NHS Shetland

Shetland Islands Council

Shetland Islands Health and Social Care Partnership

Integration Scheme

2015

1. Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities and Health Boards to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services including additional adult health and social care services beyond the minimum prescribed by Ministers, and children's health and social care services. The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved. The integration scheme must include the matters prescribed in Regulations.

Shetland Islands Health and Social Care Partnership Integration Scheme (the Integration Scheme) sets out the detail as to how Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board) will integrate services.

The Integration Scheme and Supplementary Documentation to the Integration Scheme, together with Shetland's Joint Strategic (Commissioning) Plan for Health and Social Care Services, replaces previous arrangements for health and social care integration in Shetland which were set out in Shetland's Joint Commissioning Strategy and Integration Plan 2014/2015.

The Integration Scheme follows the integration scheme format (the "model integration scheme") issued by the Scottish Government which is designed to be followed where the "body corporate" model for integration is being adopted. The body corporate model is set out in s1(4)(a) of the Act. Additional information and background papers are included in Supplementary Documentation to the Integration Scheme which is available separately.
The Integration Scheme must be submitted jointly by the Council and the Health Board before 1 April 2015 for approval by Scottish Ministers.

Once the Integration Scheme has been approved by the Scottish Ministers, the Integration Joint Board for Shetland (the IJB), which will have distinct legal personality, will be established by Order of the Scottish Ministers. The IJB will be known as the Shetland Islands Health and Social Care Partnership.

As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the IJB requires that its voting members are appointed by the Council and the Health Board and is made up of councillors, NHS non-executive directors, and other members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the IJB its members carry out their functions under the Act on behalf of the IJB itself, and not as delegates of the Council and the Health Board. Because the same individuals will sit on the IJB and also on either the Council or the Health Board, accurate record-keeping and minute-taking will be essential for transparency and accountability purposes.

The IJB is responsible for the strategic planning of the functions delegated to it by the Council and the Health Board and for the preparation of the Strategic Plan. The Strategic Plan specifies the services to be delivered by the Parties. The IJB is responsible for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Integration Scheme in Section 4.
The Act gives the Council and the Health Board, acting jointly, the ability to require that the IJB replaces its Strategic Plan in certain circumstances. In these ways, the Council and the Health Board together have significant influence over the IJB, and they are jointly accountable for its actions.

The practical application of the Integration Scheme will be managed and administered in accordance with the Financial Regulations, Standing Orders and Schemes of Delegation of the Parties as amended to meet the requirements of the Act.

The Financial Regulations, Standing Orders and Schemes of Delegation of the IJB will be developed by the IJB once it has been established, and as far as they impact on the Parties will be agreed with them.

2. Aims and Outcomes of the Integration Scheme

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act:

National Health and Well being Outcomes

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

NHS Shetland

Shetland Islands Council

Shetland Islands Health and Social Care Partnership
Vision, Mission and Aims

Our Vision

To ensure that everyone in Shetland is able to live and participate in a safe, vibrant and healthy community.

Our Mission

To work together to deliver a range of quality support services, which are:

- based in local communities
- designed in partnership with our customers
- based on assessed needs.

Our Aims

- More flexible and better quality services
- Resources targeted at areas of greatest priority, based on clearly defined evidence of need
- A shift in the balance of provision towards community based services
- Agencies working together in partnership within local communities
- More joint strategic and operational planning
- Access to joint budgets
- Actively engaging people and their carers
- Promoting self care and self-managed care
- Services integrated around the needs of our customers
- Joint systems and assessment criteria
- Quicker and better decision-making
- Less bureaucracy
- Clear accountability for decision-making and spending decisions
- Listening and responding to community needs and aspirations

A Healthy Community – there will be a demonstrably healthier local population.

Better services

- There will be in place a seamless method of service delivery, not restricted by organisational or professional boundaries – modelled on a “one-stop-shop” methodology
- There will be ease of access to services, with clear understanding within the community of whom to contact and where to go
- The balance of activity/spend will have moved towards home delivered services or services delivered in a homely environment

- The balance of activity will have moved towards locally provided service delivery, where it is appropriate and value for money to do so
- There will be more flexible services and more choice for our customers, within available resources
- There will be a fair and equitable distribution of resources – based on a shared understanding of local community needs
- Any unnecessary duplication, bureaucracy and managerial or administrative overheads will be removed from the system
- Information will be available to each household in Shetland which explains how to access services, what service standards they can expect and how each organisation is performing through an effective public performance reporting regime

Equality of Access – there will be equity in access to services through better information, more locally based services and better transport arrangements where provision needs to be centralised.

Diversity – everyone will be able to access services to meet their needs irrespective of their race, religion/faith, sexual orientation, age, disability, gender or socio economic background.

Workforce – there will be in place a system of team working which recognises and values individuals' skills and knowledge, encourages joint training and secondment opportunities and works to meet the needs of our customers.

Effective Use of Resources – resources will be effectively targeted at areas of greatest priority, which are clearly determined by evidence of need.

Best Value - systems, procedures and information will be shared between organisations and there will be clarity in the decision-making process, thereby reducing bureaucracy and delays in decisions about service delivery.

Value for Money – services are delivered to the best possible standard and quality, at the best possible price.

Property – public and voluntary sector buildings are accessible and available for multi-use by all agencies to ensure that community resources are maximised.

Equipment – there is a shared bank of equipment, locally based where possible, jointly managed and accessible to all agencies on shared assessment criteria.

Money – financial resources will be shared and accessible to practitioners from any agency with clarity of accountability for spending decisions.

Information and Communication – organisations will share knowledge of individual customer and community needs and aspirations, share priorities and service objectives and clearly communicate these to staff and our customers whilst adhering to strict protocols on confidentiality and data sharing.

Single, Transparent and Shared Eligibility Criteria – there will be no need for a customer's needs to be assessed for eligibility for services by more than one relevantly qualified member of staff.

Key Workers - "Co-ordinator For You" - a customer will have allocated to them a named individual who looks after their service needs so that they need only have to "tell their story once" subject to the appropriate data/information sharing protocols and consent.

Joint Planning and Shared Priorities – organisations will have a single planning and design process with clarity in what they are trying to achieve in the short, medium and longer term.

Consultation Mechanisms – services will be planned and designed in partnership with customers and the general public.

Complaints Procedures – we will have a shared understanding and joint framework for handling complaints, that ensures co-ordination of the investigation and response.

Delegated Decision Making – decisions on service delivery will be agreed jointly between organisations, within an agreed service framework; the allocation of resources, within approved budgets, will be made to front line operational staff as far as possible – so securing a shorter route to services.

