

Health and Social Care Integration

Integration Scheme between East Dunbartonshire Council and NHS Greater Glasgow and Clyde

CONSULTATION DRAFT: NOVEMBER 2023

1 THE PARTIES:

East Dunbartonshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at 12 Strathkelvin Place, Kirkintilloch (“the Council”);
And

Greater Glasgow Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Greater Glasgow and Clyde”) and having its principal offices at J B Russell House, 1055 Great Western Road, Glasgow, G12 0XH (“the Health Board”)

(together referred to as “the Parties”)

2 DEFINITIONS AND INTERPRETATION

2.1 Definitions and Interpretation:

- “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “Acute Services” means the services of the Health Board delivered within the acute hospitals for which the Health Board has operational management responsibility, namely accident and emergency; general medicine; geriatric medicine; rehabilitation medicine; respiratory medicine; and palliative care. These are the services in scope for the delegated acute functions and associated Set Aside budget;
- “Chief Officer” means the Chief Officer of the Integration Joint Board
- “East Dunbartonshire Health and Social Care Integration Joint Board” (or “IJB”) means the Integration Joint Board to be established by Order under section 9 of the Act;
- “Host” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the NHS Board area;
- “Hosted Services” means those services of the Parties which, subject to agreement by the Integration Joint Board, the Parties agree will be managed and delivered by a single Integration Joint Board within the Greater Glasgow and Clyde area.
- “Integrated Services” means services of the Parties for which the Chief Officer has operational management responsibility;
- “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” or “Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;
- “Integration Joint Board Order” or “Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014;
- “Scheme” means this Integration Scheme;
- “Services” means those services provided in exercise of the functions of the Parties which are delegated to the Integration Joint Board as more specifically detailed in clause 6 hereof;
- “Set Aside” means the financial amounts to be made available for planning purposes by the Health Board to the Integration Joint Board in respect of Acute Services.
- “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.

3 PURPOSE AND PRINCIPLES

3.1 This scheme involves East Dunbartonshire Council and NHS Greater Glasgow and Clyde and sets out the agreements for the integration of certain health and social care services. An Integration Joint Board will be established for the purposes of these agreements.

3.2 The IJB will be established by Order for the area of East Dunbartonshire Council, covering a population of around 108,000 people. The main population centres included are Bearsden, Milngavie, Bishopbriggs, Kirkintilloch and Lenzie along with the rural villages including Milton of Campsie, Lennoxton, Twechar, Torrance and Balmore.

4 INTEGRATION MODEL

4.1 In accordance with section 2(3) 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 the IJB, namely the delegation of functions by the Parties to a body corporate established by Order under section 9 of the Act. This Scheme came into effect on 27 June 2015 when the IJB was established by Parliamentary Order. The Scheme was reviewed and revised in accordance with section 44(2) of the Act and these changes will be applied on the date the revised Scheme receives approval through delegation by the Cabinet Secretary.

5 LOCAL GOVERNANCE ARRANGEMENTS

5.1 Voting Membership

5.1.1 The arrangements for appointing the voting membership of the IJB are that the Parties must nominate the same number of representatives to sit on the IJB. This will be a minimum of three nominees each, or such number as the Parties agree, or the Council can require that the number of nominees is to be a maximum of 10% of their full council membership.

5.1.2 Locally, the Parties will each nominate three voting members.

5.1.3 The Council will nominate councillors to sit on the IJB.

5.1.4 Where the Health Board is unable to fill all its places with non-executive Directors it can then nominate other appropriate people, who must be members of the Health Board to fill their spaces, but at least two must be non-executive members.

5.2 Period of Office

5.2.1 The period of office of voting members will be for a period not exceeding three years.

5.3 Termination of Membership

5.3.1 A voting member appointed by the Parties ceases to be a voting member of the IJB if they cease to be either a Councillor or a non-executive Director of the Health Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, SSI no.285.

5.4 Appointment of Chair and Vice Chair

5.4.1 The Chairperson and Vice Chairperson will be drawn from the Health Board and the Council voting members of the IJB in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, SSI no.285. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by the Health Board and vice versa.

5.4.2 The Act requires that the appointment to Chairperson and Vice Chairperson is time-limited to a period not exceeding three years and carried out on a rotational basis. The term of office of the Chairperson and Vice Chairperson of the East Dunbartonshire Health and Social Care Integration Joint Board will be for a period of two years.

5.4.3 The IJB will include non-voting members including, as a minimum, those prescribed in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

6 DELEGATION OF FUNCTIONS

- 6.1 The functions that are to be delegated by the Health Board to the IJB are set out in **Part 1 of Annex 1**. These functions are delegated only insofar as they relate to the Services listed in **Part 2 of Annex 1**.
- 6.2 The functions that are to be delegated by the Council to the IJB are set out in **Part 1 of Annex 2**. These functions are delegated only insofar as they relate to the Services listed in **Part 2 of Annex 2**.
- 6.3 Services set out at **Annexes 1 (Part 2) and 2 (Part 2)** may by agreement be hosted by the Integration Joint Board on behalf of one or more Integration Joint Board, or one or both of the Parties, or vice versa, where permitted by statute. These arrangements will be subject to review and may change from time to time.

