



Public Bodies (Joint Working) (Scotland) Act 2014

**Integration Scheme
between
NHS Western Isles Health Board
and
Comhairle nan Eilean Siar**

March 2015

Preamble

These introductory comments do not form part of the Integration Scheme. Further contextual information is provided alongside the scheme in the form of footnotes throughout the document. Again, these do not form part of the Integration Scheme itself.¹

The main purpose of integration is to improve the wellbeing of people in the Western Isles. This will better support those who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. In addition we will seek to develop further the provision of preventative and anticipatory approaches.

To do so we seek to deliver high quality person centred health and social care services in ways which promote and enhance the wellbeing of the people of the Western Isles.

Services will be provided in a way which, so far as possible:

- is integrated from the perspective of those using them;
- takes account of the particular needs of individuals;
- takes account of the characteristics and circumstances of people in different parts of the Western Isles;
- respects people's rights;
- respects dignity;
- allows people to participate in and control the services they receive;
- improves and protects people's safety, and the quality of services they receive;
- maintains and supports people's participation in their communities in ways that they choose;
- is planned and led locally in ways which make sense to those who receive them, and to others involved in their care;
- anticipates needs and prevents their escalation; and
- makes best use of facilities, people's time and expertise and other resources.

Aims and Outcomes of the Integration Scheme

The Integration Scheme is an agreement required by legislation² that explains which health and care functions and budgets will be delegated by the NHS and the Comhairle for integrated strategic planning and delivery of services. The law requires Health Boards and Local Authorities to explain which services they plan to deliver jointly, and the ways in which these services will be governed to ensure they are provided in a way that meets the needs of the people who receive them.

¹ Footnotes are provided where clarification or explanation is needed, they do not form part of the Integration Scheme

² Public Bodies (Joint Working) (Scotland) Act 2014

The legislation provides a choice of ways in which to do this. The NHS Western Isles and the Comhairle have used a 'body corporate' integration model. ~~This is where both the Health Board and the Local Authority delegate to a third body called an Integration Joint Board. Once this document has been approved by Scottish Ministers the Integration Joint Board, which has a distinct legal personality, will be established.~~ The Integration Joint Board, following approval from Scottish Ministers, came into being in 2017 as a distinct legal personality. ~~is-~~ The IJB is required to agree a strategic commissioning plan and will ~~begin to~~ deliver its functions from the date set out in that plan. The Integration Joint Board will achieve this by giving direction to the Health Board and the Local Authority and will be able to require them to carry out these functions in a particular way.

The Integration Scheme is intended to ensure the delivery of health and care services in the Western Isles can achieve the statutory National Health and Wellbeing Outcomes, namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

This Integration Scheme sets out a framework through which these outcomes are delivered. The Integration Joint Board is required to set out the specifics of how they will be achieved in its Strategic Plan.

Supplementary Material

The content of the integration scheme is defined by legislation. Once approved by Scottish Ministers, the contents of this Integration Scheme shall be full and final and it will not be possible to make any modifications to the Integration Scheme without a further consultation and subsequent further approval by Scottish Ministers. For this reason, the Integration Scheme sets out core requirements and will be supplemented by several separate documents, which will provide further detail in respect of the workings and arrangements for the IJB. As the IJB takes on its responsibilities over time, it may be necessary to make changes and improvements to certain operational arrangements, and this can be achieved through modification of the separate documents supplementing this Integration Scheme. Any changes to the supplementary documents may be made by the approval of the Integration Joint Board as it sees fit from time to time and such changes will not require to be intimated to nor approved by Scottish Ministers.

In addition, NHS Western Isles and the Comhairle have agreed a number of points that relate to agreements between the Parties, but do not form part of the Integration Scheme as it is defined by legislation. These are included in this document to provide context and clarity at appropriate points, and are indicated by italics and boxed text.

This is an example of the formatting of contextual points that do not form part of the Integration Scheme.

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Integration Scheme

COMHAIRLE NAN EILEAN SIAR, established under the Local Government (Scotland) Act 1973 as the Western Isles Islands Council, thereafter designed and known as the Western Isles Council in terms of the Local Government (Scotland) Act 1994, having changed its name to conform to the Local Government (Gaelic Names) Scotland Act 1997 and having its principal offices at Council Offices, Sandwich Road, Stornoway, Isle of Lewis HS1 2BW hereinafter referred to as “the Comhairle” which expression shall include its statutory successors and assignees;

and

NHS WESTERN ISLES, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Western Isles) and having its principal offices at 37 South Beach, Stornoway, Isles of Lewis, HS1 2BB (hereinafter referred to as “NHS Western Isles” which expression shall include its statutory successors and assignees);

together referred to as “the Parties”, upon which written notice may be served in relation to this Scheme at the premises above

do hereby submit to the Scottish Ministers that:

1. Definitions and Interpretation

1.1 In this Integration Scheme, save where the context requires otherwise, the following words, terms and expressions shall have the following meanings:

“**The Act**” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“**Chief Officer**” means the Officer appointed by the Integration Joint Board in accordance with section 10 of the Act;

“**Direction**” means an instruction from the Integration Joint Board in accordance with section 26 of the Act;

“**Health Board**” has the meaning given by section 1(16) of the Act;

“**Health Care**” has the same meaning as in section 10A(1)(b) of the National Health Service (Scotland) Act 1978;

“**Integrated Budget**” means the Budget for the delegated resources for the functions set out in the Scheme;

“**Integration Joint Board**” or “**IJB**” has the same meaning as given by section 1(4)(a) of the Act;

“**Integration Joint Board Order**” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“**Integration Scheme Regulations**” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

Integrated Services means the functions and services listed in Annexes 1 and 2 of this Scheme;

“Integration Start Date” means the date on which responsibility for services and resources transfers to the IJB. This will be defined in the Strategic Plan and will be no later than 1st April 2016, which is the date defined by The Public Bodies (Joint Working) (Prescribed Days) (Scotland) Regulations 2014.

“Outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Parties” means Comhairle nan Eilean Siar and NHS Western Isles;

“Payment” means all of the following: a) the Integrated Budget contribution to the Integration Joint Board; b) the resources paid by the Integration Joint Board to the Parties for carrying out directions, in accordance with section 27 of the Act and c) does not require that a bank transaction is made;

“Prescribed” means prescribed by the Scottish Ministers by regulations;

“Scheme” means this Integration Scheme, as defined by section 1(3) of the Act;

“Section 95 Officer” means the statutory post under the Local Government (Scotland) Act 1973 being the Accountable (Proper) Officer for the administration and governance of the financial affairs of the Council;

“Social Care” means (a) social services (having the same meaning as in Part 5 of the Public Services Reform (Scotland) Act 2010), and (b) such functions of local authorities relating to the provision of accommodation for persons who are homeless as may be prescribed;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act;

“Transitional Period” means the time between the Date of Approval and the Integration Start Date;

“Voting Member” has the meaning given by the Integration Joint Board Order.

1.2 In this Scheme, all references to any statute or statutory provision shall be deemed to include references to any statute or statutory provision which amends, extends, consolidates or replaces the same and shall include any orders, regulations, codes of practice, instruments or other subordinate legislation made thereunder and any conditions attaching thereto. Where relevant, references to Scottish statutes and statutory provisions shall be construed as references also to equivalent statutes, statutory provisions and rules of law in other jurisdictions.

1.3 Any headings to Clauses, together with the footnotes, front cover and the index are for

convenience only and shall not affect the meaning of this Scheme. Unless the contrary is stated, references to Clauses and Schedules shall mean the clauses and schedules of this Scheme.

1.4 Any reference to the Parties shall include their respective statutory successors, employees and agents.

1.5 Where a term of this Scheme provides for a list of items following the word "including" or "includes", then such list is not to be interpreted as being an exhaustive list.

1.6 In this Scheme, words importing any particular gender include all other genders, and the term "person" includes any individual, partnership, firm, trust, body corporate, government, governmental body, trust, agency, unincorporated body of persons or association and a reference to a person includes a reference to that person's successors and permitted assignees.

1.7 In this Scheme, words importing the singular only shall include the plural and vice versa.

1.8 All references to the Scheme include (subject to all relevant approvals) a reference to the Scheme as amended, supplemented, substituted, novated or assigned from time to time.