Streamlined Management Arrangements – for each service area, there will be an individual within Shetland who is publicly recognised as being the manager of that service area.

NHS Shetland

Shetland Islands Council

The Integration Scheme

The Parties:

Shetland Islands Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at 8 North Ness, Lerwick, Shetland, ZE1 0LZ ("**the Council**");

And

Shetland Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as Shetland NHS Board) and having its principal offices at Montfield, Lerwick ("**NHS Shetland**" or "**the Health Board" -** t*hese terms are used inter-changeably in this context*)

(together referred to as "**the Parties**")

1. Definitions and Interpretation

"**The Act**" means the Public Bodies (Joint Working) (Scotland) Act 2014.

"**The Integration Scheme Regulations**" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

"**Integration Joint Board Order**" means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014.

"**The Integration Joint Board**" **(IJB)** means the Integration Joint Board established by Order under section 9 of the Act as a body corporate.
"**Outcomes**" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.

"**The Integration Scheme**" means this Integration Scheme, which is the Integration Scheme for the Shetland Islands Health and Social Care Partnership.

"**Supplementary Documentation to the Integration Scheme**" means the detailed records, action plans and background information that are referred to in the Integration Scheme which are not part of the Integration Scheme itself.

"**The Strategic Plan**" means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

"**The Shetland Community Planning Partnership**" means the Community Planning Partnership for the Shetland Islands Local Authority area.

"**The Shetland Plan**" means the strategic plan of the Shetland Community Planning Partnership.

"**Budget Responsible Officers (BROs)"** means members of staff of the Council and the Health Board who have authority delegated to them for the administration of one or more budget headings including authorising expenditure of the approved budget allocations.

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

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

2. Local Governance Arrangements

Having regard to the requirements contained in the Integration Scheme Regulations, the Parties require to supply the detail of the voting membership and the Chair and Vice Chair of the Integration Joint Board (IJB).

The IJB, and the Parties will have to communicate with each other and interact in order to contribute to the Outcomes, however the IJB does have distinct legal personality and the consequent autonomy to manage itself.

There is no role for either the Council or the Health Board to independently sanction or veto decisions of the IJB.

The Integration Joint Board (IJB)

- **Voting Members**

  - Three Elected Members of the Council and
  - Three Non-Executive Directors of the Health Board

- **Co-opted Non-voting Members**
  - The Chief Officer of the IJB
  - The Chief Financial Officer of the IJB
  - Senior clinicians including a GP, a consultant working in the acute sector locally and a senior nurse
  - The Council's Chief Social Work Officer
  - A patient/service user representative
  - A carers' representative
  - A representative of the third sector
  - A staff representative from each of the Parties

- **Chair and Vice-chair**

  - An Elected Member of the Council will be appointed for the role of Chair / Vice Chair by the Council and be from among their number on the IJB.
  - A Non-Executive Member of the Health Board will be appointed for the role of Chair / Vice Chair by the Health Board and be one of the Non-Executive Health Board Members on the IJB.
  - The first Chair of the IJB will be from the Council and the Vice Chair will be from the Health Board.

- **Terms of Office**

  - The initial appointment of the Chair and Vice Chair will be until 31st March 2017.
  - The Chair and Vice Chair roles will then rotate every 3 years.
  - All IJB appointments with the exception of the Chief Officer of the IJB, the Chief Financial Officer of the IJB and the Council's Chief Social Work Officer, who are members of the IJB by virtue of the Regulations and the post they hold will be for a period of 3 years.
  - In addition, individual IJB appointments will be made as required when a position becomes vacant for any reason.
  - Any member of the IJB can be appointed for a further term. There is no limit on the number of terms that any individual can serve as a member of the IJB.

3. Delegation of Functions

The functions that are to be delegated by the Health Board 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 Shetland and which are to be integrated, are set out in Part 2 of Annex 1. The functions in Part 1 are being delegated only to the extent that they relate to services listed in Part 2 of Annex 1. For both Part 1 and Part 2, services relate to those for Adults unless stated otherwise in the Annex. For services delivered in hospital, delegation only relates to the care and treatment provided as part of that service by health professionals.

The functions that are to be delegated by the Council 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 Council and which are to be integrated, are set out in Part 2 of Annex 2. For both Part 1 and Part 2, services relate to those for Adults unless stated otherwise in the Annex.

In exercising its functions, the IJB must take into account the Parties' requirement to meet their respective statutory obligations, including those that pertain to the functions delegated by virtue of this Integration Scheme.

With regard to their respective functions that are not delegated by virtue of this Integration Scheme, the Parties retain their distinct statutory responsibilities and their formal decision-making roles.

4. Local Operational Delivery Arrangements

Responsibilities of the IJB on Behalf of the Parties

The local operational arrangements agreed by the Parties are:-

- The IJB has responsibility for the planning of the Integrated Services. This will be achieved through the Strategic Plan.
- The IJB is responsible for the operational oversight of Integrated Services and through the Chief Officer will be responsible for the operational management of Integrated Services.
- The IJB will be responsible for the planning of Acute Hospital services delegated to it but the Health Board will be responsible for the operational oversight of Acute Services and through a responsible Director for the operational management of all Acute Services. The Health Board will provide information on a regular basis to the Chief Officer and the IJB on the operational delivery of Acute Services.
- The Chief Officer and Director responsible for Acute Services will establish joint arrangements to ensure effective working relationships across the whole Health & Care system. These will be built on the existing joint working arrangements including joint acute and community strategic meetings and co-location of senior managers from acute and community services.
- The detailed commissioning and operational delivery arrangements will be set out in the Strategic Plan.
- The Parties will support the IJB to work closely with Shetland's Community Planning Partnership as required by the Scottish Government.
- The IJB will be responsible for the development and maintenance of a set of performance measures including the Outcomes, national targets, the national inspection processes and locally developed targets.
- The IJB will establish a Strategic Planning Group which will develop the Strategic Plan for the IJB.
- The Strategic Plan will include the nationally determined performance measures and targets to meet the Outcomes, other national targets and local targets relating to the integrated functions. These will be developed and articulated through the process of preparing the Strategic Plan.
- A Strategic Plan has been developed for 2015-18 and this will be presented to the IJB in the first cycle of meetings for its consideration. The IJB will develop the three year Strategic Plan for 2016-19. Thereafter the IJB will maintain and develop the Strategic Plan, updating the Strategic Plan at least every three years as required by the legislation.
- The IJB will prepare and publish an Annual Report as required by the legislation.