7 LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

7.1 Responsibilities of the IJB on Behalf of the Parties.

- 7.1.1 The local operational arrangements agreed by the Parties are:
- 7.1.2 Local operational delivery arrangements will reflect the integration delivery principles established under section 31 of the Act and will be in pursuance of the National Health and Wellbeing Outcomes.
- 7.1.3 The IJB is responsible for the planning of Integrated Services and achieves this through the Strategic Plan. In accordance with section 26 of the Act, the IJB will direct the Council and the Health Board to carry out each function delegated to the IJB. Payment will be made by the IJB to the Parties to enable the delivery of these functions in accordance with the Strategic Plan.
- 7.1.4 The Chief Officer will have day to day operational responsibility to monitor delivery of integrated services with oversight from the IJB. These arrangements will apply other than for Acute Hospital Services for which the Chief Officer will work closely with the Chief Operating Officer for Acute Services and for which the Health Board will have oversight of operational management arrangements. These arrangements will operate within a framework established by the Parties for their respective functions, ensuring the Parties can continue to discharge their governance responsibilities.
- 7.1.5 The IJB along with the other five IJBs in the Greater Glasgow and Clyde Health Board area will contribute to the strategic planning of Acute Hospital Services alongside the Health Board and the Health Board will be responsible for the management of Acute Hospital Services. The Health Board will provide information on a regular basis to the

Chief Officer and IJB on the operational delivery of, and the set-aside budget for, these Services.

- 7.1.6 The Health Board and the six IJBs operating across Greater Glasgow and Clyde shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the six IJBs' Strategic Plans
- 7.1.7 The Health Board will consult with the six IJBs to ensure that the overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such acute services are appropriately coordinated with the delivery of services across the Greater Glasgow and Clyde area.
- 7.1.8 The Parties shall ensure that a group including the Chief Operating Officer for Acute Services and Chief Officers of the six IJBs will meet regularly to discuss such respective responsibilities for Acute Services.
- 7.1.9 Both the Health Board and the Council will undertake to provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the IJB.
- 7.1.10 The IJB will provide assurance that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting including the annual performance report which will be provided to the Parties, and through the strategic planning process.
- 7.1.11 Where the Integration Joint Board is the Host in relation to a Service set out at Annexes 1 (Part 2) and 2 (Part 2) the Parties will recommend that:
- a) It is responsible for the operational oversight of such Service(s);
 - b) Through its Chief Officer will be responsible for the operational management on behalf of all the Integration Joint Boards within Greater Glasgow and Clyde area; and
 - c) It is be responsible for the strategic planning and operational budget of the Hosted Service.
- 7.1.12 Where a Service set out at **Annexes 1 (Part 2) and 2 (Part 2)** is hosted on its behalf by another Integration Joint Board, the East Dunbartonshire Integration Joint Board shall retain oversight for any services delivered to the people of East Dunbartonshire and shall engage with the host Integration Joint Board and the relevant Chief Officer on any concerns and issues arising in relation to these services.

7.2 Corporate Support Services

- 7.2.1 There is agreement and a commitment to provide Corporate Support Services to the IJB. The Parties have identified the Corporate Support Services that they provide for

the purposes of preparing the Strategic Plan and carrying out integration functions and identified the staff resource involved in providing these services.

- 7.2.2 The arrangements for providing these services will be subject to review aligned to the requirements of each Strategic Planning cycle, to ensure that undertakings within each Strategic Plan can be achieved, as part of the planning processes for the IJB and the Parties.
- 7.3 The Parties will provide the IJB with the corporate support services it requires to fully discharge its duties under the Act. The Parties will ensure that the Chief Officer is effectively supported and empowered to act on behalf of the IJB. This will include the Parties providing staff and resources to provide such support. In all circumstances, the direction of these corporate support services will be aligned to the governance and accountability arrangements of the functions being supported, as set out in this Scheme.
- 7.4 Support for the Strategic Plan
- 7.4.1 The Health Board will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within the Health Board area for its service and for those provided by other Health Boards. Regional services are explicitly excluded.
- 7.4.2 The Council will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within East Dunbartonshire for its services and for those provided by other councils.
- 7.4.3 The Parties agree to use all reasonable endeavours to ensure that the other Health Board area IJBs and any other relevant Integration Authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.
- 7.4.4 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Health Board area IJBs to ensure that they do not prevent the Parties and the IJB from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.
- 7.4.5 The Parties shall advise the IJB where they intend to change service provision of non-integrated services that will have a resultant impact on the Strategic Plan.
- 7.5 Performance Targets, Improvement Measures and Reporting Arrangements
- 7.5.1 The IJB will develop and maintain a Performance Management Framework in agreement with the Parties, which consists of a range of indicators and targets relating to those functions and services which have been delegated to the IJB. These will be

consistent with national and local objectives and targets in order to support measurement of:

- i) the achievement of the National Health and Wellbeing Outcomes;
- ii) the Core Suite of National Integration Indicators;
- iii) the quality and performance of services delivered by the parties through direction by the IJB;
- iv) the overall vision of the partnership area and local priorities as set out within the Strategic Plan;
- v) the corporate reporting requirements of both parties; and
- vi) any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.

7.5.2 The Parties will provide the IJB with performance and statistical support resources, access to relevant data sources and will share all information required on services to permit analysis and reporting in line with the prescribed content as set out in regulations. The Council, Health Board and IJB will work together to establish a system of corporate accountability where the responsibility for performance targets are shared.

7.5.3 The Parties will provide support to the IJB, including the effective monitoring of targets and measures, in line with these arrangements and in support of the Performance Management Framework.

7.5.4 The Strategic Plan will be reviewed and monitored by the IJB in relation to these targets and measures. Where either of the Parties has targets, measures or arrangements for functions which are not delegated to the Integration Joint Board, but which are related to any functions that are delegated to the Integration Joint Board, these targets, measures and arrangements will be taken into account in the development, monitoring and review of the Strategic Plan.

7.5.5 The Performance Management Framework and associated reporting arrangements for the IJB will continue to be developed and reviewed regularly by the IJB and the Parties, consistent with all national targets and reflective of all relevant statute and guidance.

7.5.6 The IJB will consider service quality, performance and impact routinely at its meetings and each year through its annual performance report, with associated reports also provided to the Parties.

7.5.7 The Parties and the Integration Joint Board are jointly responsible for the establishment of arrangements to::

- (i) Create an organisational culture that promotes human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice including learning and

development; and is transparent and open to innovation, continuous learning and improvement.

