

Appendix 2

Midlothian Integration Scheme (Body Corporate)

27th November 2014

Version 4.1 - PUBLIC CONSULTATION

The text in italics in tables describes the information required in the Integration Scheme by the final Regulations. The text is included at the start of the section that relates to it to enable the reader to reference the content of the section with the Regulations.

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1. Aims and Outcomes of the Integration Scheme

This Scheme has been produced in accordance with the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

The vision of the parties for the Midlothian Partnership is that people in Midlothian will lead longer and healthier lives by getting the right advice, care, and support, in the right place, at the right time.

The work of the IJB will be guided by the integration planning principles as stated in the Act and will contribute to the achievement of agreed health and wellbeing outcomes. The IJB will also contribute to the achievement of the national criminal justice outcomes because the Parties have elected to delegate criminal justice social work.

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

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

2. Parties and Definitions and Interpretations

The Parties:

Midlothian Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at 40-46 Buccleuch Street, Dalkeith, Midlothian, EH22 1DN (“the Council”);

And

Lothian Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Lothian”) and having its principal offices at Waverley Gate, 2-4 Waterloo Place, Edinburgh (“NHS Lothian”) (together referred to as “the Parties”).

Preamble

- (A) The Parties are required to comply with either subsection (3) or (4) of section 2(2) of the Act, and have elected to comply with subsection (3) such that the Parties must jointly prepare an integration scheme (as defined in section 1(3) of the Act) for the Midlothian Area.
- (B) In preparing this Integration Scheme, the Parties have had regard to the integration planning principles set out in section 4(1) of the Act and the national health and wellbeing outcomes prescribed by the Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014, and have complied with the provisions of section 6(2) of the Act (consultation); and in finalising this Integration Scheme, the Parties have taken account of any views expressed by virtue of the consultation processes undertaken under section 6(2) of the Act.

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

Definitions And Interpretation

To include –

- “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “The Parties” means that Midlothian Council and the Lothian NHS Board
- “The IJB” means the Integration Joint Board to be established by Order under section 9 of the Act;
- “The Council” means Midlothian Council
- “IJB Budget” means the total funding available to the IJB in the financial year as a consequence of:
 - The payment for delegated functions from NHS Lothian under Section 1(3) (e) of the Act;
 - The payment for delegated functions from Midlothian Council under Section 1(3) (e) of the Act; and
 - The amount “set aside” by NHS Lothian for use by the IJB for functions carried out in a hospital and provided for the areas of two or more local authorities under Section 1(3) (d) of the Act
- “Operational Budget” The amount of budget delegated by one of the parties to one of their managers in a financial year in order to carry out defined functions or services.
- “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
- “Scheme” means this Integration Scheme;
- “Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services in accordance with section 29 of the Act.

3. The Model to be Implemented

The integration model set out in section 1(4)(a) of the Act which will apply in relation to the Midlothian area is the IJB model, namely the delegation of functions by each of the Parties to a **body corporate** that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date on which the IJB is established by the relevant Order under section 9 of the Act.

4. Local Governance Arrangements

Local governance arrangements for the IJB where the integration scheme is prepared under section 1(3) or 2(3) of the Act.

The number of members to be appointed on the nomination of the local authority.

The number of members to be appointed on the nomination of the Health Board.

Whether the first chairperson of the IJB is to be a member appointed on the nomination of the local authority or of the Health Board.

The term of office of the chairperson and vicechairperson of the IJB.

Membership

The IJB shall have a total of 8 voting members.

Voting Members

- a) **4** councillors nominated by Midlothian Council
- b) **4** non-executive directors nominated by Lothian NHS Board. If NHS Lothian is unable to nominate four non-executives it will nominate at least 2 non-executive directors and the remainder must be members of the Health Board but not any person who is both a member of the Health Board and a councillor

In addition, non-voting members will be appointed in accordance with regulation 3 of the Integration Joint Boards Order

The terms of office of members shall be prescribed by regulation 7 of the Integration Joint Boards Order

Chairperson and Vice Chairperson

The Chairperson and Vice Chairperson of the IJB will both be voting members of the IJB.

The Council and NHS Lothian may determine their own processes for deciding who to nominate as voting members of the IJB, and (out of those voting members) who they appoint as Chairperson or Vice-Chairperson.

The term of office for the chairperson will be two years, with the Council appointing the chairperson for the period from the date on which the IJB is established until the second anniversary of that date, and NHS Lothian appointing the chairperson for the period from the second anniversary of the date on which the IJB is established until the fourth anniversary of that date.

As from the fourth anniversary of the date on which the IJB is established, the power to appoint the chairperson will continue to alternate between each of the Parties on a two-year cycle.

The term of office for the vice chairperson will be two years, with appointing the vice chairperson for the period from the date on which the IJB is established until the second anniversary of that date. The provisions set out above under which the power of appointment of the chairperson will alternate between the Parties on a two-year cycle will apply in relation to the power to appoint the vice chairperson, and on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

Standing Orders

The IJB is required to make procedural standing orders for the regulation of its business. All meetings of the IJB and its committees must be conducted in accordance with them.

The IJB may amend its Standing Orders but must not alter any provisions required or limited by the Act and the Integration Scheme Regulations.

Disqualification, Resignation, Removal, Voting and other matters

For the avoidance of doubt, the provisions of articles 8 to 19 (but excluding article 14) of the IJBs Order shall apply in relation to the IJB.

5. Delegation of Functions

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

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

In addition to the functions that must be delegated the Parties have chosen to delegate the following functions:

- The following health services as they relate to provision for people under the age of 18:
 - a) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
 - b) General Dental Services, Public Dental Services and the Edinburgh Dental Institute
 - c) General Ophthalmic Services
 - d) General Pharmaceutical Services
 - e) Out of Hours Primary Medical Services
 - f) Learning Disabilities
- Criminal Justice Social Work

6. Local Operational Delivery Arrangements

Local operational delivery arrangements for the functions delegated to an integration joint board.

The governance arrangements for the carrying out of integrated functions, including in particular arrangements for the involvement of the members of the IJB in overseeing the carrying out of integration functions by the constituent authorities

[Note: As of 26.11.14, informal guidance is awaited from SGLD regarding the role of the IJB in relation to operational delivery; the material below is subject to adjustment in light of that guidance]

The IJB must direct the Parties to carry out each of the functions delegated to the IJB. A direction in relation to a given function may be given to one or other of the Parties, or to both Parties. The Parties are then required to follow those directions. When implementing those directions the Parties will continue to have regard to their operational responsibilities in relation to the relevant services.

The IJB has been established as a jointly-controlled body to prepare the Strategic Plan and oversee delivery of the services associated with the functions delegated to it by the Parties. The IJB is the only forum where health and social care functions for the Midlothian Area are governed by members of both NHS Lothian and Midlothian Council. Accordingly the Parties agree that the primary focus for performance management in respect of delivery of the delegated functions will be at the IJB.

The Parties will provide performance information so that the IJB can develop a comprehensive performance management system.

The IJB performance management reports will be available to both Parties for their use in their respective performance management systems. However it is expected

that the voting members of the IJB will take responsibility for performance management at the IJB, and will provide an account of highlights and/or exceptional matters to meetings of NHS Lothian and Midlothian Council.

In the interests of efficient governance, the relevant committees of NHS Lothian and Midlothian Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and Midlothian Council functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The IJB will not duplicate the role carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.

Each of the Parties agrees that in the event that one of its committees identifies an issue which is of direct and material relevance to the IJB, the chair of that committee will advise the Chair of the IJB and the Chief Officer of that matter and will co-operate with the IJB (liaising as appropriate with the IJB Audit and Risk Committee) in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.

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

The voting members of the IJB are councillors of Midlothian Council and non-executive directors of NHS Lothian. In their capacity as councillors and non-executive directors, they will be engaged in the governance of their respective constituent bodies, and it is likely that they will be members of one or more committees of those constituent bodies.

Given the overall vision as outlined in section 1 of the Scheme, the interests of both Parties and the IJB need to be integrated. In all matters associated with the work of

the IJB, the voting members of the IJB will be expected by the Parties to play a crucial role in:

- communicating, and having due regard to, the interests of NHS Lothian or (as the case may be) Midlothian Council, but on the understanding that, in carrying out their role as a member of the IJB, their primary duties and responsibilities are those which attach to them in that capacity;
- communicating, and having due regard to, the interests of the IJB whilst discharging their role as a councillor or (as the case may be) as a non-executive director, but on the understanding that, in carrying out their role as a councillor or non-executive director, their primary duties and responsibilities are those which attach to them in that capacity.