Performance Targets, Improvement Measures and Reporting Arrangements

The Parties will identify a core set of indicators that relate to health and social care services. These will be derived from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures that relate to the integration functions will be collated into a single suite of performance measures. This will be known as the Performance System.

The Performance System will be supported by information on the data gathering and reporting requirements for performance targets and improvement measures.
The Parties will share all performance information, targets and indicators and the supporting information with the IJB. The improvement measures will be a combination of existing and new measures that will allow assessment at local levels. The performance targets and improvement measures will be linked to the national and local Outcomes to assess the timeframe and the scope of change.

The Performance System will state where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or the Council this will be taken into account by the IJB when preparing the Strategic Plan.

The Performance System will be used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken into account by the IJB when preparing the Strategic Plan.

The Parties will provide support to the IJB for the Performance System and its development and the effective monitoring and reporting of targets and measures. The Performance System will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.

The work on the core indicators will be completed and the Performance System will be established so that reports can be prepared for the IJB when it is established.
The Parties will provide the IJB with performance monitoring reports at least quarterly. These will include:

1. *Budget monitoring reports*
2. *Performance monitoring against the Outcomes, National Performance Targets, Key Performance Indicators and Local Improvement Targets*
3. *Monitoring reports for service development priorities set out in the Strategic Plan*
4. *Risk management reports*
5. *Quality assurance including details of inspections and reviews of service delivery*
6. *A summary of complaints handling and lessons learned*

7. *An Organisational Development summary report including information on key activities in the Organisational Development Action Plan and Workforce Development Plan*

All performance reports relating to the integrated functions will be published by the IJB as required by legislation subject to the requirements of good information governance including compliance with Data Protection and Freedom of Information legislation.

Support for Strategic Planning

The Parties will provide support for strategic planning through their respective strategic planning and corporate services support systems. The detail of this will be set out in the Supplementary Documentation to the Integration Scheme.

The Parties will support the IJB to take account of the impact of its Strategic Plan on the arrangements set out in strategic plans of other IJBs.

The Health Board will provide necessary activity and financial data for the planned use of services provided by other Health Boards for strategic planning purposes; and the Council will provide necessary activity and financial data for the planned use of services by other Local Authorities for strategic planning purposes.

The Parties will advise the IJB where they intend to make a change to service provision which may have an impact on the delivery of the Strategic Plan.

The Parties will co-ordinate support for the IJB with the strategic planning processes for the Council, the Health Board and Shetland Community Planning Partnership.

Corporate Services Support

The Parties will provide appropriate corporate services support to the IJB as required and negotiated between the IJB and the Parties. The detail of the agreement between the Parties and the IJB in this regard will be set out in the Supplementary Documentation to the Integration Scheme.
The agreement will include, but not be limited to the following service areas:

- Finance
- HR
- ICT
- Capital programmes
- Administrative support
- Committee services
- Internal audit
- Performance management
- Risk
- Insurance.

A Support Services Action Plan will be maintained as part of the Supplementary Documentation to the Integration Scheme. The Support Services Action Plan will be developed and maintained during 2015/16 as part of the programme of work managed by the Transition Programme Board which was established by the Parties to develop and implement the new governance arrangements required by the Act.
The Support Services Action Plan 2015/16 will include an assessment of the corporate services support needs of the IJB. The assessment will be carried out by staff identified by the Parties' corporate support services working with the Chief Officer and Chief Financial Officer of the IJB.

Corporate Services Support arrangements will be reviewed during the first year of operation of the IJB and annually thereafter as part of the budget setting and review processes for the IJB.

5. Clinical and Care Governance

The detailed clinical and care governance arrangements will be prepared, taking into account, the Scottish Government's Clinical and Care Governance Framework published in December 2014. These arrangements are set out below and further detail will be included in the Supplementary Documentation to the Integration Scheme.

The Parties will establish a joint Clinical and Care Governance Committee (CCGC) to replace existing arrangements. The CCGC will include the IJB and representatives of the relevant professional groups for all health and social care professions. Details of the membership of the CCGC will be maintained within the Supplementary Documentation to The Integration Scheme.

The CCGC will ensure that there is appropriate assurance for both the Parties and the IJB on the standards of health and care services provided.

The CCGC will fulfil the role with regard to the clinical governance arrangements of all the health services delivered or purchased by the Health Board as required by statute including health services directed by the IJB. The CGCC will also oversee the care governance arrangements for all social care services provided or purchased by the Council under the direction of the IJB.

The CCGC will provide advice and information through direct reporting to the Parties and to the IJB as necessary and required including input and advice from professional advisory groups, for example, Area Clinical Forum, Adult and Child Protection Committees and from Professional Lead Officers.

Reports to the Parties and the IJB will cover the quality of service delivery, continuous improvement, organisational and individual care risks, clinical and professional standards and the compliance with legislation and guidance (see section 4).

The IJB will be responsible for ensuring the Strategic Plan is consistent with good Clinical and Care Governance and is appropriately informed on the relevant clinical and care standards and will be guided on this by the CCGC.

The CCGC will provide advice as necessary to the Strategic Planning Group and localities.

The Parties, as the bodies employing the staff and being directed to provide the services, will be responsible for ensuring the clinical and care governance standards are delivered. This will apply to services provided directly by the Parties or purchased from other health boards, local authorities, Third and Independent Sector providers.

The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and ensure that the services are delivered in accordance with the Strategic Plan.

The Chief Officer manages the integrated services set out in Annexes 1 and 2 of the Integration Scheme and is accountable for this through the Parties' Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these services e.g. ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards.

Working alongside the Chief Officer the Parties will ensure that staff working in integrated services have the necessary skills and knowledge to deliver the appropriate standards of care. Managers will manage teams of Health Board staff, Council staff or both and will promote best practice, cohesive working and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

The Organisational Development Action Plan (see section 7) will identify training and development requirements that will be put in place to support improvements in services and outcomes.

The clinical and care governance arrangements require appropriate oversight of professional standards. A number of Professional Lead Officer roles are in place across the Council and the Health Board e.g. Medical Director, Director of Nursing, Midwifery and Allied Health Professions, Chief Social Work Officer, Director of Public Health, Clinical Dental Director and Chief Pharmacist. The Professional Lead Officers have statutory functions relating to professional regulatory bodies and a legal duty to their respective regulatory authorities to ensure that professional standards are maintained.

