trust);

⁽⁶⁾ Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

⁽⁷⁾ Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

⁽⁸⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁹⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽¹⁰⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽¹¹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽¹²⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽¹³⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

section 84A⁽¹⁴⁾ (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98⁽¹⁵⁾ (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989⁽¹⁶⁾;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

⁽¹⁴⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

⁽¹⁵⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽¹⁶⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽¹⁷⁾.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)⁽¹⁸⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁹⁾;

section 46 (Hospital managers' duties: notification)⁽²⁰⁾;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

⁽¹⁷⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

⁽¹⁸⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁹⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽²⁰⁾ Section 46 is amended by S.S.I. 2005/465.

section 267 (Orders under sections 264 to 266: recall);

section 281⁽²¹⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²²⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽²³⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²⁴⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²⁵⁾.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31 (Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽²⁶⁾.

⁽²¹⁾ Section 281 is amended by S.S.I. 2011/211.

⁽²²⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²³⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁴⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁵⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽²⁶⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Part 2

Services currently provided by the Health Board which are to be integrated

Set out below is the list of services that the minimum list of delegable functions is exercisable in relation to. Further services can be added as they relate to the functions delegated.

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

1. In this schedule—

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

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

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

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

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

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004⁽²⁷⁾; and

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

PART 2

2. Accident and Emergency services provided in a hospital.
3. Inpatient hospital services relating to the following branches of medicine—
 - (a) general medicine;
 - (b) geriatric medicine;
 - (c) rehabilitation medicine;
 - (d) respiratory medicine; and
 - (e) psychiatry of learning disability.
4. Palliative care services provided in a hospital.

⁽²⁷⁾ S.S.I. 2004/115.

5. Inpatient hospital services provided by General Medical Practitioners.
6. Services provided in a hospital in relation to an addiction or dependence on any substance.
7. Mental health services provided in a hospital, except secure forensic mental health services.

PART 3

8. District nursing services.
9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
11. The public dental service.
12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978⁽²⁸⁾.
13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁹⁾.
14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽³⁰⁾.
15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978⁽³¹⁾.
16. Services providing primary medical services to patients during the out-of-hours period.
17. Services provided outwith a hospital in relation to geriatric medicine.
18. Palliative care services provided outwith a hospital.
19. Community learning disability services.
20. Mental health services provided outwith a hospital.
21. Continence services provided outwith a hospital.
22. Kidney dialysis services provided outwith a hospital.
23. Services provided by health professionals that aim to promote public health.

⁽²⁸⁾ Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

⁽²⁹⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽³⁰⁾ Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

⁽³¹⁾ Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Annex 2**Part 1****Functions delegated by the Local Authority to the Integration Joint Board**

Set out below is the list of functions that must be delegated by the local authority to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014. Further local authority functions can be delegated as long as they fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014;

SCHEDULE Regulation 2

PART 1

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
National Assistance Act 1948⁽³²⁾	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958⁽³³⁾	
Section 3 (Provision of sheltered employment by local authorities)	

⁽³²⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Social Work (Scotland) Act 1968⁽³⁴⁾	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.

⁽³⁴⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) (“the 1995 Act”), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (“the 2003 Act”), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) (“the 2001 Act”) schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) (“the 2002 Act”), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽³⁵⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	

⁽³⁵⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Disabled Persons (Services, Consultation and Representation) Act 1986⁽³⁶⁾	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000⁽³⁷⁾	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions

⁽³⁶⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽³⁸⁾	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002⁽³⁹⁾	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003⁽⁴⁰⁾	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	

⁽³⁸⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁹⁾ 2002 asp 5.

⁽⁴⁰⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006⁽⁴¹⁾	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007⁽⁴²⁾	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽⁴³⁾	

⁽⁴¹⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

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

⁽⁴³⁾ 2013 asp 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

PART 2

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	

Section 4⁽⁴⁴⁾

The functions conferred by Regulation 2 of the
Community Care (Additional Payments)
(Scotland) Regulations 2002⁽⁴⁵⁾

Part 2**Services currently provided by the Local Authority which are to be integrated**






Scottish Ministers have set out in guidance that the services set out below must be integrated. Further services can be added where they relate to delegated functions;

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

⁽⁴⁴⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

⁽⁴⁵⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

APPENDIX OF DOCUMENTS – DRAFT SCHEME OF INTEGRATION

Appendix No	Document	Date for Revision
1	Integration Joint Board Standing Orders	
2	Delegation of Functions	 APPENDIX 1 Delegation of Functio
3	Due Diligence	 APPENDIX 2 Due Diligence.docx
4	Financial Planning	 APPENDIX 3 Financial Planning.docx
5	Audit Arrangements	 APPENDIX 4 Audit Arrangements.docx
6	Chief Finance Officer Role	 APPENDIX 5 Chief Financial Officer.docx
7	Framework for Communication	
8	Information Sharing Protocol	
9	Data Sharing Policies & Guidance	
10	Complaints Framework	
11	Complaints Information Gathering	