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

Potential Impact on another IJB Strategic Plan

Local arrangements to support the preparation of a strategic plan.

The arrangements that the Health Board and local authority will put in place to support an Integration authority to act in accordance with section 30(3) of the Act.

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

- East Lothian IJB
- Edinburgh IJB
- West Lothian IJB.

In addition the Borders Integration Authority shares a border with Midlothian Partnership and may be affected by the Midlothian Strategic Plan:

The Chief Officer will establish a system, which will be supported by both Parties, to ensure that the Midlothian IJB can:

- effectively engage in all of the planning process including contributing to the work of the Strategic Planning Groups for the neighbouring IJBs as required;
- provide such information and analysis as neighbouring IJBs reasonably require for the production of their Strategic Plans
- inform neighbouring IJBs as to how the services, facilities and resources associated with the functions delegated to the Midlothian IJB by the Parties are being or are intended to be used with respect to carrying out of those functions in line with these planning processes;
 - in a situation where Strategic Plans in one area are likely to have an impact on the plans in another area, ensure that these matters are raised with other relevant IJBs and resolved in an appropriate manner.
 - in a situation where Strategic Plans in another area are likely to have an impact on the Midlothian Area, ensure that these matters are raised and any associated risks are mitigated for the benefit of service users.

In addition, a template will be introduced for the Midlothian IJB, with the support of both Parties, to ensure that all major strategic matters are considered in light of the potential impact on neighbouring IJBs, and on services provided by the parties which are not delivered in the course of carrying out functions delegated to the Midlothian IJB.

Decisions outside of the Strategic Plans

Section 36 of the Act requires Integration Joint Boards to seek and have regard to the views of their Strategic Planning Group when proposing to take a significant decision about the arrangements for carrying out integration functions other than by revising the Strategic Plan. In addition to fulfilling this specific legal duty the Integration Joint Board will have regard to the likely impact of any such change upon Neighbouring IJBs and ensure that they are discussed with the relevant Neighbouring IJBs.

Potential Impact on NHS Lothian or Midlothian Council Strategic Matters

NHS Lothian provides clinical services on both a national and regional basis, as well as carrying out functions for the four local authority areas served by NHS Lothian which have not been delegated to the Integration Joint Boards.

Midlothian Council also delivers a range of other services in connection with the integration functions, e.g. housing services.

To ensure that the potential impact of the Strategic Plans can also be considered in relation to NHS Board matters, NHS Lothian will establish systems to ensure it can:

- effectively engage in all of the planning processes;
- inform each of the Lothian IJBs as to how NHS Lothian's services, facilities and resources are being or are being intended to be used as a result of these planning processes;
- contribute to any given Strategic Plan in the confidence that the interests of all the Lothian IJBs and any other planning requirements have been properly considered.

The IJB will factor the output of the above systems into its process for developing its Strategic Plan. This will be achieved by:

- The Chief Officers for the Lothian IJBs sharing information and working collaboratively, ensuring that each of the Lothian IJBs is aware of emerging proposals intended to be described in any of the Strategic Plans which are under preparation by the Lothian IJBs
- Regular meetings between the Chief Officers for the Lothian IJBs and relevant managers of NHS Lothian. These meetings will provide the Chief Officers with an opportunity to communicate any proposed changes likely to be required by their Integration Joint Boards which will impact on service provision for the population of another Integration Joint Board. NHS Lothian managers can also make the Chief Officers of the Lothian IJBs aware of any new developments which could have a bearing on strategic plans.

Midlothian Council will establish a system which ensures that:

- Its relevant services can engage in the relevant planning processes
- It informs the IJB as to how relevant services, facilities and resources are being or are being intended to be used as a result of these planning processes;
- It can contribute to the Strategic Plan in the confidence that the planning requirement of other services in connection with those delegated have been properly considered.

This is in addition to the requirements of the Regulations and is included within the Integration Scheme to demonstrate an additional mechanism NHS Lothian will support to facilitate the IJBs.

Lothian Hospitals Strategic Plan

Lothian NHS Board will develop a Lothian Hospitals Strategic Plan to avoid destabilisation and support IJBs to achieve their purpose.

This plan will be developed in partnership with the IJBs whose integrated functions are delivered by NHS Lothian in a hospital. The first Lothian Hospitals Strategy will be published by December 2015.

The purpose of the Lothian Hospital Strategy is to ensure that planning for hospital functions and use of hospital facilities is:

- responsive to and supports each IJB Strategic Plan and
- supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the IJBs (e.g. tertiary, trauma, surgical, planned and children's services).

The Lothian Hospitals Strategic Plan will set out.

- The plans for how hospital sites will be used over the timeframe of the strategy
- The planned capital developments on existing hospital sites
- The planned capital developments for new hospitals on other sites.
- The planned costs of developments detailed in this plan
-

The Lothian Hospitals Strategic Plan can only be agreed by the NHS Lothian Board after the four IJBs in Lothian have been consulted and their views and requirements appropriately considered.

In future versions it will be expected that the IJBs will take a leading role to develop the strategy. The Plan will be updated at least every three years and the process to update the plan will be led by NHS Lothian.

Community Planning

The Midlothian IJB will be a strategic partnership within Midlothian's community planning arrangements. The Chair of the IJB and the Chief Officer will be members of the Community Planning Board

The established joint planning and management groups for health and care services which each have a role to contributing to the health and care elements of the Midlothian Single Plan will report into the IJB.

The IJB will take cognisance of the complexity and shared responsibility for strategic planning in areas such as problematic substance use, criminal justice and public protection. In this regard the IJB will ensure that appropriate connections are made with other strategic partnerships, particularly the Drug and Alcohol Partnership, the Safer Communities Board and the Criminal Justice Authority.

Provision of Support Services

Support services provision in relation to functions under the Act and integration functions.

The process to be used by the Health Board and local authority to produce an agreement setting out any professional, technical or administrative services of the Health Board or local authority to be made available to the integration authority for the purpose of preparing a strategic plan and carrying out integration functions

The Parties already have established professional, technical and administrative functions which serve the NHS Board, the Council, and their respective committees.

The implementation of the approved Integration Scheme will mean that the current Community Health Partnership arrangements will be dissolved, and four new IJBs will be created within Lothian. The four IJBs will all require support to carry out all aspects of their role.

The NHS Board will be required to support four IJBs, whereas the Local Authority will have to support the one Partnership for the local authority area.

In the short term, the parties will continue to use the arrangements that have already been put in place to support Community Health Partnerships, and joint working more generally.

However it is recognised that this is not sustainable in the medium to long term, as the IJBs are separate legal entities with a more extensive range of responsibilities than was the case for Community Health Partnerships. Furthermore all public authorities have limited resources, and have an ever present challenge to improve on their efficiency and direct resources to front-line activities.

In order to develop a sustainable long term solution, a working party will be convened, with membership from the Health Board and the four local authorities in Lothian. This working party will develop recommendations for approval by the Health Board, the four local authorities, and the four Partnerships.

The working party will link in with any ongoing initiatives that are pertinent to its agenda, so that all relevant work is co-ordinated.

Any changes will be taken forward through the existing systems in the Parties for consultation and managing organisational change.

All final proposals will be documented and agreed by the relevant Chief Executives and Chief Officer on behalf of their organisations.

Process to establish performance targets and reporting arrangements

Performance targets, improvement measures and reporting arrangements which relate to integration functions

The process to be used to prepare a list of all targets, measures and arrangements which relate to integration functions and for which responsibility is to transfer, in full or in part, to the person to whom functions are delegated, including a statement of the extent to which responsibility for each target, measure or arrangement is to transfer.

The timescale within which the list of targets, measures and agreements is to be prepared..

Performance targets, improvement measures and reporting arrangements which relate to functions of the local authority and Health Board which are not integration functions.

The process to be used to prepare a list of any targets, measures and arrangements which relate to functions of the Health Board or local authority and which are to be taken account of by the integration authority when it is preparing a strategic plan.

The timescale within which the list of targets, measures and agreements is to be prepared.

