Shetland Islands Health and Social Care Partnership
Integration Scheme
1 April 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.

For Shetland, the Integration Scheme and Supplementary Documentation to the Integration Scheme, together with Shetland’s Joint Strategic (Commissioning) Plan for Health and Social Care Services supersedes Shetland’s Joint Commissioning Strategy and Integration Plan 2014/2015.

**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 Board) will integrate services.

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. The Integration Scheme must be submitted jointly by the Council and the 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.
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 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 Board. Because the same individuals will sit on the IJB and also on either the Council or the 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 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 Board, acting jointly, the ability to require that the IJB replaces their Strategic Plan in certain circumstances. In these ways, the Council and the Board together have significant influence over the IJB, and they are jointly accountable for its actions.

A schematic diagram of the levels of accountability is included in the Integration Scheme at Section 4 Local Operational Delivery Arrangements.

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, Schemes of Delegation of the IJB and Supplementary Documentation to the Integration Scheme, for example the
Organisational Development Action Plan are maintained separately from the Integration Scheme.
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 Wellbeing 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.
Vision, Mission and Aims of Shetland’s Health and Social Care Partnership:

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 who 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.”

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, which 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 – there will be an individual within Shetland who is publicly recognised as being the manager of each service area.
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” - these 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 Joint Board” (IJB) means the Integration Joint Board to be established by Order under section 9 of the Act;

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

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

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

“The Integration Scheme” means this Integration Scheme, which is the Integration Scheme for Shetland Islands Health and Social Care Partnership;

“Supplementary Documents to the Integration Scheme” means the detailed records and action plans 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 Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

“The Partnership Agreement” means the Integration Scheme, the Supplementary Documents to the Integration Scheme and The Strategic Plan.

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 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, 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 Party 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 Board

- **Co-opted Non-voting Members**
  - The Joint Accountable Officer as chief officer for the Body Corporate
  - 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.

- **Chair and Vice-chair**
  - An Elected Member of the Council will be nominated 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 nominated for the role of Chair / Vice-chair by the Health Board and be one of the three NonExecutive Health Board Members on the IJB.
  - The first Chair of the IJB will be from the ??????????? and the Vice-chair will be from the ???????????.
Terms of Office

- All appointments including the appointment of the Chair and Vice-chair will be reviewed every 3 years or as required when a position becomes vacant for any reason.
- The Chair and Vice-chair roles will rotate every 3 years.

The Elected Members of the Council on the IJB will be nominated by the Council following each local government election as part of the process of appointing the office bearers of the Council and at any subsequent review of the office bearer appointments.

The Non-Executive Board Members on the IJB will be nominated by the Health Board following the end of the four year appointment of each Non-Executive Member on the Health Board and at any subsequent review.

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 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.

4. Local Operational Delivery Arrangements

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1 In exercising its functions, the Integration Joint Board must take into account the Parties’ requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Agreement, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.
The local operational arrangements agreed by the Parties are as follows:

- The IJB will direct service delivery from the Parties in accordance with the Strategic Plan in line with the reporting structure in the Governance Model and the role of the Chief Officer set out in the Supplementary Documentation to the Integration Scheme.
- The management of services across the partnership localities is summarised in the management scheme under the authority of the Chief Officer as set out in Section 6 Chief Officer and in Supplementary Documentation to the Integration Scheme.
- The detailed operational delivery arrangements will be set out in a series of service plans, which are available separately and are updated annually.
- The IJB will receive performance monitoring reports 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 as 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

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2 The Integration Joint Board is responsible for the planning of integrated services and achieves this through the Strategic Plan. It directs the Parties to deliver services in accordance with the Strategic Plan. Scottish Ministers expect the Parties will make the Integration Joint Board (or its membership) operationally responsible for delivery in addition to the planning responsibilities placed upon the Integration Joint Board by the Act to ensure planning and delivery are fully integrated.
7. An Organisational Development summary report including information on key activities in the Organisational Development Action Plan and Workforce Development Plan

- The IJB will work with the Shetland’s Community Planning Partnership to ensure the Strategic Plan is consistent with and contributes to the Shetland Plan and the Single Outcome Agreement.
- The IJB will produce reports for the Shetland Partnership Performance Delivery Group as required.
- 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 report performance against the statutory responsibilities of the Parties to the Parties and will publish all performance reports subject to the requirements of good information governance i.e. complying with relevant legislation including Data Protection and Freedom of Information.