- (ii) Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- (iii) Ensure that the rights, experience, expertise, interests and concerns of service users, carers and communities are central to the planning, governance and decision-making that informs quality of care.
- (iv) Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- (v) Deliver assurance that effective arrangements are in place to enable relevant health and social care professionals to be accountable for standards of care including services provided by the third and independent sector.
- (vi) Ensure that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
- (vii) Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the third and independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
- (viii) Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- (ix) Provide assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for whistleblowing and regulatory requirements.
- (x) Establish clear lines of communication and professional accountability from point of care to officers accountable for clinical and care governance. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training, in order to be compliant with all professional regulatory requirements.

- (xi) Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication are valued, staff supported and innovation promoted.
- (xii) Provide a clear link between organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education.
- (xiii) Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.
- (xiv) Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- (xv) Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- (xvi) Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- (xvii) Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- (xviii) Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- (xix) Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- (xx) Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

8 CLINICAL AND CARE GOVERNANCE

8.1 Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act, of organisations and individuals delivering care.

- 8.2 Quality, clinical, care and professional governance in relation to services provided or arranged in pursuance of the functions delegated to the IJB will:
- involve service users and carers and the wider public in the development of services;
 - ensure safe and effective services and appropriate support, supervision and training for staff;
 - strive for continuous quality improvement;
 - maintain a framework of policies and procedures designed to deliver effective care;
 - ensure accountability and management of risk.
- 8.3 Professional staff will continue to work within the professional regulatory framework applicable to health and social care staff and primary care contractors.
- 8.4 The Health Board's Chief Executive is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. The Chief Officer of the IJB has delegated responsibility for the professional standards of all staff working in integrated services. The Chief Officer, relevant Health Leads and Chief Social Work Officer will work together to ensure appropriate professional standards and leadership.
- 8.5 The Health Board's Medical Director is responsible for the systems which support the delivery of clinical governance and medicines governance, those arrangements including the clinical governance unit and the processes which underpin it will operate in support of the IJB.
- 8.6 The Chief Social Work Officer is responsible for ensuring the provision of effective, professional advice to the local authority in relation to the provision of Social Work Services and ensuring the delivery of safe, effective and innovative practice. The Chief Social Work Officer's annual report will be submitted to the IJB.
- 8.7 The Parties will make available to the IJB professional leads representing social work, nursing and medicine. These professional leads will have a number of responsibilities including advising the Chief Officer, IJB, Strategic Planning Group and localities on professional issues, clinical and care issues, and providing assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis. The relationship between these professional leads and the Strategic Planning Group, localities, the Chief Officer and the governance arrangements of the Parties is outlined at Annex 3.

- 8.8 The Parties have a range of clinical and care governance structural arrangements relevant to particular areas of health and social care. This is still necessary for clinical and care governance compliance within integrated arrangements. These arrangements come together in the Clinical and Care Governance Group which is chaired by or on behalf of the Chief Officer on behalf of both Parties. Through this structure the Parties will be responsible for demonstrating compliance with statutory requirements in relation to clinical governance, authorising an accurate and honest annual clinical governance statement and responding to scrutiny and improvement reports by external bodies such as Healthcare Improvement Scotland and the Care Inspectorate.
- 8.9 The Parties will provide, as required, assurance to the IJB on the Parties' compliance with statutory requirements around clinical and care governance arrangements through the Integrated Clinical and Care Governance Board.
- 8.10 Clinical and professional leads from both Parties will discharge the following functions in relation to the IJB, Strategic Planning Groups and Localities:
- Advise the Chief Officer, members of the IJB, Strategic Planning Group and localities on professional issues.
 - Provide professional expertise to the IJB, Strategic Planning Group and localities on a wide range of clinical and care issues.
 - Provide assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis.
 - In the case of the Chief Social Work Officer, provide their annual report to the IJB.
 - Assure the IJB that the National Nursing & Midwifery and other Professional Assurance frameworks are implemented.
 - Advise the IJB on professional workforce and workload planning including the mandatory application of workforce tools.
 - Advise the IJB on the pre and post registration educational standards required for professions.
 - Provide a link from the IJB, Strategic Planning Group and localities to professional structures within the Council and the Health Board.
 - Ensure a shared collective responsibility for governance across the IJB.
 - Ensure professional leadership is seen as integral to the corporate management of the IJB.
 - Ensure a clear focus on the contribution of professional expertise available to the IJB, Strategic Planning Group and localities.

- Ensure an effective line of professional responsibility throughout the organisation; an IJB to team / ward level approach, which ensures all professional leaders influence and shape the work of the IJB.
- Ensure the effectiveness of the local clinical governance arrangements in meeting local and cross system needs whilst supporting the IJB with reports and assurance.

8.11 Clinical and professional leads from both Parties will ensure that relevant policies in relation to clinical and care governance are adhered to, including policies on:

- Infection control.
- Patient Safety and Clinical Quality.
- Care and Assurance Accreditation Framework.
- Child and Adult Protection.

9 CHIEF OFFICER

9.1 The Chief Officer of the IJB will be appointed by the IJB .

9.2 Where the person to be appointed is an existing member of staff of the Council or the Health Board, the person will be seconded to the IJB by that constituent body.

9.3 Where the person is not an existing member of staff of the Council or the Health Board, then the person will be appointed as a member of staff of a constituent body and then seconded to the IJB.

9.4 In the event that paragraph 9.3 applies, the Chief Officer may choose which of the constituent bodies he or she wishes to be appointed to.

9.5 An honorary contract arrangement will be put in place to establish the Chief Officer as an employee of both the Council and the Health Board.

9.6 Before appointing a person as Chief Officer, the IJB will consult the constituent bodies as to the suitability of the appointment and must take into consideration the views expressed by the constituent bodies.