Process to establish performance targets and reporting arrangements

All national and local outcomes, improvement measures and performance targets which are connected exclusively with the functions delegated by the parties to the IJB under the Scheme will become the responsibility of the IJB to deliver; and the IJB will also be responsible for providing all such information regarding integration functions which is required by the parties to enable each of them to fulfil its obligations regarding reporting arrangements in respect of those functions. Where particular national or local outcomes, measures or targets (and associated reporting arrangements) relate to services which are associated with both integration functions and functions which are not delegated by the parties to the IJB, the responsibility for the outcomes, measures or targets (and associated reporting arrangements) will be

shared between the IJB and the Party or Parties which exercise those functions, and the IJB will be responsible for providing all such information regarding those integration functions as is required by the parties to enable it to fulfil its obligations regarding reporting arrangements.

A set of shared principles will be developed and agreed for targets and measurement based on existing best practice.

A core group of senior managers and relevant support staff from the Parties will develop the performance framework, taking account of relevant national guidance. The framework will be underpinned by the national outcomes for health and wellbeing and will be developed to drive change and improve effectiveness. The framework will be informed by an assessment of current performance arrangements and the development of a set of objectives which the framework will be intended to achieve.

A core set of indicators and measures will be identified by the parties from publicly accountable and national indicators and targets which relate to services delivered in carrying out of the functions delegated to the IJB. An integration dataset will be created for the IJB. This will include information on the data gathering, reporting requirements and accountability for each of these measures and targets and including, in relation to each target, the extent to which responsibility is to transfer to the IJB. This work will be shared with and reviewed by the IJB and amendments made accordingly.

Indicators will be aligned with the priority areas identified in the joint strategic needs assessment and the Strategic Plan and will be refined as these documents are reviewed and refreshed. These priority areas will be aligned with all the indicators within the Integration Dataset and will be linked to the national outcomes to demonstrate progress in delivering these.

The Parties have obligations to meet targets for functions which are not delegated to the IJB, but which are affected by the performance and funding of integration functions. Therefore, when preparing performance management information, the

effect on both integration and non-integration functions must be considered and details must be provided of any targets, measures and arrangements for the IJB to take into account when preparing the Strategic Plan. Where responsibility for performance measures and targets is shared, this will be set out clearly for agreement by the relevant parties.

The Integration Dataset will include information on functions which are not delegated to the Integration Board. Either one of the Parties, or the IJB, will be able to require information of that nature to be included within the Integration Dataset.

The Integration Dataset will be developed by the Parties and approved by the IJB after it has become established. A draft Integration Dataset will be prepared by **1 April 2015** and this will be reviewed and updated during the strategic planning process in 2015. A final dataset will be submitted for approval by the IJB and the Parties before March 2016.

The Integration Dataset will be reviewed on at least an annual basis, through a process similar to that outlined above.

Clinical and Care Governance

This section will require review in light of further national guidance and reformatting to ensure consistency with the rest of the document.

Clinical and care governance of services provided in pursuance of integration functions.

The arrangements for clinical and care governance to apply to services provided in pursuance of integration functions.

How these clinical and care governance arrangements are to provide oversight of, and advice to, the person to whom functions are delegated.

How these arrangements are to provide oversight of, and advice to, the strategic planning group in relation to clinical and care governance.

How these arrangements are to provide oversight of, and advice in relation to, the clinical and care governance of the delivery of health and social care services in the localities identified in the strategic plan.

How the clinical and care governance arrangements which apply in relation to the functions of the local authority and Health Board will interact with the clinical and care governance arrangements to apply to services provided in pursuance of integration functions.

The role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements to apply to services provided in pursuance of integration functions.

How the clinical and care governance arrangements set out in the integration scheme relates to arrangements in place for the IJB to receive professional advice.

NHS Lothian and Midlothian Council have delegated some of their clinical and care functions and services to the IJB, as described in the appendices to this integration scheme. NHS Lothian and Midlothian Council have had regard to the integration planning principles (as set out in the Act) and the national health and wellbeing outcomes when preparing this integration scheme, and their continuing duties for clinical and care governance.

As a consequence of the above delegation, the IJB has all of the powers and duties from time to time applying in connection with the carrying out of the functions. The IJB must prepare a Strategic Plan for these functions, and must have regard to the integration delivery principles and the national health and wellbeing outcomes when doing so.

The integration planning principles, the integration delivery principles, and the national health and wellbeing outcomes set out requirements that are directly relevant to clinical and care governance.

The IJB must give a direction to either the NHS Lothian or Midlothian Council, or both, to carry out each function that is delegated to it. All such directions will be consistent with its Strategic Plan, and with its and the parties' duties for clinical and care governance.

In the event that either the NHS Board or the Council decides to commission the third and independent sectors in order to provide services, , it will be the responsibility of the NHS Board and the Council to receive assurance as to the quality and safety of those services. This will be done within their existing systems for clinical and care governance and contract compliance.

The NHS Board and the Council continue to be responsible for the operational delivery , and the quality and safety of, the clinical and care services. Both organisations have a well established clinical and care governance framework , as well as professional accountabilities. Those existing systems will continue following the establishment of the IJB. With regard to continuous improvement and the quality of service delivery (and their impact on outcomes), these matters will be addressed through the development of the IJB's performance management framework (see Section 6 of this integration scheme).

Those existing systems will continue to be applied to all functions or services that will be carried out by either NHS Lothian or Midlothian Council. There will be no distinction between delegated functions and non-delegated functions with respect to how committees discharge their remits. However, as a general principle in this

integration scheme, the parties agree that in the event that one of their committees identifies an issue which is of direct and material relevance to the IJB, the chair of that committee will advise the chair of the IJB and the Chief Officer of that matter.

Within its existing governance framework, NHS Lothian has a healthcare governance committee and a staff governance committee, and their current respective remits are:

Healthcare Governance	<p>The Healthcare Governance Committee is to provide assurance to the Board that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard.</p> <p>The Committee will also provide assurance to the Board that NHS Lothian meets its responsibilities with respect to:-</p> <ul style="list-style-type: none">• NHS Lothian Participation Standards• Volunteers/Carers• Information Governance• Protection of Vulnerable People including children, adults, offenders• Relevant Statutory Equality Duties
Staff Governance	<p>The role of this Committee is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The Staff Governance Committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored.</p>

The Staff Governance Committee has the primary role on staff governance matters, but can and does refer matters of relevance to the Healthcare Governance Committee. Equally the Healthcare Governance Committee can request assurance from the Staff Governance Committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.

The Chief Social Work Officer has overall responsibility for the professional standards of the Council's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by the Council and the voluntary and independent sectors.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.

The Chief Social Work Officer also reports annually to the Council on standards achieved, governance arrangements including supervision and case file audits and volume/quantity of statutory functions discharged. This report must comply with national guidance issued by the Scottish Government.

However, the IJB will be responsible for the planning of those functions, and issuing directions to the NHS Board and the Council. There is a risk that those plans and directions could have a negative impact on clinical and care governance, and professional accountabilities. This section of the Scheme sets out the arrangements that will be put in place to avoid this risk.

Establishment of the IJB

All NHS Boards have within their executive membership three clinical members; a Medical Director, a Nurse Director, and a Director of Public Health. These shall be referred to as "executive clinical directors" for the purpose of this Clinical and Care Governance section. Their roles include responsibility for the professional

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

All local authorities have a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at risk. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.

The creation of IJB does not change the Chief Social Work Officer's role in respect of professional leadership and he or she will remain the lead and accountable professional for his or her profession.

The Public Bodies (Joint Working) (IJBs) (Scotland) Order 2014 defines the membership of IJBs.

The Chief Social Work Officer must be a non-voting member of the IJB

As the NHS Board Medical Director and Nurse Director are both executive NHS Board members, it is unlikely that they will also be voting members of the IJB, as the NHS Board's nominees in the first instance are expected to be non-executives. The IJB may elect at a later date to appoint one or both of them as additional non-voting members.

However the above Order requires the NHS Board to fill the following non-voting membership positions on the IJB:

- A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
- A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
- A registered medical practitioner employed by the Health Board and not providing medical services.

The NHS Board will consider the advice of the executive clinical directors, and any other relevant officer it deems fit before making the above appointments. Additionally, the NHS Board will develop a role description for those positions, to ensure that their role on the IJB with regard to professional leadership and accountability on behalf of the executive clinical directors is clearly defined and understood.

The three health professional representatives will each also be:

- A member of an integrated professional group (should it be established), and/or
- A member of a Lothian NHS Board committee, and/or
- A member of a consultative committee established by the NHS Lothian.