2. Integration Model

2.1 In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place, namely the delegation of functions by the Parties to a body corporate (an 'Integration Joint Board' or IJB) that is to be established by Order under section 9 of the Act.

2.2 This Scheme comes into effect on the date of establishment of the IJB and the integration functions shall be delegated with effect from the Integration Start Date determined by local agreement.

2.3 In terms of the requirements of the Act, this Scheme will be reviewed by the Parties jointly within five years of the Date of Approval. In addition, either Party can require that the Scheme is reviewed at any time, should changes to the scheme be deemed necessary or desirable. Any such review is to be carried out jointly by the Parties. When the Scheme is reviewed, the Parties will carry out a consultation process as required by the Act prior to obtaining approval. The approach to consultation is set out in clause 11.

3. Board Governance

3.1 *The IJB will have distinct legal personality and the autonomy to manage itself.*

3.2 Voting membership of the Integration Board shall comprise four persons nominated from the membership of the NHS Board, and the same number of persons appointed from the elected membership of the Comhairle. In addition non-voting membership will be determined by the IJB in line with the requirements of the [Integration Joint Board](#) Order.

3.3 The term of office of Voting Members of the Integration Board shall last for three years from the date of appointment. The first term of office will commence on the date of establishment of the IJB. Members may be removed from office as set out in Article 10 of the Integration Joint Board Order.

3.4 On expiry of a Voting Member's term of appointment the Voting Member shall be eligible for re-appointment provided that person is not otherwise disqualified from appointment. The categories of persons who are disqualified from membership are set out in Article 8 of the Integration Joint Board Order.

3.5 Where a Voting Member resigns or otherwise ceases to hold office other than through the passage of time,³ the person appointed in their place shall initially be appointed⁴ for the unexpired term of the Member they replace.

3.6 The arrangements for appointing the Chair and Vice Chair of the IJB are as follows:

3.6.1 The first Chair shall be nominated by NHS Western Isles. The Comhairle shall nominate the first Vice Chair.

3.6.2 The term of office for the Chair and Vice Chair will be for a period of two years from the date of appointment [but from \[June-\] 2024 will be for](#)

³ For instance this might include voting members who leave the Health Board or whose tenure is terminated by Local Government election.

⁴ Voting members of the IJB are appointed on the nomination of the Health Board or Comhairle

[a period of three years](#). The first term of office will commence on the Date of Approval.

3.6.3 After the term of the first Chair comes to an end, the [then](#) Vice Chair will become the next Chair and the outgoing Chair's organisation will then nominate the next Vice Chair, which the IJB shall appoint.

3.7 Further details of the regulation of the IJB's membership (see also clause 7.11), procedures, business and meetings will follow Standing Orders which will be agreed by the IJB in accordance with the requirements of the Integration Joint Board Order. The Standing Orders will be set out in a separate document which may be amended by the IJB as deemed necessary.

3.8 NHS Western Isles and the Comhairle will continue to have in place an appropriate governance structure to ensure effective delivery of any functions or services not delegated as part of this Scheme. Any disputes arising that cannot be otherwise resolved [within NHS Western Isles or Comhairle nan Eilean Siar](#) will be managed by means of the process set out at Clause 16.

3.9 *NHS Western Isles and the Comhairle and any of their Committees will support positively through productive communication and interaction the IJB and its Committees to allow the IJB to achieve its Outcomes, Vision, Philosophy and Principles. The IJB will similarly support through productive communication and interaction NHS Western Isles and the Comhairle and any of their Committees in their delivery of ~~integrated~~ Integrated Services and non-integrated services Integrated Services.*

4. Delegation of Functions

4.1 The functions that are to be delegated by NHS Western Isles to the IJB are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by NHS Western Isles and which are to be integrated, are set out in Part 2 of Annex 1. (These functions are delegated

only to the extent that they are exercisable in relation to the services listed in Part 2 of Annex 1.

4.2 The functions that are to be delegated by the Comhairle to the IJB are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Comhairle and which are to be integrated, are set out in Part 2 of Annex 2.

4.3 In exercising its functions, the IJB must take into account the Parties' requirements to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.

4.4 The delegation of functions from the Parties to the IJB shall not affect the legality of any contract made between either of the Parties and any third party, which relates to the delivery of ~~integrated~~ [Integrated Services](#) or non-~~integrated services~~ [Integrated Services](#).

5. Local Operational Delivery Arrangements

5.1 By virtue of the Act, the IJB will be responsible for the planning of ~~integrated~~ [Integrated sServices](#), which are set out at Annex 1 and Annex 2.

5.2 The IJB is responsible for the operational oversight of ~~integrated~~ [Integrated sServices](#) and through the Chief Officer who is responsible for the operational management of ~~integrated~~ [Integrated sServices](#).

5.3 The responsibilities of the IJB in relation to planning, monitoring and reporting on the delivery of ~~integrated~~ [Integrated sServices](#) on behalf of the Parties are as follows:

5.3.1 The parties will delegate to the IJB those functions specified in Annexe 1 and Annexe 2. The Act then places duties on the IJB as to how it must discharge those functions - the IJB will achieve this through the Strategic Plan.

5.3.2 The IJB is responsible for preparing, implementing, monitoring and evaluating the Strategic Plan.

5.3.3 The IJB is responsible for the strategic planning of integrated Acute Services provided within Western Isles hospital, but NHS Western Isles will be responsible for the operational delivery and management of these services, ~~and through the Nurse Director for the operational management~~ of these services.

5.3.4 The IJB will issue Directions to the Parties to deliver services in accordance with the Strategic Plan.

5.3.5 The IJB will continue to monitor the performance of ~~i~~Integrated sServices on an ongoing basis and adjust its directions as necessary in relation to performance.

5.3.6 The IJB will make an annual report in line with s42 of the Act assessing the performance of the delivery of services against the Strategic Plan.

Commented [A2]: This is capitalised which suggests that it is defined in the document, but it isn't. If it isn't a generally understood term then it should either be defined or not capitalised. It occurs in 3 other places too.

5.4 NHS Western Isles and the Comhairle will ensure that their Officers work closely with and provide such information as may be required by the Chief Officer, and the IJB or its Committees to enable the planning, monitoring and delivery of ~~i~~Integrated sServices.

5.5 NHS Western Isles will ensure ~~that the Nurse Director works closely with and provides provision of such~~ such information as may be required by the Chief Officer or the IJB in respect of the delivery of delegated Acute Services provided within Western Isles hospital, ~~of which the IJB does not have operational oversight.~~

5.6 Under s17 of the Integration Joint Board Order, the IJB may create such Committees that it requires to assist it with the planning and delivery of ~~i~~Integrated sServices.⁵

~~5.7 The Parties note the disestablishment of Community Health Partnerships in accordance with section 71 of the Act. The CHP will remain in place in an informal capacity until the integration arrangements are finalised, acting in an advisory capacity to assist the Health Board and local~~

⁵ This is a matter for the IJB to determine, but might for example, include Scrutiny Committees to oversee delivery of the Outcomes and financial performance for as long as it considers these are required. The membership and operation of Committees of the IJB will be in accordance with the Integration Joint Boards Order.

~~authority, who will remain legally accountable for delivery until the Integration Start Date remove.~~

Corporate support

5.8 The IJB may require access to existing various support services in order to perform its functions. ~~In the Transitional Period, t~~The Parties shall each make available suitable existing expertise and resources to the IJB, this will include, but not be limited to the following services: finance, human resources, ICT, communications, capital programmes, administrative support, committee services, legal services, audit, performance management, risk and insurance. This shall include the provision of any professional, technical or administrative services for the purpose of preparing a Strategic Plan and carrying out other duties of the IJB under the Act.

5.9 There is agreement and commitment to provide corporate support services to the IJB. The arrangements for providing these services will be reviewed by ~~March 2016-2024~~ in terms of Clause 5.10 below and appropriate models of service will be agreed.-

Commented [A3]: Has this been done?

~~5.10 Before the end of the Transitional Period and i~~in line with the budget setting and review timetable for subsequent years, the Parties and the IJB will review and change as necessary the support services being provided to ensure that these are adequate. Thereafter the Parties will make available resources and expertise required by the Act to allow the IJB to discharge its duties.