Support for Strategic Planning

The Parties will provide support for strategic planning through the Health Board’s Director of Planning who is the Director of Public Health.

Corporate Services Support

The Parties will provide corporate services support co-ordinated by the Council’s Director of Corporate Services through a joint support services planning group. This will include, but not be limited to, finance, HR, ICT, capital programmes, admin support, committee services, audit, performance management, risk and insurance.

A Support Services Action Plan will be maintained as part of the Supplementary Documentation to the Integration Scheme. The plan will be developed and maintained during 2015/16 by the Transition Programme Board chaired by the Council’s Director of Corporate Services.
5. Clinical and Care Governance

The detailed clinical and care governance arrangements are set out in the Supplementary Documentation to the Integration Scheme.

The Chief Officer is the lead officer for and adviser to the Integration Joint Board.

The Chief Officer manages the integrated services set out in Annexes 1 and 2 of the Integration Scheme and has overall responsibility through the Parties’ Chief Executives for the professional standards of the staff employed in the Shetland Health and Social Care Partnership.

The CSWO has the ability to report directly to the Council and the Medical Director, Nurse Director and Director of Public Health have the ability to report directly to the Health Board. The Chief Officer will take any such advice into account.

The Parties will establish a joint Clinical Governance Committee (CGC). The CGC will provide advice to the IJB.

The Clinical Governance Committee will oversee healthcare governance arrangements and ensure that matters that have implications wider than the authority of the IJB in relation to health care will be shared across the health care system and provide professional guidance to the IJB as required.
6. **Chief Officer**

The Integration Joint Board 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:\(^3\)

- 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 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 Integration Scheme Supplementary Documentation. The management structure and levels of authority including the management of localities is also summarised in the management scheme documentation.
- The Chief Officer will be responsible through discussion and agreement with the Chief Executives of the Council and with the IJB for the process 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.

\(^3\) The appointment of the Chief Officer, and the process for appointing the Chief Officer, is the responsibility of the Integration Joint Board. The Chief Officer and the Chair are separate roles.
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 is maintained by the staff supporting the HR Strategic Management of integrated service delivery under the direction of the Chief Officer. This will include services delivered through localities.

Organisational Development Action Plan

An agreed Organisational Development Action Plan setting out the work on organisational development and human resources issues is maintained by the staff supporting the HR Strategic Management of integrated service delivery under the direction of the Chief Officer including services delivered through localities.

Training Plan

An agreed Training Plan is maintained as part of the Strategic (Commissioning) Plan. Training support functions to the Chief Officer will be provided by the Parties.
8. Finance

Financial Management of the IJB

Both the Council and the Health Board will maintain financial ledgers for the services that the IJB has commissioned them to undertake. These accounting systems will record all financial transactions that have been undertaken by each 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 local authority will have ultimate responsibility for the financial management of these transactions.

All financial transactions relating directly to the IJB itself, such as audit fees, will be recorded and maintained on financial ledgers by the Council. 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, meet the requirements of section 39 of the Act and 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 resources that have been devolved to it.

Payments to the IJB

The Council and the Health Board will make payments on behalf of the IJB in respect of the services that the IJB has commissioned each respective organisation to undertake. This is to negate the requirement for a separate bank account for the IJB. 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

Quarterly revenue and capital management accounts will be presented to 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.
Financial Governance Framework

Detailed financial arrangements have been set out in the Shetland Islands health and Social Care Partnership Financial Governance Framework which will cover-

- Budget setting processes including activity changes, cost inflation, savings, efficiencies and resource allocations;
- Arrangements for over/under spends, virements, redeterminations and carry-forwards;
- The content of the Management Accounts reports;
- Arrangements for determining liability for IJB administration costs;
- Internal Audit arrangements;
- Use of assets.