If a new “integrated professional group” is established, the Chief Social Work Officer will also be a member.

All of the above professional representative members will be expected by the parties to play a lead role in:

- Communicating and having regard to their duties to the NHS Board or the local authority whilst discharging their role as a member of the IJB.
- Communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by either the NHS Board or the local authority. The members will be expected to communicate regularly with the executive clinical directors, and the local authority Chief Executive as and when appropriate.

The presence of these four members will ensure that the deliberations of the IJB are informed by professional advice from within the membership.

The Chief Social Work Officer reports annually to the Council on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development. The NHS Board includes a Governance Statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from the Board's executive clinical directors. The IJB may place reliance on these existing processes, and the parties will provide any such reports from those processes as the IJB may require.

In addition to the above, the executive clinical directors are entitled to raise issues directly with the IJB in writing. The IJB is required to respond in writing when issues are raised this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.

The engagement of professionals throughout the process to develop and consult on the IJB's Strategic Plan, will mean that the IJB has all the required information to prepare a Strategic Plan, which will not compromise professional standards.

In the unlikely event that the IJB issues a direction to the NHS Board, which could compromise professional standards, in the first instance, the relevant executive clinical director will write to the IJB.

If the issue is not resolved to their satisfaction, they must inform the NHS Board before it takes action to implement the direction, and the following measures will apply:

- The relevant executive clinical director must ensure that appropriate advice is tendered to the NHS Board on all matters relating to professional standards.

- The relevant executive clinical director must set out in writing to the NHS Board any objections he or she may have on a proposal that may compromise compliance with professional standards.
- The NHS Board will inform the relevant IJB(s) that it has received such objections, along with a statement of the NHS Board's view on those objections.
- If the NHS Board decides to proceed with a proposal despite those objections, the relevant executive clinical director must obtain written authority from the NHS Board to act on the proposal. The NHS Board must inform the Scottish Government Health and Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council.
- Once the relevant executive clinical director has received that written authority, he or she must comply with it.
- Regardless of whether a written authority has been given, the executive clinical directors, in their capacity of NHS Board members, should always vote against a proposal that they cannot endorse as accountable officers. It is not sufficient to abstain from a decision.

The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the executive clinical directors to present any such objections to the IJB.

If any of the three professional clinical members become aware of a matter arising from the conduct of IJB business, which may compromise professional standards, they must immediately notify the relevant executive clinical director(s) of their concerns.

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

In the event that the Integrated Joint Board issues an instruction to the Council or NHS Lothian, which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer will raise this with the chair of the Integrated Joint Board, and as necessary with the Chief Executive of the Council.

Professionals Informing the IJB Strategic Plan

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

- establish a Strategic Planning Group (which will review the draft Strategic Plan). This Strategic Planning Group must include a nominee from both the NHS Board and the local authority in its membership, as well as representation from health professionals and social care professionals. The NHS Board and the local authority will make recommendations to the IJB with regard to the representation from health professionals and social care professionals.
- consult both the NHS Board and the local authority on its Strategic Plan, and take into account their views before it finalises the Strategic Plan.

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

- At the IJB
- in the context of the work of the Strategic Planning Group; and
- as part of the consultation process with the parties associated with the Strategic Plan.

The membership of the IJB will not be the only source of professional advice available to the IJB. In advance of the establishment of the IJB the parties agree that the chairs of all appropriate committees and groups will be informed that they

are able to, and expected to, directly provide advice to the IJB. Those committees and groups may also advise an integrated professional group that provides advice to the IJB. Those committees and groups include, but are not limited to:

- ✓ Area Clinical Forum
- ✓ Local consultative committees that have been established under Section 9 of the National Health Service (Scotland) Act 1978.
- ✓ Managed Clinical/ Care Networks
- ✓ Midlothian Public Protection Committees (adult and child protection, drug and alcohol, violence against women etc). The IJB will consult these committees on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk
- ✓ Any integrated professional group established

A schematic illustrating how the above groups interact with the Health Board, the local authority, the IJB, the Strategic Planning Group, and the localities will be developed for the final version of this integration scheme before it is submitted to Scottish Ministers.

The NHS Board and the local authority will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:

- ✓ NHS Lothian Medical Director
- ✓ NHS Lothian Nurse Director
- ✓ NHS Lothian Director of Public Health & Health Policy
- ✓ NHS Lothian Allied Health Professions Director
- ✓ Chief Social Work Officer

The engagement of Midlothian Council professionals will not be limited to social work staff, but will extend to related professionals within social care, such as, but not exclusively, occupational therapists, home care and social care staff

The approach to engaging with localities and delivering services which are responsive to local need will be developed through the strategic planning process in a collaborative manner and the ultimate decision on the approach will rest with the

IJB. The arrangements for clinical and social care engagement on a locality level to contribute to the process of clinical and care governance will be addressed in the development of these proposals.

Integration Delivery Principles Informing the IJB Strategic Plan

The IJB must have regard to the integration delivery principles when preparing its strategic plan. The IJB will consider all feedback from the professions, particularly with regard to the following integration delivery principles:

- “(viii) – protects and improves the safety of service users
- (ix) – improves the quality of the service
- (xii) – makes the best use of the available facilities, people and other resources.”

The parties will provide the IJB with all information that it may require to prepare its Strategic Plan, including information that is pertinent specifically to localities.

Elsewhere in this Integration Scheme, it has been explained that in the interests of efficient governance, the committees of the NHS Board and the Council will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Board and Council functions, e.g. internal control, quality and professional standards, compliance with the law. The IJB will not attempt to duplicate the role carried out by those committees. The parties agree that in the event that one of their committees identifies an issue which is of direct and material relevance to the IJB, then the chair of that committee will advise the Chair of the IJB and the Chief Officer of that matter.

The above principle applies to the subject of clinical and care governance, and should ensure that the IJB and the Chief Officer are systematically informed of any matter that has a bearing on the integration delivery principles.

Additionally the section on Risk Management within this integration scheme explains how the IJB will be informed of current and emerging risks.

Section 38 of the Act provides the ability for the parties, acting jointly, to require the IJB to change its Strategic Plan if it appears to any party that it is likely to prevent them from carrying out a function appropriately or in a way which complies with the integration delivery principles or achieving national health & wellbeing outcomes. The parties intend to use the arrangements described in this Clinical and Care Governance section to avoid the need for such a step to be taken.

External scrutiny of clinical and care functions

Lothian NHS Board seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland. The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and their reports feed into the local authority's system of governance.

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

IJB Strategic Planning Group

The Chair of the IJB shall ensure that the Strategic Planning Group is provided with all information that it requires to discharge its role. This will be done through exercising the powers the IJB has to require information from the parties for planning purpose, as well as sharing information the IJB has already acquired through the conduct of its normal business.

Service User and Carer Feedback

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

The Public Partnership Forum has operated throughout the lifetime of the Midlothian Community Health Partnership. This approach is under review with a likely move

towards strengthening closer links with the neighbourhood planning network which has been established in Midlothian through the community planning system. In addition to these formal structures there is an established tradition of holding public events to review and redesign services. Finally the gradual shift towards personalisation, an outcomes focus and self-directed support is helping to bring about a more fundamental cultural shift towards recognising the key role users and carers have identifying how to improve the effectiveness of local health and care services.

Complaints Handling

The arrangements for complaints have been set out in Section 13 of this integration scheme.

Information Sharing Arrangements

The arrangements for information sharing between the parties and the IJB have been set out in Section 12 of this integration scheme.

7. Chief Officer

The operational role of the chief officer of the IJB.

Information about the chief officer's role within the management and decision making structures of each of the constituent authorities in relation to the operational delivery of services provided in pursuance of integration functions.

The line management arrangements for the chief officer of the IJB.

The line management arrangements which the constituent authorities are to put in place to ensure that the chief officer of the IJB is accountable to each of the constituent authorities.

The arrangements for appointment of an interim chief officer of the integration joint board.

The arrangements that the constituent authorities are to make to appoint a suitable interim replacement for the chief officer of the IJB at the request of that IJB in the event that the chief officer is absent or otherwise unable to carry out his or her functions.

The Chief Officer will be employed by one of the Parties and will be seconded to the IJB.

The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the Integration Joint Board and will be a member of the senior management team of the Parties. The Chief Officer will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the constituent authorities by the IJB and for monitoring compliance by the Parties with directions issued by the IJB.