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6. Support for Strategic Planning and Performance Management

6.1 *The IJB will convene a Strategic Planning Group specifically to enable the preparation of Strategic Plans in accordance with section 32 of the Act; inform significant decisions outside the Strategic Plan in accordance with section 36 of the Act; and review the effectiveness of the Strategic Plan in accordance with section 37 of the Act, in line with the obligations to meet the engagement and consultation standards. The IJB*

will use its Strategic Planning Group to develop local outcome measures which will be complementary to the nationally determined outcome measures and reflect both community and professional interests. The IJB will determine localities for strategic planning, as required by the Act. The terms of reference of the Strategic Planning Group will be determined by the IJB. The Group will be an advisory rather than a decision-making body.

6.2 The Parties shall assist the IJB in the preparation of the Strategic Plan and the monitoring of performance, by making available reasonable and suitable resources and support, including data analysis to ensure the effective monitoring and reporting of targets and measures.

6.3 The Parties will provide details of those targets, measures and other arrangements for the functions that will be delegated to the IJB, either in full or in part. The Parties will take into account national guidance on the core indicators for integration and will make their assessment available to the IJB for its consideration.

6.4 ~~The~~ The Parties will identify a set of core indicators that relate to the ~~integrated services~~ Integrated Services from existing local and national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to ~~integrated services~~ Integrated Services will be collated and used to inform the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators for ~~integrated services~~ Integrated Services with the IJB. The principles for target setting, a description of initial targets and approaches for their management will be subject to further consideration during strategic planning phase, in order to ensure alignment with statutory outcomes and the ~~Strategic pPlan~~ The information required from the Parties will be submitted to the Chief Officer- ~~not~~

Commented [A4]: If we're going to capitalise it then it should be consistent.

~~later than 30 September 2015~~ to inform the IJB's ~~S~~strategic ~~P~~lanning process.

6.5 Where either of the Parties have an ongoing accountability for performance this will be taken into account during the preparation of the strategic plan. In addition, a list of targets which relate to functions not delegated to the IJB but which are affected by the performance of the ~~integrated services~~Integrated Services will be collated and used to inform the data gathering and reporting requirements for such targets and improvement measures. The Parties will share all performance information, targets and indicators for the said functions with the IJB. The principles for target setting, a description of initial targets and approaches for their management will be subject to further consideration during the strategic planning phase, in order to ensure alignment with statutory outcomes and the strategic plan. The information required from the Parties will be submitted to the Chief Officer. ~~not later than 30 September 2015 to inform the IJB's S~~strategic ~~P~~lanning process.

6.6

6.7 The Parties will advise the IJB where they intend to make ~~material, and or significant service~~ changes to service provision that might have an effect on the ~~S~~strategic ~~p~~lan.

6.8 In terms of section 30-(3) of the Act, the Parties will work collaboratively with the IJB and the Integration Authorities of other partnerships to ensure that the Strategic Plans are appropriately co-ordinated for the delivery of ~~integrated services~~Integrated Services hosted elsewhere.

6.9 As part of these support arrangements the Parties will also share with each other and such relevant integration authorities the necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by those integration authorities for people who live within the Western Isles.

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6.10 The Act requires that the IJB consults on, approves and publishes its first Strategic Plan prior to the Integration Start Date. This framework is expected to incorporate national and local measures to monitor performance against the Strategic Plan and evidence appropriate scrutiny of activity for the ~~integrated services~~ Integrated Services. Similarly, the Act requires the IJB to report performance against statutory responsibilities to the Parties and publish all performance reports subject to the requirements of good information governance, i.e. complying with relevant legislation including Data Protection and Freedom of Information.

7. Clinical, Care and Professional Governance

7.1 The Parties are to delegate for the purposes of strategic planning and transformation certain of their health and social care functions to the IJB in accordance with Section 4 of the Scheme. The Parties have regard to their continuing duties regarding clinical and care governance as well as the integration planning principles (as set out in the Act).

Commented [A6]: As "Social Care" is a defined term, presumably it should be capitalised throughout the document.

7.2 Both Parties have established governance systems to provide governance oversight of and advice to the IJB in terms of clinical and care governance, as well as professional accountability. These systems are detailed at paragraph 7.6 below. These systems will continue following the establishment of the IJB and be supplemented by ~~an Integrated Clinical and Care Governance Group~~ the escalation process set out below, which together will address the clinical and care governance of ~~integrated services~~ Integrated Services. ~~Further details on the role and membership of the Integrated Clinical and Care Governance Group are provided at paragraphs 7.8 and 7.9 below.~~

7.3 The Comhairle and NHS Western Isles will continue to assess and monitor and report on clinical and professional governance matters through

their existing mechanisms to comply with legislative and policy requirements. This shall be in respect of both ~~integrated services~~[Integrated Services](#) and non-~~integrated services~~[Integrated Services](#), until such time as there is a change in statutory requirements, when further consideration can be given to amending these arrangements as required. It remains the responsibility of the Comhairle and NHS Western Isles to assure the quality and safety of services commissioned from the third and independent sectors in line with requirements to be set out in the strategic plan.

7.4 Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed by the IJB through the development of the IJB's performance management framework pursuant to clause 6 of the Scheme.

7.5 The Parties will ensure that staff working in ~~Integrated Services~~[Integrated Services](#) have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of NHS staff, Comhairle staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

7.6 Each Party's existing governance systems will continue to be applied to all functions that will be carried out by that Party. Assurance for these functions is provided through:

7.6.1 ~~It is the~~ responsibility of the Chief Social Work Officer to report directly to the Comhairle and the responsibility of the Medical Director and Nurse Director to report to the NHS Board on professional matters. Professional governance responsibilities are carried out by these professional leads through their professional regulatory bodies.

7.6.2 The role of the Healthcare Governance and ~~Audit-Risk~~ Committee, ~~which, which~~ is to provide assurance to the Board of NHS Western

Isles on the quality, efficiency and effectiveness of the NHS Western Isles governance, risk management and internal control framework. This includes providing assurance to the Board of NHS Western Isles that the quality of all aspects of care in NHS Western Isles is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board that its responsibilities in respect of participation, safeguarding, equalities and other statutory duties are met. The [Healthcare Governance and Risk Committee](#) ~~Healthcare Governance and Audit Committee~~ can request assurance from the Staff Governance Committee on matters of direct relevance to its remit, including quality of recruitment, learning and development and completion of mandatory training.

7.6.3 The role of the Chief Social Work Officer, ~~which, which~~ is to provide assurance to the Comhairle on the quality, efficiency and effectiveness of the governance, risk management and internal systems in Social Services. This includes providing assurance to the Comhairle that the quality of all aspects of social care in the Western Isles adhere to the principles of personalisation and are effective, equitable and delivered to a high standard and to provide assurance to the Board that its responsibilities in respect of safeguarding, managing high risk offenders and other statutory duties are met. All Social Care practitioners are responsible for contributing to the delivery of social care governance arrangements.

7.7 The IJB will take into consideration any decisions of NHS Western Isles or the Comhairle which arise from clause 7.6.

7.8 In addition to the prescribed membership of the IJB as detailed in paragraphs 3 (1) (c),(f), (g) and (h) of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, ~~health care and social work advice and routine oversight and assurance will routinely be provided to the IJB as set out in clause 7.6 via the NHS Western Isles' Healthcare Governance Committee's annual report and the Chief Social Work Officer's annual report, the Strategic Planning Group, and localities through an Integrated Clinical and Care Governance Committee to be established by the Parties and comprised of senior health and social care professionals. The Chair of the Integrated Clinical and Care Governance Group or such other~~

~~appropriate person shall inform and advise the IJB, Strategic Planning Group and any other Group or Committee of the IJB as required. If the Chair is not the Chief Officer, the Chair will report to the Chief Officer and the IJB. To achieve integration of these arrangements with the existing governance arrangements detailed at paragraph 7.6 above, the Integrated Clinical and Care Governance Committee will report directly to the NHS Board's Healthcare Governance and Audit Committee and to the Comhairle's Chief Social Work officer and also to the IJB.~~

7.9 ~~There will be at least one lead from each of the Parties' senior professional staff on the Integrated Clinical and Care Governance Group. The membership of the Integrated Clinical and Care Governance Group and its remit shall continue to be developed during the Transitional Period. Exceptionally, incidents or issues arising in respect of delegated service which require immediate attention will be dealt with by way of the escalation procedure set out at [].~~

7.10 ~~The established clinical and professional fora/groups of both the Comhairle and NHS Western Isles will communicate effectively with the Integrated Clinical and Care Governance Group to address matters of risk, safety and quality. While the Integrated Clinical and Care Governance Group will advise the IJB, it will be aligned with both Parties' arrangements as detailed in paragraph 7.8 above.~~

Commented [A7]: This wording is probably now redundant, although it does provide further reassurance.