9.7 The Chief Officer role will be as follows, in accordance with (but not limited to) the Act and associated Regulations:

- (i) to be accountable for the effective delivery and development of services provided in the exercise of functions delegated to the IJB and improved outcomes for the population of East Dunbartonshire;

- (ii) to develop, deliver and annually review a Strategic Plan and associated policies for delegated functions on behalf of the IJB and for the effective operational implementation of these strategies on behalf of the Council and Health Board, in line with the Strategic Plan;
- (iii) to be responsible for a supporting Financial Plan that allocates budgets to meet the objectives as agreed by the IJB, ensuring that financial targets are achieved within the resources available;
- (iv) to develop and set standards for the joint delivery of services, ensuring a robust performance management framework is in place to measure service delivery and ensure continuous improvement;
- (v) to ensure that all statutory clinical and non-clinical governance and professional standards are adhered to and that associated systems are in place;
- (vi) to be responsible for preparing an Annual Performance Report and to report strategic and operational performance to the IJB and on behalf of the constituent bodies, as required;
- (vii) to be responsible for ensuring the IJB is highly effective at engaging with its stakeholders and the wider community;
- (viii) to be responsible for ensuring an integrated management team is established and effective across the full scope of delegated functions and services; and
- (ix) to be responsible, as a member of both the Council's Corporate Management Team and Health Board's Corporate Management Team, for contributing to the overall strategic objectives and priorities as set out in the Local Outcome Improvement Plan (LOIP), the Council's Strategic Planning and Performance Framework and the Health Board's Local Delivery Plan.

9.8 The IJB secures delivery of the delegated functions by giving directions to the Health Board and Council for the delivery of services. The Chief Officer oversees the process of giving written directions to the Health Board and Council for the delivery of services.

9.9 The Chief Officer will be jointly managed by the Chief Executives of the Health Board and Council.

9.10 The Parties will jointly provide a suitable interim Chief Officer where there is a need to provide one. In these circumstances, the IJB will have the opportunity to confirm that it

is content for the proposed interim Chief Officer to undertake the interim Chief Officer's role at the request of the IJB as per the regulations.

10 WORKFORCE

- 10.1 The employment status of staff does not change as a result of this scheme. Employees of the Parties will remain employed by their respective organisations and will therefore be subject to the normal conditions of service as contained within their contracts of employment.
- 10.2 The development of integrated operational service structures and teams may involve the integration of line management arrangements below the level of the Chief Officer. In this event where an integrated team comprising both Health Board and Council employees is managed by a manager employed by the Council, the Chief Executive of the Health Board will direct his/her staff to follow instructions from the manager employed by the Council. Equally, where an integrated team comprising both Health Board and Council employees is managed by a manager employed by the Health Board, the Chief Executive of the Council will direct his/her staff to follow instructions from the manager employed by the Health Board.
- 10.3 The Council, Health Board and IJB will work together to establish a system of corporate accountability for the fair and effective management of all staff, to ensure that they are:
- Well informed;
 - Appropriately trained and developed;
 - Involved in decisions;
 - Treated fairly and consistently with dignity and respect in an environment where diversity is valued; and
 - Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community.
- 10.4 This system will be established through formal structures to link with the Health Board's Staff Governance Committee and the Council's Partnership at Work arrangements. In addition any joint staff forum established by the IJB will establish formal structures to link with the Health Board's Area Partnership Forum.
- 10.5 The Chief Executives of the Council and the Health Board will undertake to work jointly together and in conjunction with the Chief Officer of the IJB and employee stakeholders, to develop and maintain an annual joint Workforce and Organisational Development Strategy in relation to teams delivering integrated Services. This Strategy will

incorporate reference to the engagement of employees, workforce planning and development, organisational development and learning and development of staff.

11 FINANCE

11.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the IJB from the Parties.

11.2 The Chief Finance Officer will be the Accountable Officer for financial management, governance and administration of the IJB. This includes accountability to the IJB for the planning, development and delivery of the IJB's financial strategy and responsibility for the provision of strategic financial advice and support to the IJB and Chief Officer.

11.3 Budgets

11.3.1 Delegated baseline budgets were the subject of due diligence in the shadow year of the IJB. These were based on a review of recent past performance and existing and future financial forecasts for the Parties for the functions which were delegated. In the case of any additional functions to be delegated to the IJB, after the original date of integration, these services will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Parties for the functions which are to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the IJB to fund these additional delegated functions.

11.3.2 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and forecast pressures, and present it to the Parties for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:

- Activity changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board

11.3.3 This will allow the Parties to determine the final funding contribution for the IJB. This should be formally advised in writing by the respective Directors of Finance to the IJB by 1 March each year.

11.3.4 The Draft budget should be evidence based with full transparency on its assumptions which should include:

- Pay Awards
- Contractual uplift
- Prescribing
- Resource transfer
- Ring fenced funds

11.3.5 In the case of demographic shifts and volume, the Parties will consider impact for funding in respect of the service which each of the Parties has delegated to the IJB. In these circumstances an agreed percentage contribution based on the net budget of each of the Parties, by individual client group, excluding ring fenced funds (for example: Family Health Services, General Medical Services, Alcohol and Drug funding) may apply in that financial year.

11.3.6 Any material in-year budget changes proposed by either Party must be agreed by the IJB. Parties may increase the payment in year to the IJB for supplementary allocations in relation to the delegated services agreed for the IJB, which could not have been reasonably foreseen at the time the IJB budget for the year was agreed.

11.3.7 The IJB will approve a budget and provide direction to the Parties by 31st March each year regarding the functions that are being delivered, how they are to be delivered and the resources to be used in delivery.