[Note: The detail of the Chief Officer's role with regard to operational delivery is currently under consideration; a description of his/her role will be set out below]

The Chief Officer will be jointly managed by both Parties and there will be a joint process for the regular performance, support and supervision with both Chief Executives. Annual objectives for the Chief Officer will be agreed and the process will involve the Chair of the Integrated Joint Board agreeing objectives with the Chief Officer relevant to his/her role with the Integrated Joint Board as well as the Chief Executives of the Parties. The Chief Officer's performance against those annual objectives will be monitored through an agreed Performance Management Framework established by the Party which is his/her employer.

If an interim replacement for the Chief Officer of the IJB is required, in line with a request from the IJB to that effect (on the grounds that the Chief Officer is absent or otherwise unable to carry out his/her functions), the Chief Executives of the Parties will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the Integration Joint Board on an interim basis.

8. Workforce

Plans for workforce development.

A list of the plans that the Health Board and local authority undertake to develop and put in place to support any staff employed in relation to services provided in pursuance of integration functions including at least—

(a) a plan relating to the development of, and support to be provided to, the workforce; and

(b) a plan relating to the organisational development of the Health Board, local authority and, as the case may be, the IJB, in relation to integration functions.

The timescale within which each plan is to be developed and put in place

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

For staff managed by a line manager who is employed on different terms and conditions, the manager will observe the contract of employment and apply the employer's employment policies and procedures. Guidance will be available to assist the line manager. In addition the Parties will establish professional leadership lines of accountability to ensure clinical and professional standards are monitored and maintained.

The Parties have agreed an Organisational Development Plan which is being implemented. There is a Human Resources and Organisational Group which includes Senior Managers and Trades Unions from both organisations.

The Health and Social Care Partnership has a Human Resources and Organisational Development plan which supports the workforce through the integration process. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership development and the training needs for staff that will be responsible for managing integrated teams. This plan will be refreshed annually to ensure that it takes account of the strategic plan of the IJB and the development needs of staff. within the IJB.

The plan for 2014 / 2015 is already agreed, and is being implemented, and will be reviewed in April 2015 and annually thereafter.

Financial management of an IJB.

A statement of which constituent authority is to maintain financial ledgers for the purpose of recording the transactions of the IJB.

A statement of the arrangements that the Health Board and local authority have agreed to make for the preparation of annual accounts, the financial statement prepared under section 39 of the Act, the financial elements of the strategic plan, and such reports on financial matters as the IJB may require in relation to the exercise of its functions.

Payments to the IJB.

The process that the constituent authorities are to use to agree a schedule of the amounts and dates of payments to be made to the IJB by the constituent authorities for each financial year, including the timescale for preparing this schedule.

Financial reporting to the IJB and chief officer by the constituent authorities.

The frequency with which each constituent authority is required to provide financial monitoring reports to the IJB and the chief officer for the purpose of financial monitoring of the carrying out of integration functions including, in the case of the Health Board, reports in relation to amounts which have been set aside for use by the integration joint board

The process for addressing variance in spending in relation to integration functions.

The process to manage in-year or year-end underspend or overspend by the person to whom functions are delegated in relation to the amounts paid to it, or amounts set aside for use by it.

Redetermination of payments and amounts set aside in relation to integration functions.

The method by which any variations to the amounts determined under the methods set out in the scheme by virtue of section 1(3)(d) and (e) of the Act will be determined, including the conditions which will require to be met before variations may be made.

The use of capital assets in relation to integration functions.

The process to be followed by the Health Board, local authority, and where applicable, the IJB, to determine the use of capital assets of the local authority and Health Board in relation to integration functions.

9. Finance

Financial Governance

Appointment of a Chief Finance Officer

The IJB will make arrangements for the proper administration of its financial affairs; this will include the appointment of a Chief Finance Officer with this responsibility.

The Chief Finance Officer will be a CCAB-qualified accountant. The IJB will have regard to the current CIPFA guidance on the role of the chief financial officer in local government when appointing to this finance role. A job description will be developed with due regard to Scottish government guidance in terms of financial functions.

The Chief Finance Officer will be employed by Midlothian Council or NHS Lothian and seconded to the IJB.

In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the Midlothian Section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

Financial Management of the IJB

The IJB will determine its own internal financial governance arrangements; and the Chief Finance Officer will be responsive to the decisions of the IJB, and the principles of financial governance set out in this Integration Scheme.

Principles of Financial Governance

The following principles of financial governance shall apply:

- The Parties recognise that they each have continuing financial governance responsibilities, and have agreed to establish the IJB as a “joint operation” as defined by IFRS 11;
- The Parties will work together in a spirit of openness and transparency;
- The Parties will ensure their payments to the IJB are sufficient to fund the delegated functions in line with the financial elements of the Strategic Plan.
- The Parties payments to the IJB derive from a process that recognises that both organisations have expenditure commitments that cannot be avoided in the short to medium term. The IJB, through its Strategic Plan and through the directions issued by it, may, however, be able to influence such commitments over time; and both Parties acknowledge that commitments of that nature ought to be managed so far as possible in a manner that minimises any difficulties which they present in the context of implementing proposals for service re-design in relation to integration functions.

Financial Governance

The Parties agree to the establishment of an IJB budget (as defined in Section 2 of this scheme). The Chief Officer will manage the IJB budget. .

The parties are required to implement the directions of the IJB. The parties will apply their established systems of financial governance to the payments they receive from the IJB. The NHS Lothian Accountable Officer and the Midlothian Council Section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.

The Chief Officer in his/her operational role within NHS Lothian and the Council is responsible for the financial management of any operational budgets (as defined in Section 2 of this scheme) that may be delegated to him or her by the parties, and is accountable for this to the NHS Lothian Chief Executive and the Council’s Section 95

officer. The Chief Officer will not necessarily be the operational budget holder in relation to all of the functions that the IJB directs the parties to carry out. Additionally the parties may give the Chief Officer responsibility for operational budgets that are unrelated to the IJB's delegated functions.

The IJB will develop its own financial regulations. The Chief Finance Officer will periodically review these financial regulations and present any proposed changes to the IJB for its approval.

Midlothian Council will host the Integrated Joint Board Financial Accounts and will be responsible for recording the Integrated Joint Board financial transactions through its existing financial systems..

The IJB's Chief Finance Officer will be responsible for preparing the Integration Joint Board's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

The Integration Joint Board can hold reserves for which a Reserves Strategy will be developed by the IJB which will require the agreement of both parties.

The IJB's Chief Finance Officer will also be responsible for preparing the annual financial statement that the IJB must publish under Section 39 of the Act . The IJB's Chief Finance Officer will also be responsible for preparing a medium-term financial plan which sets out what the IJB intends to spend in implementation of its Strategic Plan and which will be incorporated into the IJB's Strategic Plan.,.

The Chief Finance Officer will be responsible for producing finance reports to the Integration Joint Board, ensuring that those reports are comprehensive.

The Chief Finance Officer will liaise closely with the Midlothian S95 officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of his or her role Section 6 of this integration scheme has set out the process the parties

will undertake to determine how professional, technical and administrative services will be provided to the IJB. The initial focus of this work includes finance support.

Payments to the IJB (made under Section 1(3) (e) of the Act)

The Parties will agree annually a schedule of payments (covering their initial calculated payment for the financial year) to the IJB in-year. This schedule of payments will be agreed within the first 30 working days of each new financial year.

It is expected that the net difference between payments into and out from the IJB will result in a balancing payment between Midlothian Council and NHS Lothian which reflects the effect of the directions of the IJB.

Initial Payments to the IJB

The Parties will identify a core baseline operational budget for each function that is delegated to the IJB. This will be used as the basis to calculate their respective payments into the IJB budget.

The Parties already have established financial planning processes which take into account the financial settlements they have received, and identified and assumed expenditure pressures, to arrive at opening budgets for the forthcoming financial year. These same processes will be applied to the core baseline operational budgets for the delegated functions in order to arrive at the initial payments to the IJB.

Resource Transfer

The “resource transfer” payments from NHS Lothian to Midlothian Council will stop once the Integrated Joint Board is established. These will be covered within the above process.

Hosted Services

NHS Lothian carries out functions across four local authority areas. Some of the functions that will be delegated to all four IJBs in the NHS Lothian boundary are currently provided as part of a single Lothian-wide service, commonly referred to as “hosted services”. As such there is not currently a separately identifiable budget for those services by local authority area.