7.11 The IJB shall also be able to obtain advice directly from its non-voting membership⁶, which will include:

- 7.11.1 The Chief Social Work Officer;
- 7.11.2 A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in

⁶ Further membership requirements and the description of the roles used here are set out in the Integration Joint Board Order, see articles 3(1), 3(6), 3(7) and 3(8) of the Integration Joint Board Order.

accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;

7.11.3 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

7.11.4 A registered medical practitioner employed by the Health Board and not providing primary medical services.

7.12 NHS Western Isles will determine the appointments to the health professional membership positions. The Comhairle is responsible for the appointment of the Chief Social Work Officer. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions (see also clause 9.5).

7.13 There will be effective communication, engagement and information sharing between the Integrated Clinical and Care Governance Group and the established clinical and professional forums/groups and governance groups or committees of the Comhairle and NHS Western Isles.

Commented [A8]: This repeats 7.10 and the same comment applies.tc

7.14 The Healthcare Governance and Risk Committee ~~Healthcare Governance and Audit Committee~~ of NHS Western Isles, Medical Director, Nurse Director and Chief Social Work Officer may raise issues directly with the IJB in writing for consideration and response by the IJB in writing.⁷

7.15 The professional representatives set out in Section 7.11 will be expected by the Parties to play a lead role in:

7.15.1 communicating and having regard to their duties and accountability to NHS Western Isles or the Comhairle as the case may be whilst discharging their role as a member of the IJB;

7.15.2 communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Western Isles or the Comhairle.

⁷ In addition to this clause and clause 16, the Parties note the provision in the Act to make application to the Scottish Ministers in relation to directions given by the IJB.

7.16 The Parties will continue to have a ~~key lead~~ role in the ~~operational~~ planning and delivery of ~~integrated services~~Integrated Services and shall communicate with the IJB regarding the planning and delivery of ~~integrated services~~Integrated Services and non-~~integrated services~~Integrated Services to ensure these are appropriately co-ordinated.

8. Chief Officer⁸

8.1 The IJB shall appoint a Chief Officer in accordance with section 10 of the Act. The appointment of a Chief Officer will provide a central and integrated role for the planning and delivery of ~~integrated services~~Integrated Services.

8.2 The process of recruitment to the role of Chief Officer will be conducted by the Parties working together. The Parties shall ensure equal representation and participation in relation to the recruitment and selection process.

8.3 The Chief Officer will be a member of the senior management teams of NHS Western Isles Health Board and the Comhairle. This will enable the Chief Officer to work with senior management of both Parties to carry out the functions of the IJB in accordance with the Strategic Plan. The Parties shall ensure that appropriate powers are delegated to enable the Chief Officer to meet the requirements of the post.

8.4 The Chief Officer will be line managed by the Chief Executives of both Parties and seconded to the IJB.

8.5 The IJB will direct the Parties in relation to service delivery in accordance with the Strategic Plan and the terms of this Integration Scheme. The Chief Officer will be responsible for the operational management of ~~integrated services~~Integrated Services as set out in Annex 1 and Annex 2, other

⁸ Employment of the Chief Officer is largely addressed in clause 8, but the employing agency remains to be determined. It is suggested that the Chief Officer be employed by the party most closely reflecting their career history.

than Acute Services provided within Western Isles, Uist & Barra and St Brendan's hospitals or services hosted by another integration authority ~~the~~ Chief Officer will work closely with the ~~Nurse Director~~ Executive Team of NHS Western Isles or designated deputy to ensure effective delivery of services in acute facilities that they each manage.

Commented [A9]: Should there be a full stop after "authority"?

8.6 The Parties will each have a scheme of delegation that delegates authority for operational management of ~~integrated services~~ Integrated Services to the Chief Officer. The terms of the schemes of delegation will be developed in cooperation between the parties and shared with the IJB for noting and approval.

8.7 The Chief Officer will be responsible for the development and monitoring of operational plans within the Parties which set out the mechanism for the delivery of the Strategic Plan.

8.8 ~~The Nurse Director of~~ NHS Western Isles ~~or designated deputy~~ will be responsible for the operational management of Acute Services provided within Western Isles hospitals and it is expected that the Chief officer and ~~Nurse Director~~ Executive Team, NHS Western Isles, will work together closely and on a regular basis on the operational delivery of ~~integrated services~~ Integrated Services provided within those hospitals and the set aside budget on a regular basis, in a close and mutual working relationship.

8.9 For planned absences of the Chief Officer, the Chair of the IJB and the Chief Officer will agree a suitable interim Chief Officer and the Parties will subject to agreement, ~~then~~ make available a suitably experienced employee to act as interim Chief Officer.. For unplanned absences the Parties' Chief Executives will work with the Chair of the IJB to identify a suitable interim Chief Officer and the Parties will make a suitably experienced employee available..

9. Workforce

9.1 The Parties anticipate a management structure where professionals may report to someone of a different profession. For all professional groups, an appropriate structure will be put in place to support both managers and practitioners with the provision of statutory professional supervision and advice as required. The IJB will enable professions to develop mechanisms to obtain peer support within teams.

9.2 The Parties will provide incorporate, in relation to for workforce development in relation to the staff employed in the delivery of the functions and services delegated to the IJB and will develop plans that relate to Workforce Planning, Organisational Development, Learning and Development of staff and wider staff engagement. The Parties shall ensure the completion of these plans and they shall be put in place before the Integration Start Date.

Commented [A10]: This isn't grammatical - it's lacking an object for "incorporate" - what do they incorporate?

9.3 AFor the Transitional Period the arrangements in relation to their respective workforces agreed by the Parties are that:

- 9.3.1 staff engaged in the delivery of functions and services delegated to the IJB shall remain employed by their existing organisation and subject to the relevant terms and conditions specified within their contracts;
- 9.3.2 the Parties will provide the IJB with workforce planning information to support the delivery of services and lead the development, maintenance and review of a workforce plan which will assist the delivery of the service outcomes outlined in the Strategic Plan;
- 9.3.3 a joint Organisational Development Plan will be developed involving engagement, leadership and workforce development. The Plan will be developed and reviewed with relevant stakeholders;
- 9.3.4 Human Resource and workforce functions will continue to be provided by each of the Parties;
- 9.3.5 future service changes will be developed on a planned and co-ordinated basis involving the full engagement of those affected by the changes in accordance with established policies and procedures;
- 9.3.6 the Parties have separate recruitment procedures. However, the need to develop a joint approach is recognised and the Parties will seek to

agree on ~~a single process~~ core principles which will cover all aspects of recruitment and selection;

- 9.3.7 the Parties intend to implement an integrated management approach where individuals may report to a person employed by either Party. The Parties agree that staff will take and follow instructions from a manager employed by either Party;
- 9.3.8 existing arrangements will continue to ensure statutory professional supervision for social work and clinical staff;
- 9.3.9 Trades Unions and representatives of professional organisations will continue to be involved in the process of Health and Social Care Integration;
- 9.3.10 the establishment of any group including employee or Trade Union representatives does not supersede the role and functions of existing established consultative and partnership arrangements with the Parties.

9.4 ~~The plans and approaches noted in Clause 9.2 will be put in place by the Integration Start Date.~~ Any future changes in staffing arrangements will be made on a planned and coordinated basis in accordance with established policies and procedures.

9.5 Staff employed by the Parties will have the ability to make representation to the IJB in relation to issues of clinical or care standards via the non-voting membership of the IJB, as set out at Clause 7.11.

10. Finance

Financial Governance

10.1 *As a body falling under the terms of s106 of the Local Government (Scotland) Act 1973 the IJB will make arrangements for the proper administration of its finances including the appointment of a Chief Finance Officer as the proper officer for the administration and governance of financial affairs and the adoption of Financial Regulations that reflect best practice.*

10.2 *The financial governance of the IJB will be conducted in a spirit of openness and transparency.*

10.3 *The Parties will make payments to the IJB to discharge the delegated functions in line with the Strategic Plan.*

10.4 The Chief Finance Officer will be a CCAB qualified accountant and will not be the Chief Officer of the IJB or a Voting Member of the Board.