11.3.8 The IJB has strategic planning responsibility along with the Health Board for Set Aside. The method for determining the amount set aside for hospital services will follow guidance issued by the Integrated Resources Advisory Group and be based initially on the notional direct costs for the relevant populations use of in scope hospital services as provided by Public Health Scotland. The NHS Board Director of Finance and IJB Chief Finance Officer will keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the IJB. A joint strategic commissioning plan will be developed and will be used to determine the flow of funds as activity changes:-

- Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan;
- Projected activity and case mix changes due to changes in population need;
- Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between capacity and resource.

11.3.9 The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the IJB and the Health Board. Changes will

not be made in year and any changes will be made by annual adjustments to the Strategic Plan of the IJB.

11.4 Budget Management

11.4.1 The IJB will direct the resources it receives from the Parties in line with the Strategic Plan, and in so doing will seek to ensure that the planned activity can reasonably be met from the available resources viewed as a whole, and achieve a year-end break-even position.

11.5 Budget Variance

11.5.1 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend and to instruct an action plan. If this does not resolve the overspend position, then the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan is unsuccessful and an overspend materialises at the year-end, uncommitted general reserves held by the IJB, in line with the reserves policy, would firstly be used to address any overspend. If after application of reserves an overspend remains the Parties may consider making additional funds available, on a basis to be agreed, taking into account the nature and circumstances of the overspend. Having regard to the circumstances it may be appropriate to consider repayment of any additional funds in future years on the basis of a repayment and revised recovery plan to be agreed by the Parties and the IJB. If the revised plan cannot be agreed by the Parties or is not approved by the IJB, mediation will be required to take place in line with the dispute resolution arrangements set out in this Scheme.

11.5.2 Where an underspend materialises against the agreed budget, with the exception of ring fenced budgets this will be retained by the IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the IJB's Reserves Strategy.

11.6 Unplanned Costs

11.6.1 Neither of the Parties may reduce the payment in-year to the IJB to meet exceptional unplanned costs within either Party, without the express consent of the IJB and the other Party.

11.7 Accounting Arrangements and Annual Accounts

- 11.7.1 Recording of all financial information in respect of the IJB will be in the financial ledger of the Council.
- 11.7.2 Any transaction specific to the IJB (e.g. expenses), will be processed via the Council ledger, with specific funding being allocated by the IJB to the Council for this.
- 11.7.3 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Parties with the information from both sources being consolidated for the purposes of reporting financial performance to the IJB.
- 11.7.4 The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan and such other reports that the IJB might require. The IJB Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. In order to agree the in-year transactions and year-end balances between the Council, Health Board and IJB, the Chief Finance Officer will engage with the Directors of Finance of the Parties to agree an appropriate process.
- 11.7.5 Monthly financial monitoring reports will be issued to the Chief Officer by the Chief Finance and Resources Officer in line with timescales agreed by the Parties. Financial reports will include subjective and objective analysis of budgets and actual/projected outturn, and other such financial monitoring reports as the IJB might require.
- 11.7.6 The IJB will receive a minimum of four financial reports during each financial year. This will include reporting on the Acute activity and estimated cost against Set Aside budgets.
- 11.8 Payments between the Parties
- 11.8.1 The schedule of payments to be made in settlement of the payment due to the IJB will be:
- Resource Transfer, virement between Parties and the net difference between payments made to the IJB and resources delegated by the IJB will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.
- 11.9 Capital Assets and Capital Planning
- 11.9.1 Capital and assets and the associated running costs will continue to sit with the Parties. The IJB will be required to develop a business case for any planned investment or change in use of assets for consideration by the Parties.

12 HOSTED SERVICES

- 12.1 Some of the functions that are delegated by NHS Greater Glasgow and Clyde to all six Integrated Joint Boards may be provided as part of a single Greater Glasgow and Clyde-wide service, referred to as a Hosted Service.
- 12.2 The Integrated Joint Board has operational responsibilities for any services which it Hosts on behalf of other Integrated Joint Boards. In delivering a Hosted Service the Integrated Joint Board has primary responsibilities for the provision of the services and bears the risk and rewards associated with service delivery in terms of the demand and finance and resource required.
- 12.3 If the Integrated Joint Board plans to make significant changes to a Service which it Hosts which increases or decreases the level of service available in specific localities or service wide, it will consult with the other Integrated Joint Boards affected prior to implementing any significant changes.
- 12.4 Integrated Joint Boards are collectively required to account for the activity and associated costs for all hosted services across their population using a methodology agreed by all partner Integrated Joint Boards.
- 12.5 Delegated hosted budgets were the subject of due diligence in the first part year of operation of the Integrated Joint Board during 2015/16. This was based on a review of recent past performance and existing and future financial forecasts for the Health Board the functions which were delegated. Where there are any subsequent additional functions to be delegated to the Integrated Joint Board then these services will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Health Board for those functions to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integrated Joint Board to fund these additional delegated functions.

13 INTEGRATION SCHEME CONSULTATION

- 13.1 The list of people consulted on this Integration Scheme complies with the regulations.
- (i) The list of people were:
- Health professionals and staff of the Health Board who operate within the boundaries of the East Dunbartonshire area;
 - Social work and social care staff who operate within the boundaries of the East Dunbartonshire area;
 - Users of health or social care services and their carers who reside within the boundaries of the East Dunbartonshire area;

- Commercial and non-commercial providers of social or health care who operate within the boundaries of the East Dunbartonshire area;
- Local authorities or integration authorities who operate within the geographic boundaries of the Health Board;
- Non-commercial providers of social housing who operate within the boundaries of the East Dunbartonshire area; and
- Third sector bodies carrying out activities related to health or social care within the boundaries of the East Dunbartonshire area.
- Members of the general public.

(ii) The methods and participation tools used to engage and consult people and communities were:

- Discussion and approval of the consultative draft by the IJB;
- 42 day consultation period jointly agreed by the Parties;
- Direct correspondence with stakeholder representative groups, bodies and individuals set out at 12.1(i), providing access to the draft Integration Scheme and inviting comment;
- High profile visibility on Council and Health Board websites, providing links to the draft Integration Scheme and background information and inviting public comment;
- Press release issued by the Council, promoting the consultative exercise on behalf of the Parties;
- Active pan-Health Board area consideration of all IJB draft Integration Schemes in its area, to evaluate impact; and
- Account taken of all comments, with amendments made to final Integration Scheme for approval by the Parties.