The professional lead officers can provide professional advice to, or raise issues directly with, the IJB, in writing, or through the representatives on the IJB. The parties would expect the IJB to respond in writing to issues raised in this way. In addition the Professional Lead Officers will be responsible for reporting directly to the Council (CSWO) or the Health Board (Medical, Nursing, Dental, Pharmacy and Public Health Directors).

The Parties and the IJB will support the Chief Officer and the Professional Lead Officers to liaise and communicate regularly to ensure that their respective roles in relation to professional standards are met.

The members of the IJB will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning

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

6. The Chief Officer of the IJB

The IJB shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

- The Chief Officer reports directly to both the Chief Executive of the Council and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Council and the Health Board.

- The management structure for operational delivery of the integrated services managed by the Chief Officer is through a single hierarchical management structure illustrated in the detailed organisational structure diagram, which is included in the Supplementary Documentation to the Integration Scheme.
  The management structure and levels of authority including the management of services in localities is summarised in the Supplementary Documentation to the Integration Scheme.

- The Chief Executives of the Council and the Health Board, at the request of the IJB and in conjunction with the Chief Officer where appropriate, will be responsible for making cover arrangements through the appointment or nomination of a suitable interim replacement or depute in the event that the Chief Officer is absent or otherwise unable to carry out their functions.

- The Chief Officer and the Director for Acute Services will both sit on the Health Board Senior Management Team, and will establish joint arrangements to ensure effective working relationships across the whole health and care system.

7. Workforce

The Parties will ensure that there is an effective Joint Staff Forum where staffing issues, professional issues and concerns relevant to joint working can be raised and discussed, where difficulties can be explored and resolved and where shared routes forward can be agreed.
The Membership and Terms of Reference of the Joint Staff Forum are set out in the Supplementary Documentation.

Workforce Development Strategy

A Workforce Development Strategy and Action Plan developed by the Parties will be agreed by the Parties with the IJB and maintained by the staff supporting the HR Strategic Management of the integrated service delivery that is under the direction of the Chief Officer including services delivered in localities.
The Workforce Development Strategy will be agreed and put into place by April 2016 or at an earlier date as agreed by the IJB with the Parties and refreshed annually thereafter.

Organisational Development Action Plan

An Organisational Development Action Plan will be agreed by the Parties with the IJB setting out the work on organisational development and HR issues. The Organisational Development Action Plan will be maintained by the staff supporting the HR Strategic Management of the integrated service delivery that is under the direction of the Chief Officer including services delivered in localities.
The Organisational Development Action plan will be agreed and put into place by April 2016 or at an earlier date as agreed by the IJB with the Parties and refreshed annually thereafter.

Training Plan

A Training Plan agreed by the Parties and agreed with the IJB will be maintained as part of the Supplementary Documentation to the Integration Scheme. Training support functions will be provided by the Parties to the integrated services managed by the Chief Officer.
The Training Plan will be agreed and put into place by April 2016 or at an earlier date as agreed by the IJB with the Parties and refreshed annually thereafter.

8. Finance

The detailed Financial Framework is an integral part of the Supplementary Documentation to the Integration Scheme. The Financial Framework will be maintained in line with the Integrated Resource Advisory Group (IRAG) Finance Guidance.

The Financial Framework will be kept under review and updated annually with details of the budgets allocated for the functions delegated to the IJB. Work in this regard will be managed by a Local Partnership Finance Team (LPFT) as part of the Corporate Services Support arrangements for the IJB. The membership and terms of reference of the LPFT is included in the Financial Framework.

The LPFT will support the Chief Officer and Chief Financial Officer of the IJB with all financial matters and processes including:-

- Budget setting taking account of activity changes, cost inflation, savings, efficiencies and resource allocations both national and local and actual expenditure in previous years;
- The arrangements for over/under spends, virements, redeterminations and carry-forwards;
- Budget monitoring and management accounts reports;
- The arrangements for determining liability for IJB administration costs;
- The Internal Audit arrangements; and
- The use and treatment of assets.

Financial Management of the IJB

Both the Council and the Health Board will maintain financial ledgers for the services that the IJB has directed them to undertake. Their respective accounting systems will record all financial transactions that have been undertaken by their organisation in line with their respective Financial Regulations and Standing Orders. The Chief Executive of the Health Board, through its Director of Finance, and the Section 95 Officer of the Council will have ultimate responsibility for the financial management of these transactions.

A process for agreeing year end balances and in year transactions with regard to the delegated functions to allow the accounts for the Parties and the IJB to be completed on time will be developed by the LPFT and will be proposed to the IJB. This will be set out in the Supplementary Documentation to the Integration Scheme.

All financial transactions relating directly to the IJB itself, such as audit fees, will be recorded and maintained in the financial ledgers of the Council in a separate account set up for the IJB. The Chief Financial Officer of the IJB will have responsibility for the financial management of these transactions.

The preparation of the IJB's annual accounts will be undertaken each year by the Council in accordance with CIPFA's Code of Practice on Local Authority Accounting

in the United Kingdom. The Chief Financial Officer of the IJB is responsible for ensuring that the accounts are prepared in line with statutory timetables, that they meet the requirements of section 39 of the Act and that they comply with proper accounting practice.

The financial elements of the Strategic Plan and the reporting of financial matters relating to the IJB's activities will be the responsibility of the Chief Financial Officer, along with the Chief Officer. The Chief Executive of the Health Board and the Section 95 Officer of the Council will hold the Chief Financial Officer of the IJB to account for the use of the financial resources that have been allocated to the IJB for the delegated functions.

Payments to the IJB

The total budget for the delegated functions will be allocated to the IJB prior to the start of the financial year.
Budgets for acute services will be advised as a set aside sum. In the first year this will be based on historical budgets / activity and cost data. In future years this will be determined through the agreed Budget Setting process set out below.

The budgets for the integrated services will be pooled by the IJB under the direction of the Chief Officer supported by the Chief Financial Officer of the IJB.
The pooled budget envelope for each theme in the Strategic Plan will be prioritised and detailed budget allocations will be made for the services to be delivered by the Parties under the direction of the IJB in line with the agreed priorities set out in the Strategic Plan and any associated strategic planning documents e.g. Shetland Mental Health Strategy.

Any incidental costs associated with the administration of the IJB will be met equally by the Council and the Health Board.

Financial Reporting to the IJB

Management accounts will be presented to the IJB at least quarterly subject to the agreement of the IJB to ensure that adequate financial monitoring can be performed. The Chief Financial Officer will be responsible for preparing and presenting the management accounts to the IJB. The content and format will be agreed between the IJB and the Parties. The reports will include in year activity reporting on the "set aside" budgets, locality budgets and the locality use of the "set aside" budgets.