Financial Planning

10.5 The Chief Finance Officer will be responsible for preparing a medium-term financial plan as part of the IJB Strategic Plan and for preparing the annual financial statement that the IJB must publish setting out what the IJB plans to spend in implementing its Strategic Plan.

Financial Management

10.6 The Chief Officer will be responsible for the financial management of the IJB Budget agreed by the Parties.

10.7 The Chief Finance Officer of the IJB will be responsible for the preparation of the IJB's accounts and ensuring that they comply with the statutory requirements.

10.8 Recording of all financial information in respect of the ~~integrated services~~ Integrated Services will be in the financial ledger of the Party which is delivering the services on behalf of the IJB.

10.9 The Parties will provide the required financial administration to enable the transactions for delegated functions to be administered and financial reports to be provided to the Chief Finance Officer of the IJB.

10.10 The Parties will apply their own financial governance systems to transactions carried out under the direction of the IJB.

10.11 The Comhairle will host⁹ the Accounts for the IJB and will be responsible for:

10.11.1 providing the financial administrative systems for the Integrated Budget; and

10.11.2 holding any reserves accumulated by the IJB.

Commented [A11]: Current arrangements given cyber event?

Commented [A12R11]: I don't think that the cyberattack should affect the principle of what is set out in the scheme.

Financial Reporting

10.12 The Chief Finance Officer will prepare monthly financial reports in a format agreed with the Director of Finance of NHS Western Isles and the Comhairle's Section 95 Officer and submit them to the Chief Executives of the Parties and the Director of Finance NHS Western Isles and the Comhairle's section 95 Officer on a monthly basis in accordance with required timescales.

10.13 To assist with the above the Parties will provide information to the IJB regarding costs incurred by them, including from the amount set aside for hospital services, on a monthly basis.

10.14 Financial reports for the IJB will be prepared by the Chief Finance Officer of the IJB, in consultation with the Chief Officer and the Director of Finance of NHS Western Isles and the Section 95 Officer of the Comhairle, and provided to the IJB at least quarterly.

10.15 Where any report to the IJB has a financial implication for either of the Parties agreement of that Party is required before submission of the report to the IJB. The responsibility for preparation of the annual accounts of the IJB will rest with the Chief Finance Officer of the IJB. The Chief Finance Officer of the IJB will agree a timetable for the preparation of the annual accounts with the Director of Finance of NHS Western Isles and the Section 95 Officer of the Comhairle This will include the agreement of year-end balances and in-year transactions between the IJB and the Parties. The timetable for production of

⁹ This clause refers to the management of records, and addresses the requirement for accounts to be prepared in Local Authority format.

the annual accounts of the IJB will be set in accordance with the statutory obligations of the Parties and following the issue of further guidance from the Scottish Government¹⁰.

Payments to the IJB

10.16 The IJB will have no cash transactions and will not directly engage or provide grants to third parties.

10.17 The payment made by each Party is not an actual cash transaction for the IJB. There will be a requirement for a cash transfer to be made between the Parties to reflect any difference between the payment being made by a Party and the resources delegated by the IJB to that Party to deliver services.

10.18 Unless otherwise agreed by the Parties monthly cash transfers will take place between the Parties based on the annual budgets set by the Parties and the directions from the IJB.

10.19 A final transfer will be made following the end of the financial year on closure of the annual accounts of the IJB to reflect budget adjustments agreed during the year.

10.20 Payments made to the IJB will come from existing resources held by the Parties; consequently, existing resource transfer arrangements will cease upon the Integration Start Day and instead NHS Western Isles will include the equivalent sum in its budget allocation to the IJB.

10.21 Payments made will reflect the respective VAT status and treatments of the Parties. In general terms budget allocations by the Comhairle will be made net of tax to reflect its status as a Section 33 body in terms of the Value Added Tax Act 1994 and those made by NHS Western Isles will be made gross of tax to reflect its status as a Section 41 body in terms of the Value Added Tax Act 1994.

¹⁰ The processes for in year transactions and forecast variances are dealt with at clauses 10.34 to 10.40

IRAG guidance indicates that the IJB is not a taxable person under the Value Added Tax Act 1994, as it will not provide services directly.

Payments to be made ~~in the first year~~

10.22 Each Party will follow their existing budget setting process in setting budgets for delegated functions for the financial year commencing 1 April 2015, giving due consideration of recent past performance and existing plans. The purpose of this process will be to set a balanced recurring budget for the IJB for delegated functions as at the Integration Start Date

10.23 In doing so, the Parties will treat budget setting for delegated functions in a manner which is consistent with their budget setting process for other services provided by the Parties.

10.24 National guidance has been published by the Integrated Resources Advisory Group on the matter of Financial Planning for Large Hospitals and Hosted Services. The Parties will seek to apply this guidance in determining the amount set aside for hospital services (including those delivered in other authority areas) within the scope of the Strategic Plan. In line with the guidance, the amount set aside will be determined by analysis of activity and cost data averaged over a suitable period. The specific approach will be determined by the Director of Finance of NHS Western Isles, in consultation with the Section 95 Officer of the Comhairle and the Chief Officer of the IJB.

~~10.25 — If the IJB becomes formally established part way through the financial year, the Director of Finance of NHS Western Isles and the Section 95 Officer of the Comhairle, in consultation with the Chief Finance Officer of the IJB, will propose a proportionate split of the budget for the year which will require to be agreed by the Parties.~~

~~— Each Party acknowledges that Integration arrangements will still be evolving in the Transitional Period and therefore accepts that~~

~~payment in the first year to the IJB is likely to be indicative in nature. The Parties will carry out due diligence during the Transitional Period to assess the adequacy of the payment made in the first year for delegated functions.~~

Payments to be made in subsequent years

~~40.27~~10.25 The payment that will be determined by each Party requires to be agreed in advance of the start of the financial year. Each Party agrees that the baseline payment to the IJB for delegated functions will be formally advised to the IJB and the other Party by 28 February each year.

~~40.28~~10.26 In subsequent years, the Chief Officer and the Chief Finance Officer of the IJB will develop a case for the Integrated Budget based on the Strategic Plan and present it to the Comhairle and NHS Western Isles for consideration as part of the annual budget setting process, in accordance with the timescales contained therein. The case should be evidence based with full transparency on its assumptions and analysis of changes and take into account the expectation of annual cash-releasing efficiency savings arising from the work of the IJB, ~~and the repayment of the NHS Western Isles brokerage loan.~~ Arrangements for the determination of amounts set aside for hospital services in subsequent years will take account of the financial, staffing and service consequences of planned changes in activity and be prepared in accordance with the guidance issued by the Integrated Resources Advisory Group

~~40.29~~10.27 The final payment into the IJB will be agreed by the Parties in accordance with their own processes for budget setting.

Direction

~~40.30~~10.28 The IJB will approve its budget and provide direction to the Parties.

~~40.31~~10.29 In setting its directions the IJB will have regard for the short and medium term constraints

that the Parties may have in relation to the reallocation of resources.

~~10.32~~[10.30](#) The direction will formally set out: the delegated functions that are to be carried out; the outcomes that are to be delivered in respect of these functions; and the payment for delivering these functions.

~~10.33~~[10.31](#) The directions may be amended subsequently by the IJB.

In Year changes to IJB Payments

~~10.34~~[10.32](#) Changes to the payments from the Parties to the IJB may arise due to:

~~10.34.1~~[10.32.1](#) Additional funding by the Party, the Scottish Government or another body for the delivery of additional outcomes that fall within the remit of the IJB;

~~10.34.2~~[10.32.2](#) Agreement by the Parties that an adjustment in funding is needed to reflect changing demand or activity levels;

~~10.34.3~~[10.32.3](#) The transfer of resources between set-aside hospital budgets and the IJB; or

~~10.34.4~~[10.32.4](#) A requirement for a Party to recover funds to offset a material overspend in their non-delegated functions.

~~10.35~~[10.33](#) In all cases full justification of the changes must be presented and both Parties and the IJB must agree to the variation.

Treatment of Forecast Budget Variances

~~10.36~~[10.34](#) The IJB is required to deliver its agreed outcomes within the total delegated resources of the IJB.