In order to identify the core baseline budget for each of the hosted services in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time:

- Local activity and cost data for each service within each local authority area
- Population distribution across the local authority areas
- Patient level activity and cost data
- Historically applied and recognised percentages

Midlothian Council and the IJB will review the proposals from NHS Lothian as part of a due diligence process, and the core baseline budget will be collectively agreed.

Due Diligence

The parties will share information on the financial performance over the previous two financial years of the functions and associated services which will be delegated to the IJB. This will allow the parties to undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the IJB to carry out its integration functions.

If any such review indicates that the projected expenditure is likely to exceed the initial payments to the IJB. The relevant party will be required to take action to ensure that services can be delivered within the available operational budget

The parties recognise that of the functions which are to be delegated to the IJB, there are some where there is greater potential for the actual expenditure to vary

significantly from projections. The parties will identify what those functions are, and will ensure that information is provided to the IJB so that it may build up its working knowledge of the issues, and focus on those functions within their systems for risk management and financial reporting. This will help the IJB and the parties determine how any particular variances (should they arise) should be handled (see section below), as well as how the IJB decides to direct the use of the IJB budget in the future.

This process of due diligence will be applied in future years, and this will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the IJB will routinely receive.

Determining the schedules for the Initial Payments

The Midlothian Council Section 95 officer and the NHS Lothian Director of Finance are responsible for preparing the schedules for their respective party. The amounts to be paid will be the outcome of the above processes. They will consult with the Chief Officer (designate) and officers in both parties as part of this process.

- The Council's Section 95 officer and NHS Lothian's Director of Finance will each prepare a schedule outlining the detail and total value of the proposed payment from each Party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The schedules will also contain the detail and total value of set aside resources for hospital services, made under Section 1(3) (d) of the Act.
- The Council's Section 95 officer and NHS Lothian's Director of Finance will refer the draft schedules to the Chief Officer (designate) so that he or she may have an opportunity to formally consider it.
- The Council's Section 95 officer and NHS Lothian's Director of Finance will thereafter present the final draft schedules to the Council and NHS Lothian.

This schedule must be approved by NHS Lothian's Director of Finance, the Council's Section 95 Officer and the Chief Officer (designate).

- The Council and NHS Lothian must approve their respective payments, in line with their governing policies.

Subsequent Section 1(3) (e) Payments to the IJB

The calculation of payments in each subsequent financial year will be essentially follow the same processes as has been described for the initial payment. This section highlights the key differences from the process of calculating the initial payment.

The starting position will be the payments made to the IJB in the previous financial year. The parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the IJB, the IJB's performance report for the previous year, and the content of the IJB's Strategic Plan.

The parties will also have due regard to the impact of any service re-design activities that have been direct consequence of IJB directions.

In all subsequent financial years, the IJB will be established and the Chief Officer and Chief Finance Officer will have been appointed to their posts. The parties will engage the IJB, Chief Officer, and Chief Financial Officer in the process of calculating subsequent payments through:

- Both Parties will provide indicative three year allocations to the IJB, subject to annual approval through their respective budget setting processes.
- The parties will ensure the Chief Officer and Chief Finance Officer are actively engaged in their financial planning processes. The Chief Officer will be expected to feed into the planning processes of the parents with any intelligence that is relevant, e.g. the aims of the Strategic Plan, the effect of previous directions on activity and expenditure, projected changes in activity

and expenditure. The Director of Finance of NHS Lothian, the Section 95 Officer of Midlothian Council and the IJB Chief Finance Officer will ensure a consistency of approach and consistent application of processes in considering budget assumptions and proposals.

The set-aside of resources for use by the IJB under Section 1(3) (d) of the Act

In addition to the Section 1 (3) (e) payments to the IJB, NHS Lothian will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant NHS Lothian budgets for the delegated hospital services (excluding overheads) based on historic activity within the respective areas served by the Lothian IJBs.

At the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The parties will therefore develop this part of the integration scheme at a later date.

Process to agree payments from the IJB to NHS Lothian and Midlothian Council

The IJB will determine and approve the payments to the parties which will accompany its directions to them for carrying out functions .

The Chief Finance Officer is responsible for providing the IJB with appropriate information and advice, so that it may determine what those payments should be.

Each direction from the IJB to Midlothian Council and/or NHS Lothian will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- the delegated function(s) that are to be carried out
- the outcomes to be delivered for those delegated functions

- the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

Once issued, directions can be amended by a subsequent direction by the IJB.

Where amounts paid to the IJB are subject to separate legislation or subject to restrictions stipulated by third party funders, the IJB must reflect these amounts in full, in determining the level of the payments to be made to Midlothian Council and/or NHS Lothian in respect of the carrying out of the relevant function or functions. However, the IJB is not precluded from increasing the resource allocated to the relevant services.

Financial Reporting to the IJB

Budgetary control and monitoring reports (in such form as the IJB may request from time to time) will be provided to the IJB as and when it requires. The reports will set out the financial position and outturn forecast against the payments by the IJB to Midlothian Council and NHS Lothian in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure compared to operational budgets for delegated functions and highlight any financial risks and areas where further action is required to manage budget pressures.

NHS Lothian will provide reports to the IJB on the set aside budget. However at the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The parties will therefore further develop this part of the integration scheme at a later date.

Through the process of reviewing the professional, technical and administrative support to the IJB (see Section 6 of the Scheme), and the development of accounting for the set-aside, the parties will devise a sustainable model to support financial reporting to the new IJB. Until that model is in place, both parties will provide the

required information on operational budgetary performance from their respective finance systems, and this will be co-ordinated and consolidated by the Chief Finance Officer to provide reports to the IJB on all the IJB's integration functions.

Process for addressing variance in the spending of the IJB

Treatment of forecast over- and under-spends against the Operational Budget

Section 15 of this integration scheme sets out the arrangements for risk management, and financial risk (within the IJB and both parties) will be managed in line with those arrangements.

The IJB is required to deliver its financial outturn with approved resources. The parties will make every effort to avoid variances arising. A key measure in this regard will be the due diligence activities, and the sharing of information with the IJB, so that the IJB has the best opportunity to allocate resources effectively. The parties will also ensure that the systems that are already applied to delivering public services within fixed and limited resources will continue.

Where financial monitoring reports indicate that an overspend is forecast on the NHS Lothian or Midlothian Council operational budget for delegated functions, it is agreed by the parties that the relevant party should take immediate and appropriate remedial action to prevent the overspend. The manager leading this remedial action could be the Chief Officer in his or her operational capacity within the affected party.

In the event that such remedial action will not prevent the overspend, then IJB Chief Finance Officer will, together with the relevant Party, develop a proposed recovery plan to address the forecast overspend. The Chief Finance Officer will then present that recovery plan to the IJB as soon as practically possible. The IJB has to be satisfied with the recovery plan, and the plan is subject to its approval.

Additional Payments by the Parties to the IJB

Where such recovery plans are projected to be unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties may make additional payments to the IJB.

NHS Lothian and Midlothian Council may alternatively consider making interim funding available based on an agreed percentage with repayment in future years on the basis of the revised recovery plan by both parties and the IJB. If the revised plan cannot be agreed by NHS Lothian and Midlothian Council or is not approved by the IJB, mediation will require to take place in line with the pre agreed dispute resolution arrangements.

Underspends

As part of their normal financial management systems, the parties conduct in-year reviews of financial performance, and occasionally this may lead to a forecast of an underspend at the year-end on one or more budgets. In the event that this happens within the operational budgets, then the following shall apply:

- a) If the underspend is fortuitous, and unrelated to any IJB direction, then the underspend should be returned to the affected party (through an adjustment to the payments to the IJB).
- b) The IJB will retain all other underspends.

The IJB can hold reserves for which a Reserves Strategy will be developed by the IJB which will require the agreement of the Parties.

Treatment of variations against the amounts set aside for use by the IJB

At the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The parties will therefore develop this part of the integration scheme at a later date.

Redetermination of payments (made under Section 1(3) (e)) to the IJB

Redeterminations of payments made by Midlothian Council and NHS Lothian for the carrying out of integration functions would apply under the following circumstances:

- Additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the IJB
- The Parties agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels or recover any additional payments which have been made to the IJB in the event of any overspend position.
- Transfer of resources between set aside hospital resources and integrated budget resources delegated to the IJB and managed by the Chief Officer.