The Financial Governance Framework will be included in the Supplementary Information to the Integration Scheme.

Budget Setting

The Parties will set the budget that will be delegated to the IJB by the end of the calendar year prior to each new financial year due to start the following April. The first budget for Shetland’s Health and Social Care Partnership, which will be delegated to the IJB for the financial year 2015/16, will be set in December 2014.

Local Partnership Finance Team (LPFT)

The Parties will ensure that there is joint finance team where the Chief Financial Officer of the IJB meets with the Council’s Section 95 Officer, the Director of Finance for the Health Board and other officers of the Council and the Health Board as required.

The LPFT will devise, develop and maintain the systems and financial governance arrangements regarding the delegated budgets and the commissioning framework for services delivered on behalf of the IJB by the Parties.

The Terms of Reference and Membership of the LPFT is included in the Supplementary Documentation to the Integration Scheme.
Specific tasks of LPFT include:

i. preparation of the Integrated Financial Resource Framework including protocols for:
   o strategic financial planning,
   o financial risk assessment and management,
   o operational budget setting, control and management,
   o agreement on treatment of over/underspends,
   o virement, and
   o dispute resolution;

ii. sharing information regarding specific funding from the Scottish Government for new service developments;

iii. maintaining a detailed action plan.
4 Extensive Finance Guidance is available on the Scottish Government website

5 The amounts described in (a) and (b) here are not subject to Ministerial approval but are subject to the approval of the Integration Joint Board.

6 The payment in the first year should be based on the baseline established from review of recent past performance and existing plans for the Health Board and the Local Authority for the functions which are to be delegated, adjusted for material items in the shadow period.

In subsequent years, the Chief Officer and the Integration Joint Board financial officer should develop a case for the Integrated Budget based on the Strategic Plan and present it to the Local Authority and Health Board for consideration as part of the annual budget setting process. The case should be evidence based with full transparency on its assumptions on the following: Activity Changes; Cost inflation; Efficiencies; Performance against outcomes; Legal requirements; Transfers to/from the amounts made available by the Health Board for hospital services to which (b) applies; Adjustments to address equity of resource allocation.

7 This should be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board and will be based on:
   - Actual Occupied Bed Days and admissions in prior periods;
   - Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan;
   - Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).

The capacity should be given a £ value using a locally agreed costing methodology.

If the Strategic Plan sets out a change in hospital capacity, the resource consequences will be determined through a bottom up process based on:
   - The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need;
   - Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

8 The Chief Officer will deliver the Outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate accountable finance officer of the constituent authority must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. The Parties must agree and include in the Integration scheme how they will manage an overspend in the remote circumstance that the recovery plan is unsuccessful; or cannot be agreed by the Parties; or is not approved by the Integration Joint Board.

9 Where there is a forecast planned underspend in an element of the operational budget, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan; except when material errors in the assumptions made in method to determine. In these circumstances the payment for this element should be recalculated using the revised assumptions.
9. Participation and Engagement

Extracts from the Health & Social Care Integration Transitions Programme Communication Action Plan 2014/15 included in this section provides 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.

The Council and the Health Board have developed a joint website to assist in this process.

The Draft Integration Scheme will be circulated to all stakeholders including staff for comments before being presented to the Council and the Health Board for approval for submission to Scottish Ministers.

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 taking place locally to implement the provisions of the Act.

The Parties will support the Chief Officer to develop the plan to support the ongoing work of the IJB.

Participation and Engagement Strategy

The Parties will support the Chief Officer designate to develop a Participation and Engagement Strategy for the IJB by 1 April 2015. The Participation and Engagement Strategy will be presented to the IJB for its consideration.

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

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.”

10. Information-Sharing and Data Handling

10 Information sharing processes need to be clearly understood and communicated. Operationally focussed agreements that support the safe and secure handling of information across organisations are crucial. The agreement must articulate the
Data Sharing Partnership (DSP)

The Membership, Terms of Reference and the DSP Action Plan is included in the Supplementary Documentation to the Integration Scheme together with Shetland’s Data Sharing Protocol. The IJB will be invited to join the DSP.