~~10.37~~[10.35](#) Where a forecast [and unplanned, unforeseen](#) overspend against an element of the operational budget emerges during the financial year that can be managed by the reallocation of resources within the overall delegated budget the IJB will approve a budget virement to address the overspend in accordance with its Financial Regulations.

~~10.38~~10.36 Where an unplanned, unforeseen overspend cannot be managed as set out above the Chief Officer, in consultation with the Chief Finance Officer must propose a recovery plan to the IJB to balance the overspending budget. If this recovery plan will affect the outcomes agreed with the Parties it will require their approval, which will be sought by the Chief Officer in consultation with the Chief Executives of the Parties.

~~10.39~~10.37 Thereafter, the Parties will agree jointly the mechanism by which an unplanned, unforeseen ~~y~~ overspend will be addressed. Where interim funding is provided, repayment will be on the basis of a revised recovery plan agreed by the Parties and the IJB. If a revised recovery plan cannot be agreed by the Parties or is not approved by the IJB then the dispute mechanism at Clause 16 will be followed.

~~10.40~~10.38 In the event of an underspend being realised at the year end this will be transferred to reserves. If this causes the IJB to exceed the level of reserves the IJB has agreed it will hold then any surplus will be returned to the Parties based on each Party's proportionate share of their payments to the IJB for the year, regardless of the circumstances of the underspend.

Capital

~~10.41~~10.39 Ownership of capital assets will continue to sit with each Party and capital assets are not part of the payment or set aside.

~~10.42~~10.40 If the IJB decides to fund a new capital asset from revenue funds then ownership of the resulting asset shall be determined by the Parties.

~~10.43~~10.41 The Strategic Plan will drive the financial strategy and will provide the basis for the IJB to present proposals to the Parties to influence capital budgets and prioritisation.

~~10.44~~10.42 A business case with a clear position on funding is required for any change to the use of existing assets or proposed use of new assets. The

Chief Officer will develop business cases for capital investment for consideration by NHS Western Isles and the Comhairle as part of their respective capital planning processes.

~~40.45~~10.43 The Chief Officer will liaise with the relevant officer within each Party in respect of day to day asset related matters including any consolidation or relocation of operational teams.

~~40.46~~10.44 It is anticipated that the Strategic Plan will outline medium term changes in the level of budget allocations for assets used by the IJB that will be acceptable to the Parties.

~~40.47~~10.45 Any profits or loss on sale of an asset will be held by the respective Parties and not allocated to the IJB.

~~40.48~~10.46 Depreciation budgets for assets used on delegated functions will continue to be held by each Party and not allocated to the IJB operations in scope.

~~40.49~~10.47 The management of all other associated running costs (e.g. maintenance, insurance, repairs, rates, utilities) will be subject to local agreement between the Parties and the IJB.

Audit and Assurance

~~40.50~~10.48 The Accounts Commission will confirm external auditors for the IJB.

~~40.51~~10.49 The IJB will be responsible for making appropriate arrangements for the audit of its functions, including the appointment of internal auditors. The Parties anticipate that the IJB will in the first instance utilise resources provided by the Parties, but may require to engage independent support.

11. Participation and Engagement

~~11.1 ——— A proportionate joint consultation on this Scheme took place between 1 February 2015 and 13 March 2015 prior to submission of the draft Scheme on 31 March 2015.. The following~~

Commented [A13]: Current Engagement Policy guidance to be listed

principles were agreed by the Parties and followed in respect of the consultation process:

- 11.2.0 — It was a genuine consultation exercise: the views of all participants were valued.
- 11.3.0 — It was transparent: the results of the consultation exercise were published.
- 11.4.0 — It was an accessible consultation: the material for consultation was provided in a variety of formats.
- 11.5.0 — The draft scheme was published and comments invited from members of the public.
- 11.6.0 — It was the start of an on-going dialogue: the Integration Scheme will establish the parameters of the future strategic plans of the IJB which will be subject to more detailed consultation in due course.

11.7 — The consultation followed a process of engagement with staff consultative groups and independent advice which led to the development of a draft Integration Scheme. The consultation process was made up of two main elements: Public consultation, in which individuals and organisations were invited to submit written comments in relation to published consultation documents which was in addition to the requirements of The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Order 2014; and a series of stakeholder events, which provided an opportunity for discussion and direct engagement with third sector representatives and other stakeholders. The stakeholders invited to partake in consultation on the development of this Scheme in terms of the last mentioned Order were:

Health professionals;
Users of health care;
Carers of users of health care;
Commercial providers of health care;
Non-commercial providers of health care;
Social care professionals;
Users of social care;
Carers of users of social care;
Commercial providers of social care;
Non-commercial providers of social care;
Staff of NHS Western Isles and the Comhairle who are not health professionals or social care professionals;

Union and staff representatives;
Non-commercial providers of social housing; and
Third sector bodies carrying out activities related to health or social care. (do we include six main themes from Red Hen document?)

~~44.9~~11.1 The Parties undertake to work together to support the IJB to develop a Participation and Engagement Strategy. The Parties agree to provide communication and public engagement support to the IJB to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives. The Parties will provide support through existing corporate support arrangements and public consultation arrangements to enable the IJB to develop this strategy alongside the Strategic Plan for consideration by the IJB during the Transitional Period prior to consultation on the Strategic Plan. In the meantime, each of the Parties agrees to use its existing systems for participation and engagement, and to ensure that these accord at all times with the principles and practices endorsed by the Scottish Health Council and those set out in National Standards for Community Engagement.

12. Information Sharing and Confidentiality

12.1 The Parties shall agree to an appropriate information sharing accord for the sharing of information in relation to ~~integrated services~~Integrated Services. The information sharing accord shall be based on the Scottish Accord on the Sharing of Personal Information, subject to revision to take account of integration, and shall set out the principles, policies, procedures and management strategies around which information sharing is carried out.

12.2 The Parties will work together to progress the specific arrangements, practical policies and procedures, designated responsibilities and any additional requirements for the sharing of information for any purpose connected with the preparation of an integration scheme, the

preparation of a ~~s~~Strategic ~~p~~Plan or the carrying out of integration functions.

12.3 ~~(suggest deletion as using SASPI)~~The Parties shall review the information sharing accord annually and on any such review may amend or replace it by agreement of the Parties and the IJB. ~~(sufficient?)~~

12.4 The Parties will continue to develop information technology systems and procedures to enable information to be shared appropriately and effectively between the Parties and the IJB.

13. Complaints¹¹

13.1 The Parties aim is to resolve complaints quickly and close to where the service was provided, and have empowered front line staff accordingly. The Parties will work together with the Chief Officer to ensure the arrangements for complaints are clear and integrated from the perspective of the complainant.

13.2 It is the intention of the Parties that complainants ~~are able to use a single point of contact for the purposes of making a complaint.would contact the respective lead officer with regard to complaints.~~

13.3 Complaints regarding services should in the first instance be directed to the front line staff of the provider (or Care Inspectorate, where appropriate) and if not resolved will be managed according to the Comhairle's Complaints Procedure or the Patient Rights (Scotland) Act 2011 as appropriate. The Parties publish information on how to complain, which will be made known at the point of commencement of assessment for any potential service or support. Details of the Parties' complaints processes are published at ~~<http://www.cne-siar.gov.uk/complaints.asp>~~ [Complaints – Comhairle nan Eilean Siar \(cne-siar.gov.uk\)](http://www.cne-siar.gov.uk/complaints.asp) and

Commented [A14]: I'm not sure the status of this paragraph - is it to be deleted?

Commented [A15]: This section seems unduly complicated to me - why can't we just refer to each Party's complaints-handling procedure?

Commented [A16]: This is the link to the Comhairle's temporary website.

¹¹ Note that the parties operate one-person approaches which are not readily split between integrated and non-integrated functions

<http://www.wihb.scot.nhs.uk/comments-and-suggestions>. Complaints about ~~integrated services~~Integrated Services made to either Party will be managed between the Parties.