In all cases full justification for the proposed change would be required and both Parties and the IJB would be required to agree to the redetermination. The parties would apply the process used to calculate the payment to the IJB (described earlier) to the affected functions.

Redetermination of payments (made under Section 1(3) (d)) to the IJB

At the time of preparing this consultation draft, the Scottish Government is developing guidance on how the set-aside will work in practice. The parties will therefore develop this part of the integration scheme at a later date.

Use of Capital Assets

The IJB, NHS Lothian and Midlothian Council will identify all capital assets which will be used in the delivery of the Strategic Plan. Further to this, the associated revenue and future capital liabilities will be identified for each asset

An agreement will be developed which specifies and regulates the use (in relation to integration functions) of capital assets belonging to one party by the other party, or

jointly by both parties. A similar agreement will specify and regulate the use by the IJB, in the carrying out of its functions, of assets belonging to the parties. These agreements will be updated as required.

Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the IJB to the parties. The Strategic Plan process will outline any implications or requirements for capital assets..

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

The Chief Officer of the IJB will consult with Midlothian Council and NHS Lothian to identify the specific need for improvements/changes to assets owned by each which may be required in connection with the carrying out of integration functions. Where a capital investment need is identified, the Chief Officer will present a business case to Midlothian Council and NHS Lothian to make best use of existing resources and develop capital programmes. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals. . [

The IJB, Midlothian Council and NHS Lothian will work together to ensure assets required in connection with the carrying out of integration functions are used as effectively as possible and in compliance with the relevant legislation relating to use of public assets.

Audit and Financial Statements

Internal audit

It is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the IJB.

The head of the internal audit service will report to the Chief Officer and the IJB on the annual audit plan, delivery of the plan and recommendations and will provide an annual internal audit report including the audit opinion. These matters will be overseen by the Audit and Risk Committee established by the IJB.

Financial Statements and External Audit

The legislation requires that the IJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the IJB whilst complying with the requirement for transparency and true and fair reporting in the public sector.

The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.

The Chief Finance Officer of the IJB will supply any information required to support the development of the year-end financial statements and annual report for both NHS Lothian and Midlothian Council. Both NHS Lothian and Midlothian Council will need to disclose their interest in the IJB as a joint arrangement under IAS 31 and comply in their annual accounts with IAS 27. Both NHS Lothian and Midlothian Council will report the IJB as a related party under IAS 24.

The IJB financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).

The Accounts Commission will appoint the external auditors to the IJB.

The financial statements will be signed in line with the governance arrangements for the IJB and as specified in the Regulations under section 105 of the Local Government (Scotland) Act 1973.

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

10. Participation and Engagement

Participation and engagement.

The list of persons, groups of persons and representatives of groups of persons consulted in the development of the integration scheme.

Details of the means by which the consultation required by section 6(2) of the Act was undertaken in the development of the integration scheme.

The arrangements that the Health Board and Local Authority undertake to put in place to support the person to whom functions are delegated to produce a strategy for engagement with, and participation by, members of the public, representative groups or other organisations in relation to decisions about the carrying out of integration functions (a “participation and engagement strategy”).

The timescale within which the participation and engagement strategy is to be produced.

This section will be completed after the consultation

11. Information-Sharing and data handling

Information sharing and data handling.

The process to be followed by the Health Board and local authority to agree an information sharing accord, and the process for amending the information sharing accord.

The timescale within which the information sharing accord is to be agreed.

The process which is to be followed by the Health Board and local authority to agree procedures for the sharing of information between the local authority, Health Board, and,

where applicable, IJB, and the process for amending these procedures.

The timescale within which the procedures for information sharing are to be agreed.

There is an existing and long standing PAN Lothian and Borders General Information Sharing Protocol, to which Lothian Health Board, , East Lothian Council, Mid Lothian Council and West Lothian Council are all signatories. This is currently being reviewed by a sub group on behalf of the PAN Lothian Data Sharing Partnership for any minor modifications required to comply with the Public Bodies (Joint Working) (Integration Scheme) Regulations 2014. Final Protocol, following consultation, will be recommended for signature by Chief Executives of respective organisations, and the Directors of the Integrated Joint Boards, on behalf of the Data Sharing Partnership.

The PAN Lothian and Borders General Information Sharing Protocol update will be agreed for 31 December 2014.

Procedures for sharing information between the local authority, Health Board, and, where applicable, Partnership will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the PAN Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Integrated Joint Boards and their respective delegated functions.

Local Authority and Health Board will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements for control

and access. The IJB may require to be Data Controller for personal data if it is not held by either the delegating Local Authority or Health Board.

Arrangements for Third party organisations access to records will be jointly agreed by all contributing partners prior to access.

Procedures will be based on a single point of governance model. This allows data and resources to be shared, with governance standards, and their implementation, the separate responsibility of each partner. Shared datasets governance will be agreed by all contributing partners prior to access.

Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by Chief Executives of respective organisations, and the Directors of the Integrated Joint Boards,

Once established, Agreements and Procedures will be reviewed Bi-annually by the sub group of the PAN Lothian Data Sharing Partnership, or more frequently if required.

The Lothian Partnership Information Sharing Agreements and procedures will be agreed for 31 March 2015.

12. Complaints

Complaints in relation to services provided in pursuance of integration functions.

The arrangements for management of complaints relating to services provided in pursuance of integration functions including in particular information on the process by which a service user may make a complaint.

The parties agree the following arrangements in respect of complaints:

People will be able to make complaints to either party. The Parties have in place well publicised, clearly explained and accessible complaints procedures, which allow for timely recourse and signpost independent advocacy services, where appropriate.

Complaints regarding the delivery of an integrated service will be made to, and dealt with by, the party managing that service, in line with their published complaints procedure, and consistent with any statutory complaints handling arrangements that apply. When responding to complaints regarding an integrated service, responsible officers within the parties will, where necessary, work together to make sure all parts of the complaint are responded to within established time limits and the complainant is signposted correctly to the options to progress their complaint if they remain dissatisfied. Wherever possible, there will be a joint response from the lead agency, rather than separate responses. On completion of the process, complaints regarding specific social work functions will be referred to a Complaints Review Committee (CRC)*, if the complainant remains dissatisfied and requests this. At the end of the process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman. Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate and information held by the Council may be shared with the Care Inspectorate.

The Chief Officer will have an overview of complaints made about integrated services and subsequent responses. Complaints about integrated services will be recorded and reported to the Chief Officer on a regular and agreed basis. Regular trend analysis of

complaints and outcomes will also be carried out as part of a wider quality assurance framework.

Responsibility for responding to the Scottish Public Services Ombudsman lies with the lead agency dealing with the original complaint. Where necessary, officers responsible for complaints handling within the Council and the NHS Board will work together to provide a full response to any Scottish Public Services Ombudsman enquiry, which covers both health and social care functions.

All healthcare independent contractors will be required to have a complaints procedure. Where complaints are received regarding the service provided by an independent contractor, the lead agency will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received regarding independent contractors will be recorded for contract monitoring purposes.

A process for dealing with complaints about the Integrated Joint Board will be agreed prior to its establishment, as part of the integration scheme.

Going forward, parties will align their complaints processes as far as possible and put in place joint working protocols to adopt an integrated approach to complaint handling, so that the process of making a complaint is as simple as possible people and complaints regarding integrated services are responded to clearly, thoroughly and timeously. These joint working protocols will identify the lead organisation for each integrated service and will include the contact details of officers responsible for managing any complaints received. The date to agree the joint working protocols is 27 February 2015.

13. Claims Handling, Liability & Indemnity

Handling of claims against the Health Board, local authority and, where applicable, the IJB in relation to integration functions.

The arrangements for the management and settlement of claims arising from the exercise of integration functions, and any arrangements to be made for indemnity between the Health Board and local authority, in relation to such claims.

The Parties agree that they will manage and settle claims arising from exercise of integration functions in accordance with common law and statute.

The Parties will each have indemnity cover. When a claim arrives the process for compensation will be resolved by the insurers.

14. Risk Management

Risk management.

The risk management strategy which is to apply in relation to the carrying out of integration functions, including in particular – (a) how a risk management procedure is to be developed and (b) the resources to be made available by the local authority and Health Board to support risk management.

The timescale within which the risk management strategy is to be developed.

How the local authority, Health Board and, as the case may be, the IJB is to produce a list of the risks to be reported under the risk management strategy including provision for the list to be amended.