Budget Setting

The Budget setting process will be undertaken in line with the Integrated Resource Advisory Group (IRAG) Finance Guidance.
Subject to any subsequent change in the funding allocation from the Scottish Government or other material change that would affect the budget, the Parties will

set the budget that will be allocated to the IJB for the delegated functions by the end of the calendar year prior to each new financial year due to start the following April.
The budget setting process will include the determination of the "set aside" sum for acute services included in the Integration Scheme.
The budget setting process will include a due diligence process in line with the guidance issued by the Scottish Government in this regard. The process will be facilitated by the LPFT.
The final budget including the "set aside" budget will be confirmed before the start of the relevant financial year.

The Parties will each set the budget for the functions that are delegated by them respectively to the IJB taking account of inflation, efficiency/savings targets, local and national funding allocations, the Party's financial plans and strategies, demographic changes, the Strategic Plan, locality plans, actual expenditure in previous years and cost data..
The set aside budget for acute services will be set similarly taking into account activity and cost data for acute services and historical budget allocations.
The budget for the financial year 2015/16, was set in December 2014. The final budget will be confirmed by 1 April 2015 having taken account of the final settlement from Scottish Government and any specific funding allocations e.g. for delayed discharges.
The LPFT will maintain an oversight of the budget allocations including the "set aside" budget allocations. Any further specific funding allocations with regard to the delegated functions that are made in year will be allocated to the IJB when they become available.

The annual planning cycles of the Health Board and the Council have been aligned for the purposes of the Act and are set out in the Supplementary Documentation.
This process includes the preparation of medium and long term service projections and medium and long term financial plans.
Annual budgets are prepared by the Health Board and the Council as an integral part of this process.

The Council and the Health Board will each establish its own Budget Strategy for the short (one year), medium (three years) and longer term to reflect their service planning objectives and priorities; financial circumstances, inflation, spending forecasts and the allocation of resources from national and local sources.

The IJB will be advised of the Parties' Budget Strategies, the financial targets including savings plans and of the total budget allocation for the functions that are delegated by the Health Board and the Council to the IJB including the "set aside" budget allocations.

Detailed budget proposals will be prepared by the Parties' Budget Responsible Officers (BROs) in the relevant service areas in order to support the continuation of service delivery and the implementation of change management projects and / or service improvements as set out in the Strategic Plan and directed by the IJB.

The detailed budget proposals will be presented to the Strategic Planning Group and the IJB with recommendations with regard to the budget proposals in the context of the Strategic Plan and locality plans. Information will include details of the "set aside" budgets.

The IJB will be invited to make recommendations regarding the budget allocations for the delegated functions to the Council and the Health Board.

The Health Board and the Council will each set their budgets for the next financial year in line with the deadlines set out in the Integration Scheme having considered any recommendations made by the IJB.

The outcome of the formal budget setting process of the Council and the Health Board will be reported back to the IJB. The IJB will be asked to advise the Council and the Health Board of any changes that may be required to service plans and the Strategic Plan in light of the budget allocations approved by the Parties including the "set aside" budget allocations and any potential impact on the Outcomes.

Budgets and Localities

The budget allocations for each locality will be linked to locality plans as directed by the IJB and set out in the Strategic Plan. Locality budget information will include locality use of the "set aside" budgets.

Where appropriate budgets for a range of community health and care services will be devolved to multi-disciplinary teams linked to the localities as directed by the IJB.

Budget Monitoring

The IJB budgets will be monitored through monthly reports for BROs and their managers and reports to the IJB at least quarterly or as agreed by the IJB.

Budget monitoring reports will include relevant background information and explanations of any material budgetary variances, over or under spends, end of year projections and details of any corrective action taken or recommended by the Parties.

Budget monitoring reports will include details of the "set aside" budgets including in-year activity reporting.

Changes to IJB Budgets

The Chief Officer will deliver the Outcomes within the financial resources allocated for the delegated functions.

Changes to the budgets allocated for the delegated functions may be required due to, for example, a change in the funding allocation from the Scottish Government or a specific / ring-fenced funding allocation, variation or other material change to the budgets set by the Parties. Any proposal to change the budget allocated by the Parties for a delegated function must be reported to the IJB and the Parties as appropriate for their agreement. This applies equally to the "set aside" budget allocations.

The Chief Officer will be able to make any changes required within the allocated budgets for the integrated services managed by him/her in accordance with the appropriate Financial Regulations and Standing Orders in order to deliver the Outcomes as directed by the IJB. The Chief Financial Officer and the LPFT will provide support for the Chief Officer in this process.

Changes to the "set aside" budgets will be made where there is an agreed planned change with detailed information regarding where additional funding is to be deployed and how funding will be released to fund the change. This will be determined through the strategic planning process involving all stakeholders including the hospital sector as set out in the Regulations and IRAG Finance Guidance.

Over/ Under Spends

Any over/under spend affecting the budgets allocated for the delegated functions will be addressed initially by the BRO whose budget is directly affected in accordance with the relevant Party's Financial Regulations, Standing Orders and Scheme of Delegation having discussed the matter with the Chief Officer and the Chief Financial Officer of the IJB with regard to the budget allocations for the delegated functions.

The Chief Officer and Chief Financial Officer will be responsible for reporting on over and under spends to the IJB as required and determined by the IJB.

Over Spends

Where there is a forecast over spend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board will work with the LPFT and the appropriate finance officers of the Parties to agree a recovery plan to balance the overspending budget. The recovery plan shall be subject to the approval of the IJB.

If the recovery plan is not successful the Chief Officer and the Chief Financial Officer will work with the LPFT to develop options to address the overspend which may include the option of making interim funds available with repayment in future years on the basis of a revised recovery plan agreed by the Parties and the IJB.

Under Spends

Where there is a planned, forecast, under spend on an element of the operational budget due to agreed changes in line with the Strategic Plan, this will be retained by the IJB to either fund other service areas in-year in line with the Strategic Plan or be carried forward to fund services in subsequent years of the Strategic Plan.

Any windfall under spend will be returned to the Council and/or the Health Board in line with the original budget allocation.

Carry-Forwards

The Chief Officer and Chief Financial Officer will work with the LPFT on any proposals for carry-forwards with regard to year end balances for budgets allocated to the IJB. Proposed carry-forwards will be processed in line with the relevant Party's Financial Regulations, Standing Orders and policies and procedures on carry-forwards.