Data Sharing Protocol

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

circumstances in which information will be shared and the processes for doing so. Ministers will support the use of common templates for accords and agreements.
11. Complaints

The Parties agreed arrangements in respect of complaints by service users and those complaining on behalf of service users are set out in the Supplementary Documentation to the Integration Scheme.

A complaint is ‘an expression of dissatisfaction requiring a response.’ Complaints about services commissioned by the IJB will be co-ordinated and resolved by the Party providing the service about which the complaint is made. 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 are involved. A service user may initiate a complaint via either Party.
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 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.

All complaints in respect of services commissioned by the IJB shall be dealt with by the appropriate Party/both Parties depending on which Party is responsible for that element of service provision in terms of the delegated function and employer’s liability.

Liabilities arising from decisions taken by the IJB will be shared equally between the Parties.
13. **Risk Management**

The IJB will establish a risk management and reporting process. 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 and the IJB 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 Parties will prepare a shared Risk Management Strategy by 1 April 2015. The IJB will be invited to adopt the Risk Management Strategy.

The Parties through the Chief Officer in their role as head of integrated service delivery, as an integral part of delivering the services commissioned 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 development and implementation of the Risk Management Strategy of the IJB with support from the risk management functions of the Parties. The IJB will approve and review its Risk Register quarterly with additional supplementary and exception reports as determined by the Parties through the Chief Officer.

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.

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11 This should identify, assess and prioritise risks related to the planning and delivery of services under integration functions, particularly any which are likely to affect the Integration Joint Board’s delivery of the Strategic Plan. Identify and describe processes for mitigating those risks. The model includes an agreed reporting standard that will enable other significant risks identified by the partners to be compared across the organisations.
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 or with the IJB on any issue related to this Integration Scheme, then they will follow the process set out below:\(^\text{(12)}\)

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

(b) If unresolved, the Council, the Health Board and the IJB will each prepare a written note of their position on the issue and exchange it with the others for their 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 in discussion with the Chief Officer, 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:

\(^{12}\) This relates to disputes between the Health Board and Local Authority in respect of the Integration Joint Board and not to internal disputes within the Integration Joint Board itself. The Parties must agree and set out set out a dispute resolution mechanism outlining the process which they will follow where they are unable to reach agreement on matters relating to the implementation of the integration scheme and the delivery of integrated health and social care services.
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.
Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

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

SCHEDULE 1 Regulation 3

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

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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</thead>
<tbody>
<tr>
<td><strong>The National Health Service (Scotland) Act 1978</strong></td>
<td><strong>The National Health Service (Scotland) Act 1978</strong></td>
</tr>
</tbody>
</table>
| All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978 | Except functions conferred by or by virtue of—
section 2(7) (Health Boards);
section 2CA(13) (Functions of Health Boards outside Scotland);
section 9 (local consultative committees);
section 17A (NHS Contracts);
section 17C (personal medical or dental services);
section 17I(14) (use of accommodation);
section 17J (Health Boards’ power to enter into general medical services contracts);
section 28A (remuneration for Part II services);
section 38(15) (care of mothers and young children); |

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(13) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).
(14) 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.
(15) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.
section 38A\(^{(16)}\) (breastfeeding);

section 39\(^{(17)}\) (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55\(^{(18)}\) (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\(^{(19)}\) (remission and repayment of charges and payment of travelling expenses);

section 75B\(^{(20)}\) (reimbursement of the cost of services provided in another EEA state);

section 75BA \(^{(21)}\) (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\(^{(22)}\) use and administration of certain endowments and other property held by Health Boards;

\(^{(16)}\) 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.

\(^{(17)}\) 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.

\(^{(18)}\) 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.

\(^{(19)}\) 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.

\(^{(20)}\) Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

\(^{(21)}\) Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

\(^{(22)}\) 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.
section 83(23) (power of Health Boards and local health councils to hold property on trust);  
section 84A(24) (power to raise money, etc., by appeals, collections etc.);  
section 86 (accounts of Health Boards and the Agency);  
section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);  
section 98 (25) (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 (26);  
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;  

(23) There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.  
(24) 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.  
(25) 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.  
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(27).