13.4 ~~The Parties acknowledge the ongoing review of complaints processes and will consider the development of a joint complaints process in due course, subject to any forthcoming national guidance. Meanwhile, the~~The Parties will seek to establish approaches which simplify communication from the perspective of the complainant. Future application of a joint complaints system will be without prejudice to a complainant's right to use statutory complaints procedures where applicable.¹²(transfer to place in box at beginning of paragraph as contextual info and renumber accordingly)

~~13.4 Prior to the development of a joint complaints system or after the failure or suspension of any such joint complaints system the following will apply:~~

~~13.4.2~~13.4.1 where a complaint wholly relates to one or more of the Comhairle's Functions it shall be dealt with in accordance with the statutory complaints procedure of the Comhairle;

~~13.4.3~~13.4.2 where a complaint wholly relates to one or more NHS Functions, it shall be dealt with in accordance with the statutory complaints procedure of the NHS;

~~13.4.4~~13.4.3 where a complaint relates partly to one or more of the Comhairle's Functions and partly to one or more of the NHS's Functions then a joint response will be made to the complaint by the Comhairle and the NHS, in line with local joint protocol;

~~13.5.0 where a complaint cannot be handled in any way described above or relates to the operation of the arrangements made pursuant to this Scheme or the content of this Scheme, then examination of the complaint and suitable remedy will be a matter for the IJB.~~

~~13.6~~13.5 Performance information and lessons learned relating to complaints investigations, will be

¹² Further guidance and legislative change is likely to be needed in order to implement a single system.

collected and reported to the Integration Joint Board. The Chief Officer will ensure that learning is shared with the Parties and used in the development and review of the strategic plan.

14. Claims Handling, Liability & Indemnity

14.1 The Parties and the IJB recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the IJB. The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.

14.2 The normal common law and statutory rules relating to liability will apply including:

14.2.1 each party will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees;

14.2.2 each party will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.

14.3 In the event of any claim against the IJB or in respect of which it is not clear which party should assume responsibility then the Chief Officer (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which party should assume responsibility for progressing the claim. Failing agreement, the Parties will use the mechanisms described at clause 16 to resolve any disputes.

14.4 If a claim is settled by either Party, but it subsequently transpires that liability rested with the other Party, then that Party shall indemnify the party which settled the claim.

14.5 Claims regarding policy or strategic decisions made by the IJB shall be the responsibility of the IJB. The IJB will in the first instance utilise resources provided by the Parties (subject to confirmation from the Law Society of Scotland that this is appropriate), but may require to engage independent legal advice for such claims.

Commented [A17]: Unlikely to occur

14.6 If a claim has a “cross boundary” element whereby it relates to another integration authority area, the Chief Officer shall liaise with the other integration authority until an agreement is reached as to how the claim should be progressed and determined.

14.7 The IJB will develop a procedure for claims relating to hosted services with other relevant integration authorities. Such claims may follow a different procedure than as set out above.

14.8 Claims which predate the establishment of the IJB will be dealt with by the Parties through the procedures used by them prior to integration.

15. Risk Management

15.1 In advance of the Integration Start Date the Parties will collaborate to identify and propose a risk management strategy. The Parties shall provide the support and expertise of their own risk management functions in developing and implementing the strategy and risk management measures and procedures for the IJB.

15.2 Thereafter, the Chief Officer in conjunction with representatives nominated by each Party, will be responsible for implementing the risk management strategy and developing the risk reporting arrangements for the IJB.

15.3 Risk management resources and expertise held by each Party will continue to be available to support risk areas that have been delegated to the IJB and the development of the IJB risk strategy.

15.4 The IJB will receive regular reports on risk management. An integrated Health and Social Care Risk Register, based on an agreed methodology for the assessment of risk, will be maintained and reviewed at regular intervals.

15.5 The risk management strategy will identify, assess and prioritise risks related to the delivery of services under integration functions,

particularly those likely to affect the IJB's delivery of the Strategic Plan. The processes and accountability for managing and mitigating those risks will be identified and described. Reporting arrangements to the Parties will be set out in the strategy. This will include an agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations.

16. Dispute resolution mechanism

16.1 The Parties will use the provisions of this Scheme to cooperate with each other and resolve disagreement through discussion and negotiation in the normal course of business. Where either of the Parties fails to agree with the other on any issue related to this Scheme or the duties or powers placed on them by the Act they will, having attempted to resolve the issue through discussion, follow the process as set out below:

16.1.1 The Chief Executives of the Parties will meet to resolve the issue;

16.1.2 If unresolved, the Parties will each agree to prepare a written note of their position on the issue and exchange it with the other for their consideration within 10 working days of the date of the decision to proceed to written submissions or such other period as the Parties agree;

16.1.3 In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of NHS Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

16.2 Where the issue remains unresolved after following the processes outlined in clause 16.1 above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish Ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Commented [A18]: Is this the current process

Commented [A19R18]: Yes, as far as I know - that is what is in the current Scheme.



COMHAIRLE NAN EILEAN SIAR



The following material is provided in relation to Section 4 of the Integration Scheme. Annex 1 Part 1 relates to Prescribed Health Board Functions as set out in The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014

http://www.legislation.gov.uk/ssi/2014/344/pdfs/ssi_20140344_en.pdf

Annex 2 Part 1 relates to Prescribed Local Authority Functions as set out in The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014

http://www.legislation.gov.uk/ssi/2014/345/pdfs/ssi_20140345_en.pdf

ANNEX 1

PART 1

Functions delegated by the NHS Western Isles to the Integration Joint Board

16.3 Set out below is the list of functions that are to be delegated by NHS Western Isles to the Integration Joint Board in compliance with the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. These functions are delegated only to the extent that they are exercisable in relation to the services listed in Part 2 of Annex 1.

Column A

Column B

The National Health Service (Scotland) Act 1978

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

Except functions conferred by or by virtue of—
section 2(7) (Health Boards);
section 2CB(1) (Functions of Health Boards outside Scotland);
section 9 (local consultative

committees);
section 17A (NHS Contracts);
section 17C (personal medical or dental services);
section 17I(2) (use of accommodation);
section 17J (Health Boards' power to enter into general medical services contracts);
section 28A (remuneration for Part II services);

1) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2) (as section 2CA) and re-numbered as section 2CB by S.S.I. 2013/292, regulation 8(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.

Section 48 (provision of residential and practice accommodation);
section 55⁽³⁾ (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⁽⁴⁾ (remission and repayment of charges and payment of travelling expenses);
section 75B⁽⁵⁾ (reimbursement of the cost of services provided in another EEA state);

section 75BA ⁽⁶⁾ (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⁽⁷⁾ use and administration of certain endowments and other property held by Health Boards);

section 83⁽⁸⁾ (power of Health Boards and local health councils to hold property on trust);
section 84A⁽⁹⁾ (power to raise money, etc., by appeals, collections etc.);

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.

(4) 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.

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

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

(7) 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.

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

(9) 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.

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 ⁽¹⁰⁾ (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 ⁽¹¹⁾;
 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
 The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;
 The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;
 The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
 The National Health Service (Discipline Committees) Regulations 2006/330;
 The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;
 The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;
 The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

10) 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.

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

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽¹²⁾.

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)⁽¹³⁾;
section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁴⁾;
section 46 (Hospital managers' duties: notification)⁽¹⁵⁾;
section 124 (Transfer to other hospital);
section 228 (Request for assessment of needs: duty on local authorities and Health Boards);
section 230 (Appointment of a patient's responsible medical officer);
section 260 (Provision of information to patients

¹²) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

⁽¹³⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁴⁾ 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.

⁽¹⁵⁾ Section 46 is amended by S.S.I. 2005/465.

section 264 (Detention in conditions of excessive security: state hospitals);
 section 267 (Orders under sections 264 to 266: recall);
 section 281⁽¹⁶⁾ (Correspondence of certain persons detained in hospital);
 and functions conferred by—
 The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽¹⁷⁾;
 The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽¹⁸⁾;
 The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽¹⁹⁾; and
 The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008

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

Section 23

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

Public Services Reform (Scotland) Act 2010

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

Except functions conferred by—

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

Commented [A20]: Is this correct? I thought that Education and Children's Services were not delegated functions.

Patient Rights (Scotland) Act 2011

¹⁶) Section 281 is amended by S.S.I. 2011/211.

⁽¹⁷⁾ 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.

⁽¹⁸⁾ 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.

⁽¹⁹⁾ 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.

⁽²⁰⁾ 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.

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⁽²¹⁾.