Virements

Virements will be processed by the Parties as required in accordance with their respective Financial Regulations and Standing Orders. The LPFT will provide support for the Chief Officer, the Chief Financial Officer and BROs in this process.

Capital Expenditure

Details of the capital programmes of the Council and the Health Board will be shared with the IJB. Budget monitoring reports for capital expenditure will be prepared by the Parties with regard to capital projects pertaining to the delegated functions as required by the IJB.
Capital projects will be considered as an integral part of the strategic planning process agreed with the IJB.

Procurement

The procurement arrangements and processes for purchasing services to discharge the delegated functions together with details of all services outsourced with regard to the delegated functions are set out in the Joint Procurement Strategy which is included in the Supplementary Documentation to the Integration Scheme.

Formal procurement arrangements, contracts and SLAs will be entered into by either the Council or the Health Board using the appropriate Standing Orders and Financial Regulations.

Assets

Capital and assets will continue to sit with the Parties who will maintain inventories of all assets used to support and provide services that are under the direction of the IJB. The Parties will provide information to the IJB regarding the use of assets as required.

A protocol for the use of shared premises is included in the Supplementary Documentation to the Integration Scheme.

The IJB will be required to develop a Business Case for any planned investment or change in use of assets for consideration and agreement by the Parties.

Internal Audit

Internal Audit functions for the work of the IJB will be provided through the Council's Internal Audit Service.

9. Participation and Engagement

Aim

The Parties agreed aim in this context is:-

"To listen and respond to community needs and aspirations; to share knowledge and information appropriately with all stakeholders in a timely manner."

Communication Plan: Health and Social Care Integration

There is a communication plan in place which was designed initially to run alongside the programme of work developed locally to implement the provisions of the Act. The Parties will support the Chief Officer to maintain and continue to develop the plan to support the on-going work of the IJB.

The Health and Social Care Integration Transition Programme Communication Action Plan 2014/15 records detailed information on the participation and engagement activities carried out to inform the decision on the model of integration for Shetland and the development of the Integration Scheme and Strategic Plan.

During the development of the Integration Scheme, the Council and the Health Board agreed to consult jointly, through the joint Health and Social Care Integration Transition Programme, with key stakeholders.
The persons, groups of persons and representatives of groups of persons consulted are listed below:-

- Staff working in health and social care
- Staff working in housing
- Staff working in strategic planning and corporate support
- Staff representatives through the Joint Staff Forum, the Council's Employees JCC, NHS Area Partnership Forum and NHS Staff Governance Committee
- Professional representatives through the Area Clinical Forum and social work management teams
- Elected Members of the Council and Members of Shetland NHS Board
- Carers representatives through the Carers' Link Group
- Patient and service user representatives through the PFPI Steering Group and the Public Partnership Forum
- The public via a dedicated website and invitation to PPF meetings
- Third Sector and Independent Sector providers
- Third Sector Interface, Voluntary Action Shetland
- Community Councils

Consultation activities included presenting briefings and reports for discussion at meetings of the Joint Staff Forum, the Council's Employees Joint Consultative Committee, the Area Partnership Forum for the Health Board, the Public Partnership

Forum. There were a number of workshops and seminars with elected members of the Council, members of the Health Board, staff and representatives of Third Sector and carers groups.
All consultees were invited to contribute their views.
The Health Board issued regular items in their staff newsletter, which made provision for feedback and newsletters were posted on a shared website inviting feedback.
Following the initial consultation and dialogue with stakeholders, the revised draft Integration Scheme was made available to consultees to allow further review and feedback. All consultation responses received were fully considered by the Parties and taken into account prior to finalising the Integration Scheme.

The Parties agree to provide support to the IJB to facilitate ongoing engagement with key stakeholders, including patients and service users, carers and Third Sector representatives.

The Parties will support the IJB to undertake all consultation and engagement activities as required by the Act.

Website

The Council and the Health Board have developed a joint website to facilitate participation of and engagement with all stakeholders including staff and the public in matters relating to health and social care integration. The Parties will support the IJB to use a range of resources and media to promote ongoing dialogue with stakeholders and communities.

Participation and Engagement Strategy

The Parties will develop a draft Participation and Engagement Strategy for consideration by the IJB once it is established and will support the IJB with further development of this as required. The initial Participation and Engagement Strategy will be presented for approval by the IJB by March 2016. Thereafter, the IJB will review and develop the Participation and Engagement Strategy.

The Communication Plan and Participation and Engagement Strategy will form part of the Supplementary Documentation to the Integration Scheme.

10. Information-Sharing and Data Handling.

The Chief Officer of the IJB will be invited to join Shetland's Data Sharing Partnership (DSP). The IJB will be invited to comment on and approve the Data Sharing Agreement and Protocols as a member organisation of the DSP.

Data Sharing Partnership (DSP)

The work of the DSP will take account of the Scottish Accord on the Sharing of Personal Information (SASPI).
The DSP Membership, Terms of Reference and Action Plan are included in the Supplementary Documentation to the Integration Scheme together with Shetland's Data Sharing Protocol.
The Parties have updated the local Data Sharing Agreement and Protocols to cover and apply to the delegated functions ready for presentation to the IJB for comment and approval once it is established. This includes a comprehensive Privacy Impact Assessment.

Data Sharing Protocol

The Data Sharing Protocol will be reviewed annually by the Data Sharing Partnership.

11. Complaints

A complaint is an “expression of dissatisfaction” requiring a response.
This complements effective mechanisms for receiving comments, feedback and suggestions.

The Parties will work with the Chief Officer to ensure the arrangements for complaints and feedback about integrated health and social care services are clear and integrated from the perspective of the service user. The detail of the agreed joint arrangements between the Parties and the IJB in this respect will be set out in the Supplementary Documentation to the Integration Scheme.

In the event that complaints are received by the IJB or the Chief Officer, the Parties will work together to achieve, where possible a joint response, identifying the lead Party in the process and confirming this to the individual raising the complaint.

The Parties agree, that as far as is possible, complaints will be dealt with by front line staff. The Chief Officer will co-ordinate a response to resolve any complaint where a joint response is appropriate i.e. where services are provided jointly through an integrated service or where services provided by both Parties with regard to functions delegated to the IJB are involved.

A service user may initiate a complaint via either Party using the complaints process of either the Health Board or the Council. How to make a complaint will be explained to each service user or their representative where appropriate as an integral part of all service delivery.

A decision regarding the complaint will be made as soon as possible and will be responded to in the timescales set out in the agreed joint arrangements for handling complaints.