12.2 During May and June 2016, a further 25 day consultation period was undertaken to support revision to the Integration Scheme, to extend the range of functions delegated to the IJB as set out at Annex 1. This consultative engagement followed the same processes as outlined at 12.1.

13.2 A further **XX** day consultation period was undertaken to support review of the Integration Scheme during 2023 in line with section 44 of the Act. This consultative engagement followed the same processes as outlined at 12.1.

14 PARTICIPATION AND ENGAGEMENT

14.1 The Parties undertake to work together to support the IJB in the production and maintenance of a participation and engagement strategy. The Parties agree to provide communication and public engagement support to the IJB to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the area of the Health Board.

15 INFORMATION SHARING AND CONFIDENTIALITY

15.1 The Parties have revised their existing Information Sharing Protocol (ISP) for approval as a tri-partite agreement between the Health Board, Council and IJB, updated in compliance with the European Union General Data Protection Regulations and the Data Protection Act 2018. The ISP is also compliant with the Data Sharing Framework set by the Information Commissioner's Office and subsumes data sharing arrangements within Health and Social Care Partnerships.

15.2 The Parties further agree that it will be the responsibility of the IJB itself, within a further 9 months of signing the revised Information Sharing Protocol, to determine, in consultation with the Data Protection Officers for the parties, whether any more specific protocols, procedures and guidance require to be developed around operational processes of information sharing involving the IJB and to set a timescale for implementation of such protocols, procedures or guidance.

15.3 The Information Sharing Protocol itself will be thereafter be reviewed jointly by the Parties at least annually or in the circumstances set out in section 8 of the Information Sharing Protocol.

16 COMPLAINTS

16.1 The Parties agree the following arrangements in respect of complaints by service users and those complaining on behalf of service users.

- The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the IJB.
- The Health Board, the Council and the IJB will each retain separate complaints policies and procedures reflecting distinct model complaints handling procedures specified by the Complaints Standards Authority of the Scottish Public Services Ombudsman, as set out at Section 16A(2) of the Scottish Public Services Ombudsman Act 2002
- Complaints concerning the IJB will be limited to those concerning policies, decisions, administrative processes and measures and systems put in place by the IJB to ensure delivery of functions delegated to it. Complaints relating

the delivery of services by the Parties will be handled within the complaints procedure of the relevant party.

- Service users and patients will be advised to direct complaints about the IJB to the Chief Officer or via the details given on the 'Contact Us' page of the Health and Social care Partnership website. That website will also provide links to the separate complaints procedures of the Parties
- Complaints will be processed depending on the subject matter of the complaint made. Where a complaint relates to multiple services the matters complained about will be processed, so far as possible, as a single complaint with one response from the Health and Social Care Partnership, specifying the relevant complaints handling procedure(s) under which it has been issued. Where a joint response to a complaint is not possible or appropriate this will be explained to the complainant who will receive separate responses from the Parties. Where a complainant is dissatisfied with a joint response, then matters will be dealt with under the respective review or appeal mechanisms of either party, and thereafter dealt with entirely separately.
- The Chief Officer will ensure that the person making a complaint is always informed which complaint procedure is being followed and of their right of review of any decision notified.
- Complaints management, including the identification of learning from upheld complaints across services, will be subject to periodic review by the IJB.
- The IJB will contribute to the Parties' performance management arrangements on complaints handling in accordance with national and local reporting arrangements.

17 CLAIMS HANDLING, LIABILITY & INDEMNITY

- 17.1 The Parties agree that they will manage and settle claims in accordance with common law of Scotland and statute. The Parties will establish indemnity cover for integrated arrangements.

18 RISK MANAGEMENT

- 18.1 The Parties and the IJB will jointly develop a Risk Management Strategy that will identify, assess and prioritise significant risks related to the delivery of services under integrated functions and in particular any which are likely to affect the IJB's delivery of the Strategic Plan. It will identify and describe processes for mitigating those risks. The strategy will include an agreed reporting standard that will enable other significant risks identified by the Parties and the IJB to be shared across the organisations.

18.2 In order to prepare this strategy the Parties and IJB will jointly:

- (i) identify the risk sources, providing a basis for systematically examining changing situations over time and focusing on circumstances that impact upon the ability to meet objectives;
- (ii) identify and agree parameters for evaluating, categorising and prioritising risk and thresholds to trigger management activities;
- (iii) Demonstrate processes to identify and document risk in a Risk Register;
- (iv) Demonstrate the process for monitoring corporate and operational risks including clear lines of accountability and responsibility, reporting lines , governance and frequency;
- (v) Develop a process for recording, management and learning from adverse events;
- (vi) Develop and agree risk appetite and tolerance linked to corporate objectives; and
- (vii) Ensure that risk management services will be part of the corporate support services provided to the IJB by the Parties.

18.3 The Parties will consider and agree which risks should be taken from their own risk registers and placed on the shared risk register.

18.4 The Chief Officer will lead the Risk Management Strategy with support from the risk management functions of the Parties. The Parties and the IJB will annually approve the shared Risk Register with in-year and exception reporting. This reporting will allow amendment to risks. Any strategic risk will be communicated to the Parties by the Chief Officer. The IJB will also pay due regard to relevant corporate risks of the Parties.