The timescale within which the list of risks to be reported is to be produced.

The IJB is a body corporate that is distinct from the Parties

The IJB will have its own Risk Management Procedure in relation to carrying out of integration functions including reports by 31st March 2016, which will cover all of its activities. The Risk Management Procedure will include:-

- A statement of the IJB's risk appetite and associated tolerance measures.
- A description of how the system of risk management will work in practice, including the identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within Lothian NHS Board and the Local Authority will inform the IJB's system of risk management.
- A description of how the IJB system of risk management is informed by other related systems of Lothian NHS Board and the Local Authority, such as complaints management, health & safety, adverse events management, emergency planning and business resilience.

- Set out in agreement with Executive and Risk Management leads in Lothian NHS Board and Local Authority resources to support risk management.
- The IJB risk register will not duplicate the detail of risk registers within Lothian NHS Board and the Local Authority. However, the IJB will update its risk register should there be any emerging themes/risks which have a bearing on its activities.

Lothian NHS Board and the Local Authority

- Both organisations will continue to apply their existing policies and systems for risk management, and will implement any required restructuring of their risk registers to recognise the creation of the IJB.
- Lothian NHS Board covers four local authority areas, and there will be some 'hosted services' which one operational director manages on a Lothian-wide basis. The identification and management of risk for those hosted services will reflect the differing directions of the four Partnership's.

15. Dispute resolution mechanism

Dispute resolution.

The procedure to be used to resolve any dispute between the local authority and Health Board in relation to any of the matters provided for in the integration scheme or any of the duties or powers placed on them by the Act.

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

Where either of the Parties fails to agree with the other or with the IJB on any issue related to this Scheme, then they will follow the process described below:

- (a) The Chief Executives of the Health Board and the Local Authority, and the Chief Officer, will meet to resolve the issue:
- (b) If unresolved, the Health Board, the Local Authority, and the Chief Officer, 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, representatives of the Health Board, the Local Authority and the IJB will proceed to mediation with a view to resolving the issue

Scottish Government will be informed by the Chair of the IJB of the issue, the mediation process being followed and the agreed timeframe to conclude the mediation process. A copy of this correspondence will be sent to the Chair of the Health Board and the Council Leader of the Local Authority

The mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of the Health Board and the Council Leader of the Local Authority.

The cost of the mediator will be met equally by the Health Board and the Local Authority

The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Chair of the Health Board and the Council Leader of the Local Authority.

- (d) Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree that the Chair of the IJB writes to Scottish Ministers to provide notification that agreement cannot be reached. Scottish Government will then instruct the Parties how to proceed.

Annex 1

Part 1 Functions delegated by NHS Lothian to the IJB

Set out below is the list of functions that must be delegated by NHS Lothian to the IJB 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

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	<p>Except functions conferred by or by virtue of—</p> <p>section 2(7) (Health Boards);</p> <p>section 2CA⁽¹⁾ (Functions of Health Boards outside Scotland);</p> <p>section 9 (local consultative committees);</p> <p>section 17A (NHS Contracts);</p> <p>section 17C (personal medical or dental services);</p> <p>section 17I⁽²⁾ (use of accommodation);</p> <p>section 17J (Health Boards' power to enter into general medical services contracts);</p> <p>section 28A (remuneration for Part II services);</p> <p>section 38⁽³⁾ (care of mothers and young children);</p> <p>section 38A⁽⁴⁾ (breastfeeding);</p>

⁽¹⁾ Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).

⁽²⁾ 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.

⁽³⁾ The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁴⁾ 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.

section 39⁽⁵⁾ (medical and dental inspection, supervision and treatment of pupils and young persons);
section 48 (provision of residential and practice accommodation);
section 55⁽⁶⁾ (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⁽⁷⁾ (remission and repayment of charges and payment of travelling expenses);
section 75B⁽⁸⁾ (reimbursement of the cost of services provided in another EEA state);
section 75BA⁽⁹⁾ (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⁽¹⁰⁾ (use and administration of certain endowments and other property held by Health Boards);
section 83⁽¹¹⁾ (power of Health Boards and local health councils to hold property on trust);
section 84A⁽¹²⁾ (power to raise money, etc., by appeals, collections etc.);

⁽⁵⁾ 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.

⁽⁶⁾ 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.

⁽⁷⁾ 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.

⁽⁸⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽⁹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽¹⁰⁾ 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.

⁽¹¹⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

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 ⁽¹³⁾ (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 ⁽¹⁴⁾;

NHS Lothians (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;

⁽¹²⁾ 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.

⁽¹³⁾ 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.

⁽¹⁴⁾ 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 (General Dental Services) (Scotland) Regulations 2010/205; and
The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽¹⁵⁾.

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)⁽¹⁶⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁷⁾;

section 46 (Hospital managers' duties: notification)⁽¹⁸⁾;

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);

⁽¹⁵⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

⁽¹⁶⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁷⁾ 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.

⁽¹⁸⁾ Section 46 is amended by S.S.I. 2005/465.

section 260 (Provision of information to patients);
section 264 (Detention in conditions of excessive security: state hospitals);
section 267 (Orders under sections 264 to 266: recall);
section 281⁽¹⁹⁾ (Correspondence of certain persons detained in hospital);
and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²⁰⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽²¹⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²²⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²³⁾.

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).

⁽¹⁹⁾ Section 281 is amended by S.S.I. 2011/211.

⁽²⁰⁾ 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.

⁽²¹⁾ 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.

⁽²²⁾ 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.

⁽²³⁾ 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.

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⁽²⁴⁾.

⁽²⁴⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Part 2

Services currently provided by NHS Lothian which are to be integrated

Set out below is the list of services that the minimum list of delegable functions is exercisable in relation to.

In addition to the functions that must be delegated NHS Lothian has chosen to delegate the following health services as they relate to provision for people under the age of 18:

- g) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- h) General Dental Services, Public Dental Services and the Edinburgh Dental Institute
- i) General Ophthalmic Services
- j) General Pharmaceutical Services
- k) Out of Hours Primary Medical Services
- l) Learning Disabilities

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⁽²⁵⁾; 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.
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⁽²⁶⁾.

⁽²⁵⁾ S.S.I. 2004/115.

⁽²⁶⁾ 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.

- 13.** General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁷⁾.
- 14.** Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽²⁸⁾.
- 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⁽²⁹⁾.
- 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.

⁽²⁷⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽²⁸⁾ 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.

⁽²⁹⁾ 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 IJB

INCLUDE DETAIL FROM EAST LoTHIAN ON CJSW

Set out below is the list of functions that must be delegated by the local authority to the IJB 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>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

National Assistance Act 1948⁽³⁰⁾

Section 48

(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958⁽³¹⁾

Section 3

(Provision of sheltered employment by local authorities)

⁽³⁰⁾ 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.

⁽³¹⁾ 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⁽³²⁾	
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.

⁽³²⁾ 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 12AZA (Assessments under section 12A - assistance) Section 12AA (Assessment of ability to provide care.)	So far as it is exercisable in relation to another integration function.
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⁽³³⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	

⁽³³⁾ 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⁽³⁴⁾	
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⁽³⁵⁾	
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

⁽³⁴⁾ 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.

⁽³⁵⁾ 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 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⁽³⁶⁾	
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⁽³⁷⁾	
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⁽³⁸⁾	
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.

⁽³⁶⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁷⁾ 2002 asp 5.

⁽³⁸⁾ 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 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⁽³⁹⁾	
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⁽⁴⁰⁾	
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.)	

⁽³⁹⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

⁽⁴⁰⁾ 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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽⁴¹⁾	
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.)	
Criminal Procedure (Scotland) Act 1995	
[Section 51] [(Remand and committal of children and young persons.)]	

⁽⁴¹⁾ 2013 asp 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 203 (Reports)	
Section 234B (Drug treatment and testing order)	
Section 245A (Restriction of liberty orders)	
Management of Offenders etc. (Scotland) Act 2005	
Section 10 (Arrangements for assessing and managing risks posed by certain offenders)	
Section 11 (Review of arrangements)	

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 ⁽⁴²⁾ The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 ⁽⁴³⁾	

Part 2

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

⁽⁴²⁾ 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).
⁽⁴³⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Scottish Ministers have set out in guidance that the services set out below must be integrated.

- 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

In addition to the functions that must be delegated the Council have chosen to delegate Criminal Justice Social Work