Complaints with regard to social work services will be managed by the Chief Social Work Officer in line with the legislation on social work complaints which includes recourse to a Complaints Review Committee of the Council in cases where the service user is dissatisfied with the response.

If the service user remains dissatisfied the final stage for any complaint includes an option to refer the complaint to Scottish Public Services Ombudsman (SPSO) for their consideration.

12. Claims Handling, Liability & Indemnity

The Parties agree the following arrangements in respect of claims handling, liability and indemnity:

The IJB, while having legal personality in its own right, has neither replaced nor assumed the rights of or the responsibilities of either the Council or the Health Board as the employers of the staff who are managed within Shetland Islands Health and Social Care Partnership; or for the operation of buildings or services under the operational remit of those staff.

The Parties will continue to indemnify, insure and accept responsibility for the Partnership staff that they each employ; their particular capital assets that the Partnership delivers services from or with; and the respective services themselves that each Party has delegated to the IJB.

The Parties will each remain separately responsible for any contracts entered into by them.

Liabilities arising from decisions taken by the IJB will be shared equally between the Parties.

13. Risk Management

The risk management teams of the Health Board and the Council will work together to jointly support the Chief Officer to develop and operate the risk management strategy and procedures for the IJB. This will build on the previous joint risk management processes in place for joint services managed through the single joint management structure for community health and social care.

The Chief Officer will develop a risk framework for the IJB and maintain the risk information and Risk Register for all functions delegated by the Parties to the IJB and share risk information with the Parties.

The Parties through the Chief Officer will develop a shared Risk Management Strategy that will identify, assess and prioritise risks related to the delivery of services as set out in Annex 1 and Annex 2 and risks that could affect the delivery of the Strategic Plan.

The first shared Risk Management Strategy for the delegated functions will be prepared in readiness for the IJB being established. The IJB once established will review and develop the Risk Management Strategy for the delegated functions.

The Parties, through the Chief Officer in their role as head of integrated service delivery and as an integral part of delivering the services as directed by the IJB will:-

- Identify the risk sources, providing a basis for systematically examining changing situations over time and focussing on circumstances that affect the ability to meet the Parties objectives and statutory duties;
- Identify and agree parameters for evaluating, categorising and prioritising risk and thresholds to trigger management intervention;
- Demonstrate processes to identify and document risk in a Risk Register;
- Demonstrate the process for monitoring corporate and operational risks including clear lines of governance, accountability, responsibility, reporting lines and frequency of reporting;
- Develop a process for recording management and learning from adverse events;
- Develop and agree risk appetite and tolerance linked to corporate objectives; and
- Ensure sufficient resources are in place to meet these requirements.

The Chief Officer will lead the development and implementation of the Risk Management Strategy of the IJB with support from the risk management services of the Parties.
The IJB will receive regular updates on its Risk Register from the Chief Officer with additional supplementary information and exception reports as required by the IJB.
The Chief Officer will keep the IJB and the Parties apprised of all risks affecting the delivery of services including strategic risks.

The Parties through the Chief Officer will inform the IJB of any corporate risks of the Parties that are relevant to the IJB.

The Risk Management Strategy and associated action plans will be included in the Supplementary Documentation to the Integration Scheme.

14. Dispute resolution mechanism

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

(a) The Chief Executives of the Council and the Health Board will meet to resolve the issue;

(b) If unresolved, the Council and the Health Board will each prepare a written note of their position on the issue and exchange it with the other Party for its consideration within 10 working days of the date of the decision to proceed to this stage of written submissions;

(c) In the event that the issue remains unresolved following consideration of the written submissions by the Parties' Chief Executives, the Parties' Chief Executives, the Leader of the Council and the Chair of the Health Board will meet to appoint an independent mediator and the matter in dispute will proceed to mediation with a view to resolving the issue. Any costs of mediation will be shared in a proportion to be agreed between the Parties' Chief Executives.

Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached:

1. The Parties' Chief Executives will write a letter jointly to Scottish Ministers stating the issue(s) under dispute and requesting that the Scottish Ministers give directions with regard to the issue(s) in dispute;
2. All documentation and a timeline showing the process followed to attempt to resolve the dispute locally will be sent to Scottish Ministers with the letter.

NHS Shetland

Shetland Islands Council

Annex 1
Part 1

Functions that are to be delegated by the Health Board to the IJB

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

Column A	*Column B*
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	**Except** functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 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);
	section 38([3]) (care of mothers and young children);
	section 38A([4]) (breastfeeding);
	section 39([5]) (medical and dental inspection, supervision and treatment of pupils and young persons);

([1]) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).
([2]) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.
([3]) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.
([4]) Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.
([5]) Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

section 48 (provision of residential and practice accommodation);

section 55([6]) (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

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

section 75A([7]) (remission and repayment of charges and payment of travelling expenses);

section 75B([8])(reimbursement of the cost of services provided in another EEA state);

section 75BA ([9])(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82([10]) use and administration of certain endowments and other property held by Health Boards);

section 83([11]) (power of Health Boards and local health councils to hold property on trust);

section 84A([12]) (power to raise money, etc., by appeals, collections etc.);

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

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

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

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

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

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

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

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

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

section 98 ([13]) (charges in respect of non-residents); and

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

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ([14]);

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

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55([15]).

([13]) Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.
([14]) S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.
([15]) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

Disabled Persons
(Services, Consultation and Representation) Act 1986

Section 7
(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

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

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

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)([16]); section 38 (Duties on hospital managers: examination notification etc.)([17]); section 46 (Hospital managers' duties: notification)([18]); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients); section 264 (Detention in conditions of excessive security: state hospitals); section 267 (Orders under sections 264 to 266: recall);

([16]) There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.
([17]) Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.
([18]) Section 46 is amended by S.S.I. 2005/465.

	section 281([19]) (Correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005([20]); The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005([21]); The Mental Health (Use of Telephones) (Scotland) Regulations 2005([22]); and The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008([23]).
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act**)**	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36([24]).

([19]) Section 281 is amended by S.S.I. 2011/211.
([20]) S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([21]) S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([22]) S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([23]) S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([24]) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of "relevant NHS body" relevant to the exercise of a Health Board's functions.

Annex 1

PART 2

Services currently provided by NHS Shetland which are to be integrated

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([25]); and

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

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—

([25]) 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([26]).

12. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([27]).

13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([28]).

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([29]).

([26]) Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.
([27]) Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.
([28]) Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.
([29]) Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products:

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 included in Part 2A that aim to promote public health.