19 DISPUTE RESOLUTION MECHANISM

19.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, they will follow the process as set out below:

- (i) The Chief Executives of the Health Board and the Council (or nominated representatives), will meet to resolve the issue;
- (ii) If unresolved, the Parties in dispute will each prepare a written note of their position on the issue and exchange it with the other;
- (iii) In the event that the issue remains unresolved, representatives of the Parties in dispute will proceed to mediation with a view to resolving the issue. In such circumstances:

- The Parties in dispute will refer the dispute to an independent mediator as agreed by the Parties;
- The Parties in dispute will participate in the mediation process in good faith;
- The cost of the mediation service will be met jointly by the Parties in dispute.

19.2 Where the issue remains unresolved after following the processes outlined in (i)-(iii) above, the Parties in dispute agree to notify Scottish Ministers that agreement cannot be reached and to request a determination on the dispute. In this event, the Health Board and the Council each agree to be bound by the determination of this dispute resolution mechanism.

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Functions delegated by the Health Board to the Integration Joint Board

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The National Health Service (Scotland) Act 1978 All functions of health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of-section section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services) section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc, by appeals, collections etc); section 86 (accounts of Health Boards and the Agency);

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
	<p>section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);</p> <p>section 98 (charges in respect of non-residents; and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards));</p> <p>and functions conferred by-</p> <p>The National Health Services (Charges to Overseas Visitors) (Scotland) Regulations 1989</p> <p>The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;</p> <p>The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;</p> <p>The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p> <p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;</p> <p>The National Health Service (Discipline Committees) (Scotland) Regulations 2006;</p> <p>The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;</p> <p>The National health Service (Pharmaceutical Services) (Scotland) Regulations 2009;</p> <p>The National health Service (General Dental Services) (Scotland) Regulations 2010; and</p> <p>The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.</p>

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.

Column A
Enactment conferring function

Column B
Limitation

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

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

Except functions conferred by-

- section 22 (approved medical practitioners);
- section 34 (inquiries under section 33: cooperation)
- section 38 (duties on hospital managers: examination notification etc.);
- section 46 (hospital managers' duties: notification);
- section 124 (transfer to other hospital);
- section 228 (request for assessment of needs; duty on local authorities and Health Boards)
- section 230 (appointment of patient's responsible medical officer);
- section 260 (provision of information to patient);
- section 264 (detention in conditions of excessive security: state hospitals);
- section 267 (orders under sections 264 to 266: recall);
- section 281 (correspondence of certain persons detained in hospital);

and functions conferred by –

- the Mental Health (Safety and Security) (Scotland) Regulations 2005;
- The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;
- The Mental Health (Use of Telephones) (Scotland) regulations 2005; and
- The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.

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

Section 23

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

Public Services Reform (Scotland) Act 2010

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

Except functions conferred by –

- section 31 (public functions: duties to provide information on certain expenditure etc); and
- section 32 (public functions: duty to provide information on exercise of functions).

Column A
Enactment conferring function

Column B
Limitation

Patients Rights (Scotland) Act 2011

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

Except functions conferred by The Patients Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36

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Services Relevant to Functions Delegated by the Health Board to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:-
 - general medicine;
 - geriatric medicine;
 - rehabilitation medicine;
 - respiratory medicine; and
 - psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Inpatient hospital services provided by general medical practitioners.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting.
- School Nursing.
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services.
- District Nursing services.
- The public dental service.
- Primary care services provided under a general medical services contract.
- General dental services.
- Ophthalmic services.
- Pharmaceutical services.
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided outwith a hospital.

- Contenance services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

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Functions delegated by the Local Authority to the Integration Joint Board

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>
Schedule 1 – Functions Which Must Be Delegated	
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10. (Financial and other assistance to voluntary organisations etc. for social work)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A – assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Service, Consultation and Representation) Act 1986	
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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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The Adults with Incapacity (Scotland) Act 2000

Section 10

(Functions of local authorities.)

Section 12

(Investigations.)

Section 37

(Residents whose affairs may be managed.)

Only in relation to residents of establishments which are managed under integration functions.

Section 39

(Matters which may be managed.)

Only in relation to residents of establishments which are managed under integration functions.

Section 41

(Duties and functions of managers of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions.

Section 42

(Authorisation of named manager to withdraw from resident's account)

Only in relation to residents of establishments which are managed under integration functions.

Section 43

(Statement of resident's affairs.)

Only in relation to residents of establishments which are managed under integration functions.

Section 44

(Resident ceasing to be resident of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions.

Section 45

(Appeal, revocation etc.)

Only in relation to residents of establishments which are managed under integration functions.

The Housing (Scotland) Act 2001

Section 92

(Assistance for housing purposes.)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 4

(Accommodation more expensive than usually provided)

Section 5

(Local authority arrangements for residential accommodation outwith Scotland.)

Section 14

(Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Mental Health(Care and Treatment)(Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal Orders.)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 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)	
Carers (Scotland) Act 2016	
Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Section 24
(Duty to provide support)

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

Section 31
(Duty to prepare local carer strategy)

Section 34
(Information and advice service for carers)

Section 35
(Short breaks services statements).

Schedule 2 – Additional Functions To Be Delegated On A Discretionary Basis

National Assistance Act 1948

Section 45
(Recovery in cases of misrepresentation or non-disclosure.)

Matrimonial Proceedings (Children) Act 1958

Section 11
(Reports as to arrangements for future care and upbringing of children.)

Social Work (Scotland) Act 1968

Section 5
(Powers of Secretary of State.)

Section 6B
(Local authority inquiries into matters affecting children.)

Section 27
(supervision and care of persons put on probation or released from prison etc.)

Section 27ZA
(advice, guidance and assistance to persons arrested or on whom sentence deferred.)

Section 78A
(Recovery of contributions.)

Section 80
(Enforcement of duty to make contributions.)