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)(28);

section 38 (Duties on hospital managers: examination notification etc.)(29);

section 46 (Hospital managers’ duties: notification)(30);

section 124 (Transfer to other hospital);

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

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

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

(29) 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.

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

section 281(31) (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005(32);

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005(33);

The Mental Health (Use of Telephones) (Scotland) Regulations 2005(34); and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008(35).

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

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(31) Section 281 is amended by S.S.I. 2011/211.
(32) 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 andTreatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.
(33) 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.
(34) 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.
(35) 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.
section 32 (Public functions: duty to provide information on exercise of functions).

<table>
<thead>
<tr>
<th>Patient Rights (Scotland) Act 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</td>
</tr>
</tbody>
</table>

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(S.6) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.
Part 2

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

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

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

1. In this schedule—
   “Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;
   “general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;
   “general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;
   “hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;
   “inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;
   “out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(37); and
   “the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

PART 2

2. Accident and Emergency services provided in a hospital.

3. Inpatient hospital services relating to the following branches of medicine—
   (a) general medicine;
   (b) geriatric medicine;
   (c) rehabilitation medicine;
   (d) respiratory medicine; and

(37) S.S.I. 2004/115.
(e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by General Medical Practitioners.

6. Services provided in a hospital in relation to an addiction or dependence on any substance.

7. Mental health services provided in a hospital, except secure forensic mental health services.

PART 3

8. District nursing services.

9. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

10. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

11. The public dental service.

12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.

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

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

15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.

16. Services providing primary medical services to patients during the out-of-hours period.

17. Services provided outwith a hospital in relation to geriatric medicine.

18. Palliative care services provided outwith a hospital.

19. Community learning disability services.

20. Mental health services provided outwith a hospital.

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(38) 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.

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

(40) 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.46), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

(41) Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.
21. Continence services provided outwith a hospital.
22. Kidney dialysis services provided outwith a hospital.
23. Services provided by health professionals that aim to promote public health.
Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

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

SCHEDULE Regulation 2

PART 1

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

<table>
<thead>
<tr>
<th>Column A Enactment conferring function</th>
<th>Column B Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Assistance Act 1948(^{(12)})</td>
<td></td>
</tr>
<tr>
<td>Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</td>
<td></td>
</tr>
<tr>
<td>The Disabled Persons (Employment) Act 1958(^{(13)})</td>
<td></td>
</tr>
<tr>
<td>Section 3 (Provision of sheltered employment by local authorities)</td>
<td></td>
</tr>
</tbody>
</table>

\(^{(12)}\) 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.

\(^{(13)}\) 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.
<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Social Work (Scotland) Act 1968</strong>&lt;sup&gt;44&lt;/sup&gt;</td>
<td><strong>Limitation</strong></td>
</tr>
<tr>
<td>Section 1&lt;br&gt;(Local authorities for the administration of the Act.)</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>Section 4&lt;br&gt;(Provisions relating to performance of functions by local authorities.)</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>Section 8&lt;br&gt;(Research.)</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>Section 10&lt;br&gt;(Financial and other assistance to voluntary organisations etc. for social work.)</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>Section 12&lt;br&gt;(General social welfare services of local authorities.)</td>
<td>Except in so far as it is exercisable in relation to the provision of housing support services.</td>
</tr>
</tbody>
</table>