But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

⁽²¹⁾ 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 Western Isles which are to be delegated

Interpretation of this Part 2 of Annex 1

In this part—

“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(22); and

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

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

Part 2A

Provision for people over the age of 18

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

- a) the function is exercisable in relation to the persons of at least 18 years of age;
- b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed at numbers 1 to 6 below; and
- c) the function is exercisable in relation to the following health services:

1. Accident and Emergency services provided in a hospital.
2. Inpatient hospital services relating to the following branches of medicine –

(22) S.S.I. 2004/115.

- (a) general medicine;
- (b) geriatric medicine;
- (c) rehabilitation medicine;
- (d) respiratory medicine; and

(e) psychiatry of learning disability.

3. Palliative care services provided in a hospital.
4. Inpatient hospital services provided by General Medical Practitioners.
5. Services provided in a hospital in relation to an addiction or dependence on any substance.
6. Mental health services provided in a hospital, except secure forensic mental health services.
7. District nursing services.
8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
9. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
10. The public dental service.
11. 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(23).
12. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978(24).
13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978(25).
14. 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(26).

(23) 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.

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

(25) 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.

(26) 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:

15. Services providing primary medical services to patients during the out-of-hours period.
16. Services provided outwith a hospital in relation to geriatric medicine.
17. Palliative care services provided outwith a hospital.
18. Community learning disability services.
19. Mental health services provided outwith a hospital.

- 20. Continence services provided outwith a hospital.
- 21. Kidney dialysis services provided outwith a hospital.
- 22. Services provided by health professionals that aim to promote public health.

Part 2B

NHS Western Isles has also chosen to delegate the functions listed in Part 1 of Annex in relation to the following services:

Provision for people under the age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

- a) the function is exercisable in relation to persons of less than 18 years of age; and
- b) the function is exercisable in relation to the following health services:

- 1. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- 2. General Dental Services, Public Dental Services.
- 3. General Ophthalmic Services
- 4. General Pharmaceutical Services
- 5. Out of Hours Primary Medical Services
- 6. Learning Disabilities
- 7. Health Visiting
- 8. School Nursing

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

Annex 2Part 1

Functions delegated by the Local Authority to the Integration Joint Board

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

| <i>Column A</i> | <i>Column B</i> |
|--------------------------------------|-------------------|
| <i>Enactment conferring function</i> | <i>Limitation</i> |

National Assistance Act 1948

Section 48

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

The Disabled Persons (Employment) Act 1958

Section 3

(Provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(Local authorities for the administration of the Act.)

So far as it is exercisable in relation to another integration function.

Section 4

(Provisions relating to performance of functions by local authorities.)

So far as it is exercisable in relation to another integration function.

Section 8

(Research.)

So far as it is exercisable in relation to another integration function.

Section 10

(Financial and other assistance to voluntary organisations etc. for social work.)

So far as it is exercisable in relation to another integration function.

Section 12

(General social welfare services of local authorities.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(Duty of local authorities to assess needs.)

So far as it is exercisable in relation to another integration function.

Section 12AZA

(Assessments under section 12A - assistance)

So far as it is exercisable in relation to another integration function.

Section 12AA

(Assessment of ability to provide care.)

Section 12AB

(Duty of local authority to provide information to carer.)

| <i>Column A</i> <i>Enactment conferring function</i> | <i>Column B</i> <i>Limitation</i> |
|--|--|
| 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 | |
| Section 24(1) (The provision of gardening assistance for the disabled and the elderly.) | |
| Disabled Persons (Services, Consultation and Representation) Act 1986 | |
| Section 2 (Rights of authorised representatives of disabled persons.) | |
| Section 3 (Assessment by local authorities of needs of disabled persons.) | |
| Section 7 (Persons discharged from hospital.) | In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated. |
| Section 8 (Duty of local authority to take into account abilities of carer.) | In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions. |
| The Adults with Incapacity (Scotland) Act 2000 | |

| <i>Column A</i> <i>Enactment conferring function</i> | <i>Column B</i> <i>Limitation</i> |
|--|---|
| Section 10 (Functions of local authorities.) | |
| Section 12 (Investigations.) | |
| Section 37 (Residents whose affairs may be managed.) | Only in relation to residents of establishments which are managed under integration functions. |
| Section 39 (Matters which may be managed.) | Only in relation to residents of establishments which are managed under integration functions. |
| Section 41 (Duties and functions of managers of authorised establishment.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 42 (Authorisation of named manager to withdraw from resident's account.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 43 (Statement of resident's affairs.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 44 (Resident ceasing to be resident of authorised establishment.) | Only in relation to residents of establishments which are managed under integration functions |
| Section 45 (Appeal, revocation etc.) | Only in relation to residents of establishments which are managed under integration functions |
| The Housing (Scotland) Act 2001 | |
| Section 92 (Assistance 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 | |
| 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 | |
| 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. |

| <i>Column A</i> <i>Enactment conferring function</i> | <i>Column B</i> <i>Limitation</i> |
|--|---|
| Section 26 (Services designed to promote well-being and social development.) | Except in so far as it is exercisable in relation to the provision of housing support services. |
| Section 27 (Assistance with travel.) | Except in so far as it is exercisable in relation to the provision of housing support services. |
| Section 33 (Duty to inquire.) | |
| Section 34 (Inquiries under section 33: Co-operation.) | |
| Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.) | |
| Section 259 (Advocacy.) | |
| The Housing (Scotland) Act 2006 | |
| Section 71(1)(b) (Assistance for housing purposes.) | Only in so far as it relates to an aid or adaptation. |
| The Adult Support and Protection (Scotland) Act 2007 | |
| Section 4 (Council's duty to make inquiries.) | |
| Section 5 (Co-operation.) | |
| Section 6 (Duty to consider importance of providing advocacy and other.) | |
| Section 11 (Assessment Orders.) | |
| Section 14 (Removal orders.) | |
| Section 18 (Protection of moved persons property.) | |
| Section 22 (Right to apply for a banning order.) | |
| Section 40 (Urgent cases.) | |
| Section 42 (Adult Protection Committees.) | |
| Section 43 (Membership.) | |
| Social Care (Self-directed Support) (Scotland) Act 2013 | |

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

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

Criminal Procedure (Scotland) Act 1995(to be formatted)

S203 – Local Authority reports pre sentencing.

S209 – report prepared for consideration of supervised release orders,
S210A and S210AA– report for consideration of extended sentence.

S227, from 227B in respect of the imposition and supervision of Community Payback Orders.

S228 (Probation Orders)

S235 ((Supervised Attendance Orders)

S238-(Community Service Orders)

S234B – Report and evidence from Local Authority officer re Drug Treatment and Testing Order.

S245A – Report by Local Authority officer re Restriction of Liberty Orders.

S51 (1) (aa)and (b) and Section 51 (5)
(Remand and committal of children
and young persons in to care of LA.)-see explanatory note below.

Management of Offenders etc. (Scotland) Act 2005

S10 – Arrangements for assessing and managing risks posed by certain offenders.

S11 – review of arrangements.

Social Work (Scotland) Act 1968

S27 – supervision and care of persons put on probation or released from prison.

S27ZA – advice, guidance and assistance to persons arrested or on whom sentence is deferred.”

Explanatory note re section 55 of 1995 Act-not part of Scheme.

S51 of the Criminal Procedure (S) Act 1995, S51(1)(aa) applies, S(1)(b) applies and S51(5) – basically once a young person reaches the age of 16. If the young person is on supervision and is 16 then he can be remanded into a secure place as opposed to prison – but this is also by the agreement of the Parole division. In this situation, Children’s Services would continue to have responsibility via the supervision order – however, criminal justice would begin their involvement in terms of their fulfilment of S203, preparation of reports.

In addition, CJ functions would relate to the fulfilment of S209 – report prepared for consideration of supervised release orders, S210A and S210AA– report for consideration of extended sentence. This may be covered of course by S203 but are specific in relation to offenders who receive a custodial sentence. All of S227, really from 227B in respect of the imposition and supervision of Community Payback Orders.

S228, S235 and S238 may be imposed by the Courts in respect of historical offences – but these are now few and far between and usually relate to historical sexual offences which have been significant to take to Court – and likely result in custodial sentences. CPOs is current business for offences dealt with over the last three years.

Annex 2

Part 2

Services currently provided by the Local Authority which are to 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

Local Additions

- Criminal Justice Social Work Services