Part 2B

NHS Shetland has also chosen to delegate the functions listed in Part 1 of Annex 1 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:

23. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)

24. General Dental Services, Public Dental Services

25. General Ophthalmic Services

26. General Pharmaceutical Services

27. Out of Hours Primary Medical Services

28. Learning Disabilities

29. Allied Health Professional Services

30. Services provided by health professionals included in part 2B that aim to promote public health.

Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Annex 2
Part 1

Functions that are to be delegated by the Council to the IJB

olumn A	*Column B*
Enactment conferring function	*Limitation*
National Assistance Act 1948([30])	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958([31])	
Section 3 (Provision of sheltered employment by local authorities)	

([30]) 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

([31]) 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

olumn A *Enactment conferring function*	*Column B* *Limitation*
The Social Work (Scotland) Act 1968([32])	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.

([32]) 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

olumn A *Enactment conferring function*	*Column B* *Limitation*
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 27 (Supervision of persons put on probation or released from prison.)	
Section 27ZA (Advice, Guidance and Assistance to persons arrested or on whom sentence is deferred)	
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.)	

olumn A *Enactment conferring function*	*Column B* *Limitation*
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.

The Local Government and Planning (Scotland) Act 1982([33])

Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	

Disabled Persons (Services, Consultation and Representation) Act 1986([34])

Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.

Criminal Procedure (Scotland) Act 1995[35]

Sections 51(1)(aa), 51(1)(b) and 51(5) (Remand and committal of children and young persons in to care of local authority).	

([33]) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.
([34]) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.
35

Pt XI s. 245A(9)	repealed by Courts Reform (Scotland) Act 2014 asp 18 (Scottish Act) Sch. 5(10) para. 39(4)

olumn A *Enactment conferring function*	*Column B* *Limitation*
Section 203 (Where a person specified in section 27(1)(b)(i) to (vi) of the Social Work (Scotland) Act 1968 commits an offence the court shall not dispose of the case without first obtaining a Report from the local authority in whose area the person resides.)	
Section 234B (Drug treatment and testing order.)	
Section 245A (Restriction of liberty orders.)	
The Adults with Incapacity (Scotland) Act 2000([36]) 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

([36]) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

olumn A *Enactment conferring function*	*Column B* *Limitation*
The Housing (Scotland) Act 2001([37])	
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([38])	
Section 4 (The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 in relation to the provision, or securing the provision, of relevant accommodation.)	
Section 5 (The making of arrangements for the provision of residential accommodation outside Scotland.)	
Section 6 (Entering into deferred payment agreements for the costs of residential accommodation.)	
Section 13 Payments made by NHS bodies towards local authority expenditure	
Section 14 (The making of payments to an NHS body in connection with the performance of the functions of that body.)	

([37]) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

([38])Section 4

Words substituted by Mental Health (Care and Treatment) (Scotland) Act 2003 asp 13 (Scottish Act) Sch.4 para.12(2) (October 5, 2005)

Words repealed by Adult Support and Protection (Scotland) Act 2007 asp 10 (Scottish Act) Pt 3 s.62(3) (October 5, 2007)

Section 6: Words substituted by Mental Health (Care and Treatment) (Scotland) Act 2003 asp 13 (Scottish Act) Sch.4 para.12(3) (October 5, 2005)

olumn A *Enactment conferring function*	*Column B* *Limitation*
The Mental Health (Care and Treatment) (Scotland) Act 2003([39])	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
Management of Offenders etc. (Scotland)[40] **Act 2005**	

([39]) 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

[40] Section 10:

Substituted by Criminal Justice and Licensing (Scotland) Act 2010 asp 13 (Scottish Act) Sch.2(2) para.51(2) (December 13, 2010: substitution has effect subject to savings provision specified in SSI 2010/413 art.3(1))

Words substituted by Criminal Justice and Licensing (Scotland) Act 2010 asp 13 (Scottish Act) Sch.7 para.76(a)(i) (June 25, 2012 in relation to criminal proceedings commenced on or after that date irrespective of the date the offence was committed as specified in SSI 2012/160 art.3)

Words substituted by Criminal Justice and Licensing (Scotland) Act 2010 asp 13 (Scottish Act) Sch.7 para.76(a)(ii) (June 25, 2012 in relation to criminal proceedings commenced on or after that date irrespective of the date the offence was committed as specified in SSI 2012/160 art.3)

Substituted by Police and Fire Reform (Scotland) Act 2012 asp 8 (Scottish Act) Sch.7(1) para.28 (April 1, 2013)

Words substituted by Criminal Justice and Licensing (Scotland) Act 2010 asp 13 (Scottish Act) Sch.7 para.76(b) (June 25, 2012 in relation to criminal proceedings commenced on or after that date irrespective of the date the offence was committed as specified in SSI 2012/160 art.3)

olumn A *Enactment conferring function*	*Column B* *Limitation*
Sections 10-11 (Assessing and managing risks posed by certain offenders.)	
The Housing (Scotland) Act 2006([41]) Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation s1(2) of the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc) (Scotland) Regulations 2014.
The Adult Support and Protection (Scotland) Act 2007([42]) Section 4 (Council's duty to make inquiries.) Section 5 (Co-operation.) Section 6 (Duty to consider importance of providing advocacy and other.) Section 7-9 (investigations) Section 11 (Assessment Orders.) Section 14 (Removal orders.)	

([41]) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.
([42]) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8),
Section 7: Modified by Community Care and Health (Scotland) Act 2002 (Incidental Provision) (Adult Support and Protection) Order 2012/66 (Scottish SI), art. 2
Section 8: Modified by Community Care and Health (Scotland) Act 2002 (Incidental Provision) (Adult Support and Protection) Order 2012/66 (Scottish SI), art. 2
Section 9: Modified by Community Care and Health (Scotland) Act 2002 (Incidental Provision) (Adult Support and Protection) Order 2012/66 (Scottish SI), art. 2
Schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7.
Section 16: Modified by Community Care and Health (Scotland) Act 2002 (Incidental Provision) (Adult Support and Protection) Order 2012/66 (Scottish SI), art. 2
Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

olumn A *Enactment conferring function*	*Column B* *Limitation*
Section 16 (Removal Orders)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013([43])	
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 .

([43]) 2013 asp 1.

olumn A *Enactment conferring function*	*Column B* *Limitation*
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

PART 1

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

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002	
Section 4([44]) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([45])	

([44]) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).
([45]) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

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
Housing support that is delivered as an integral part of the jointly managed services
Day services
Local area co-ordination
Respite provision
Occupational therapy services
Equipment, aids and adaptations
Re-ablement services, equipment and Telecare
Criminal Justice Social Work Services