<sup>44</sup> 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.
<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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</thead>
<tbody>
<tr>
<td>Enactment conferring function</td>
<td>Limitation</td>
</tr>
<tr>
<td>Section 12A</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>(Duty of local authorities to assess needs.)</td>
<td></td>
</tr>
<tr>
<td>Section 12AZA</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>(Assessments under section 12A - assistance)</td>
<td></td>
</tr>
<tr>
<td>Section 12AA</td>
<td></td>
</tr>
<tr>
<td>(Assessment of ability to provide care.)</td>
<td></td>
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<tr>
<td>Section 12AB</td>
<td></td>
</tr>
<tr>
<td>(Duty of local authority to provide information to carer.)</td>
<td></td>
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<tr>
<td>Section 13</td>
<td></td>
</tr>
<tr>
<td>(Power of local authorities to assist persons in need in disposal of produce of their work.)</td>
<td></td>
</tr>
<tr>
<td>Section 13ZA</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>(Provision of services to incapable adults.)</td>
<td></td>
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<tr>
<td>Section 13A</td>
<td></td>
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<tr>
<td>(Residential accommodation with nursing.)</td>
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<tr>
<td>Section 13B</td>
<td></td>
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<tr>
<td>(Provision of care or aftercare.)</td>
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<tr>
<td>Section 14</td>
<td></td>
</tr>
<tr>
<td>(Home help and laundry facilities.)</td>
<td></td>
</tr>
<tr>
<td>Section 28</td>
<td>So far as it is exercisable in relation to persons cared for or assisted under another integration function.</td>
</tr>
<tr>
<td>(Burial or cremation of the dead.)</td>
<td></td>
</tr>
<tr>
<td>Section 29</td>
<td></td>
</tr>
<tr>
<td>(Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)</td>
<td></td>
</tr>
<tr>
<td>Section 59</td>
<td>So far as it is exercisable in relation to another integration function.</td>
</tr>
<tr>
<td>(Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)</td>
<td></td>
</tr>
</tbody>
</table>

**The Local Government and Planning (Scotland) Act 1982**

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The Local Government and Planning (Scotland) Act 1982 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Enactment conferring function</td>
<td>Limitation</td>
</tr>
<tr>
<td>Section 24(1)</td>
<td>(The provision of gardening assistance for the disabled and the elderly.)</td>
</tr>
<tr>
<td>Disabled Persons (Services, Consultation and Representation) Act 1986(^{46})</td>
<td></td>
</tr>
<tr>
<td>Section 2</td>
<td>(Rights of authorised representatives of disabled persons.)</td>
</tr>
<tr>
<td>Section 3</td>
<td>(Assessment by local authorities of needs of disabled persons.)</td>
</tr>
<tr>
<td>Section 7</td>
<td>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.</td>
</tr>
<tr>
<td>Section 8</td>
<td>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.</td>
</tr>
<tr>
<td>The Adults with Incapacity (Scotland) Act 2000(^{47})</td>
<td></td>
</tr>
<tr>
<td>Section 10</td>
<td>(Functions of local authorities.)</td>
</tr>
<tr>
<td>Section 12</td>
<td>(Investigations.)</td>
</tr>
<tr>
<td>Section 37</td>
<td>Only in relation to residents of establishments which are managed under integration functions.</td>
</tr>
<tr>
<td>Section 39</td>
<td>Only in relation to residents of establishments which are managed under integration functions.</td>
</tr>
<tr>
<td>Section 41</td>
<td>Only in relation to residents of establishments which are managed under integration functions.</td>
</tr>
</tbody>
</table>

\(^{46}\) 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.

\(^{47}\) 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.
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<tbody>
<tr>
<td>Enactment conferring function</td>
<td>Limitation</td>
</tr>
</tbody>
</table>

| Section 42 | Only in relation to residents of establishments which are managed under integration functions |
| (Authorisation of named manager to withdraw from resident’s account.) |

| Section 43 | Only in relation to residents of establishments which are managed under integration functions |
| (Statement of resident’s affairs.) |

| Section 44 | Only in relation to residents of establishments which are managed under integration functions |
| (Resident ceasing to be resident of authorised establishment.) |

| Section 45 | Only in relation to residents of establishments which are managed under integration functions |
| (Appeal, revocation etc.) |

**The Housing (Scotland) Act 2001**<sup>(48)</sup>

| Section 92 | Only in so far as it relates to an aid or adaptation. |
| (Assistance to a registered for housing purposes.) |

**The Community Care and Health (Scotland) Act 2002**<sup>(49)</sup>

| Section 5 | (Local authority arrangements for of residential accommodation outwith Scotland.) |
| Section 14 | (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.) |

**The Mental Health (Care and Treatment) (Scotland) Act 2003**<sup>(50)</sup>

| Section 17 | Except in so far as it is exercisable in relation to the provision of housing support services. |
| (Duties of Scottish Ministers, local authorities and others as respects Commission.) |

| Section 25 | Except in so far as it is exercisable in relation to the provision of housing support services. |
| (Care and support services etc.) |

| Section 26 | Except in so far as it is exercisable in relation to the provision of housing support services. |
| (Services designed to promote well-being and social development.) |

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<sup>(48)</sup> 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

<sup>(49)</sup> 2002 asp 5.