Section 81
(Provisions as to decrees for ailment.)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 83 (Variation of trusts.)	
Section 86 (Adjustments between authority providing accommodation etc., and authority of area of residence.)	
Children Act 1975	
Section 34 (Access and maintenance)	
Section 39 (Reports by local authorities and probation officers.)	
Section 40 (Notice of application to be given to local authority.)	
Section 50 (Payments towards maintenance of children.)	
Health and Social Services and Social Security Adjudications Act 1983	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets.)	
Section 22 (Arrears of contributions charged on interest in land in England and Wales.)	
Section 23 (Arrears of contributions secured over interest in land in Scotland.)	
Foster Children (Scotland) Act 1984	
Section 3 (Local authorities to ensure well being of and to visit foster children.)	
Section 5 (Notification by persons maintaining or proposing to maintain foster children.)	
Section 6 (Notification by persons ceasing to maintain foster children.)	
Section 8 (Power to inspect premises.)	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 9 (Power to impose requirements as to the keeping of foster children.)	
Section 10 (Power to prohibit the keeping of foster children.)	
Children (Scotland) Act 1995	
Section 17 (Duty of local authority to child looked after by them.)	
Section 22 (Promotion of welfare of children in need.)	
Section 23 Children affected by disability.)	
Section 25 (Provision of accommodation for children etc.)	
Section 26 (Manner of provision of accommodation to children looked after by local authority)	
Section 27 (Day care for pre-school and other children)	
Section 29 (After-care)	
Section 30 (Financial assistance towards expenses of education or training)	
Section 31 (Review of case of child looked after by local authority)	
Section 32 (Removal of child from residential establishment)	
Section 38 (Short-term refuges for children at risk of harm)	
Section 76 (Exclusion orders)	

Column A
Enactment conferring function

Column B
Limitation

Children and Young People (Scotland) Act 2014

Carers (Scotland) Act 2016

Section 12
(Duty to prepare young carer statement.)

Section 31
(Duty to prepare local carer strategy.)

Criminal Procedure (Scotland) Act 1995

Section 51
(Remand and committal of children and young persons)

Section 203
(Reports)

Section 234B
(Drug treatment and testing orders).

Section 245A
(Restriction of liberty orders).

Adults with Incapacity (Scotland) Act 2000

Section 40
(Supervisory bodies)

Community Care and Health (Scotland) Act 2002

Section 6
(Deferred payment of accommodation costs)

Management of Offenders etc (Scotland) Act 2005

Section 10
(Arrangements for assessing and managing risks posed by certain offenders)

Section 11
(Review of arrangements)

Adoption and Children (Scotland) Act 2007

Section 1

(Duty of local authority to provide adoption service)

Section 5

(Guidance)

Section 6

(Assistance in carrying out functions under sections 1 and 4)

Section 9

(Assessment of needs for adoption support services)

Section 10

(Provision of services)

Section 11

(Urgent provision)

Section 12

(Power to provide payment to person entitled to adoption support service)

Section 19

(Notice under section 18: local authority's duties)

Section 26

(Looked after children: adoption not proceeding)

Section 45

Adoption support plan)

Section 47

(Family member's right to require review of plan)

Section 48

(Other cases where authority under duty to review plan)

Section 49

(Reassessment of needs for adoption support services)

Section 51

(Guidance)

Section 71

(Adoption allowances schemes)

Section 80

(Permanence orders)

Column A
Enactment conferring function

Column B
Limitation

Section 90
(Permanence of court orders and supervision requirements over order)

Section 99
(Duty of local authority to apply for variation or revocation)

Section 101
(Local authority to give notice of certain matters)

Section 105
(Notification of proposed application for order)

Adult Support and Protection (Scotland) Act 2007

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc)

Section 16
(Right to remove adult at risk)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders)

Section 37
(Child protection orders)

Section 42
(Parental responsibilities and rights directions)

Section 44
(Obligations of local authority)

Section 48
(Application for variation or termination)

Section 49
(Notice of application for variation or termination)

Column A
Enactment conferring function

Column B
Limitation

Section 60
(Local authority's duty to provide information to
Principal Reporter)

Section 131
(Duty of implementation authority to require review)

Section 144
(Implementation of compulsory supervision order:
general duties of implementation authority)

Section 145
(Duty where order requires child to reside in certain
place)

Section 153
(Secure accommodation: regulations)

Section 166
(Review of requirement imposed on local authority)

Section 167
(Appeals to sheriff principal: section 166)

Section 180
(Sharing of information: panel members)

Section 183
(Mutual assistance)

Section 184
(Enforcement of obligations on health board under
section 183)

Social Care (Self-Directed Support) (Scotland) Act 2013

Section 8
(Choice of options: children and family members)

Section 10
(Provision of information: children under 16)

Services Relevant to Functions to be Delegated by the Local Authority to the Integration Joint Board

Older People Assessment & Care Management Services
Learning Disability Assessment & Care Management Services
Physical Disability Assessment & Care Management Services
Sensory Impairment Assessment & Care Management Services
Rehabilitation and Occupational Therapy Services
Mental Health Assessment & Care Management Services
Alcohol and Drug Services
Adult Intake Services
Homecare Services (in-house and purchased)
Residential and Care Home Services (in-house and purchased)
Day care and day opportunity services
Supported accommodation and supported living
Self-Directed Support Services
Local Area Coordination
Carer and Respite Services
Telecare Services
Housing Support - Aids and Adaptation Services
Greenspace - Care of Gardening Scheme
Social work services for children and young people:
<ul style="list-style-type: none"> • Child Care Assessment and Care Management.
<ul style="list-style-type: none"> • Looked After and Accommodated Children.
<ul style="list-style-type: none"> • Child Protection.
<ul style="list-style-type: none"> • Adoption and Fostering.
<ul style="list-style-type: none"> • Child Care.
<ul style="list-style-type: none"> • Special Needs/Additional Support.
<ul style="list-style-type: none"> • Early intervention.
<ul style="list-style-type: none"> • Throughcare Services.
Social work Criminal Justice Services, including Youth Justice Services.

Clinical and Care Governance Structure