<sup>(50)</sup> 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.
<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
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<tbody>
<tr>
<td><strong>Enactment conferring function</strong></td>
<td><strong>Limitation</strong></td>
</tr>
</tbody>
</table>
| Section 27  
(Assistance with travel.) | Except in so far as it is exercisable in relation to the provision of housing support services. |
| Section 33  
(Duty to inquire.) | |
| Section 34  
(Inquiries under section 33: Co-operation.) | |
| Section 228  
(Request for assessment of needs: duty on local authorities and Health Boards.) | |
| Section 259  
(Advocacy.) | |

**The Housing (Scotland) Act 2006** *(51)*

Section 71(1)(b)  
(Assistance for housing purposes.)  
Only in so far as it relates to an aid or adaptation.

**The Adult Support and Protection (Scotland) Act 2007** *(52)*

Section 4  
(Council’s duty to make inquiries.)

Section 5  
(Co-operation.)

Section 6  
(Duty to consider importance of providing advocacy and other.)

Section 11  
(Assessment Orders.)

Section 14  
(Removal orders.)

Section 18  
(Protection of moved persons property.)

Section 22  
(Right to apply for a banning order.)

*(51)* 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

*(52)* 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.
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<tr>
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</tr>
<tr>
<td>Section 40</td>
<td>(Urgent cases.)</td>
</tr>
<tr>
<td>Section 42</td>
<td>(Adult Protection Committees.)</td>
</tr>
<tr>
<td>Section 43</td>
<td>(Membership.)</td>
</tr>
<tr>
<td><strong>Social Care (Self-directed Support) (Scotland) Act 2013</strong>(53)</td>
<td></td>
</tr>
<tr>
<td>Section 3</td>
<td>Only in relation to assessments carried out under integration functions.</td>
</tr>
<tr>
<td>(Support for adult carers.)</td>
<td></td>
</tr>
<tr>
<td>Section 5</td>
<td>(Choice of options: adults.)</td>
</tr>
<tr>
<td>Section 6</td>
<td>(Choice of options under section 5: assistances.)</td>
</tr>
<tr>
<td>Section 7</td>
<td>(Choice of options: adult carers.)</td>
</tr>
<tr>
<td>Section 9</td>
<td>(Provision of information about self-directed support.)</td>
</tr>
<tr>
<td>Section 11</td>
<td>(Local authority functions.)</td>
</tr>
<tr>
<td>Section 12</td>
<td>(Eligibility for direct payment: review.)</td>
</tr>
<tr>
<td>Section 13</td>
<td>Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.</td>
</tr>
<tr>
<td>(Further choice of options on material change of circumstances.)</td>
<td></td>
</tr>
<tr>
<td>Section 16</td>
<td>(Misuse of direct payment: recovery.)</td>
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<tr>
<td>Section 19</td>
<td>(Promotion of options for self-directed support.)</td>
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PART 2

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

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The Community Care and Health (Scotland) Act 2002

Section 4\(^{(54)}\)

The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002\(^{(55)}\)

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\(^{(54)}\) 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).

Part 2

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

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

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

Local Additions

- Criminal Justice Social Work Services
Annex 3

Hosted Services

Where a Health Board spans more than one Integration Joint Board, one of them might manage a service on behalf of the other(s). This Annex sets out those arrangements which the Parties wish to put in place. Such arrangements are subject to the approval of the Integration Joint Board but will not be subject to Ministerial approval.

This would include –
The hosting of services by one Integration Authority on behalf of others within the same Health Board areas
The hosting of services by one Health Board on behalf of one or more Integration Authority

Additional duties or responsibilities of the Chief Officer

This section does not apply to the Shetland Integration Authority.