



Health and Social Care Integration

Integration Scheme between

NHS Dumfries and Galloway

and

Dumfries and Galloway Council

1. Introduction

Background

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services and that they prepare jointly an Integration Scheme setting out how this joint working was to be achieved.

1.2 The Act provides a choice of ways in which they may do this. In Dumfries and Galloway, the Health Board and the Local Authority have chosen to delegate to a third body called the Dumfries and Galloway Integration Joint Board (IJB). This is known as a “body corporate” arrangement¹.

1.3 This Dumfries and Galloway Integration Scheme, approved by Scottish Government on the 3rd October 2015, sets out the detail as to how the Health Board and Local Authority integrate services and includes the matters prescribed in the Regulations underpinning the Act.

1.4 The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Integration Scheme.

Working in partnership

1.5 The establishment of the integrated IJB has ensured good levels of health and wellbeing for individuals, families and communities in our region. Bringing together separate adult health and social care services has allowed us to improve, existing good practices and strengthens our relationships with local people, our staff and our partners and providers across all sectors.

1.6 Engaging and consulting with individuals, families, carers and communities is crucial in all that we do: listening to, and taking into account, their views, experiences and ideas helps the IJB to ensure that the design and delivery of services meet identified local needs and aspirations now and in the future.

1.7 No single organisation can successfully plan and/or provide the varied and often complex integrated health and social care services adults can require: the Third and Independent sectors have a key role in working with the IJB to ensure the effective delivery of services.

Supplementary information

Once the review is approved by Scottish Ministers, the contents of this Integration Scheme shall be full and final and, in terms of the Act, it shall not be possible to make any modifications to the Integration Scheme without a further consultation on a revised Integration Scheme being carried out jointly by the Health Board and the Local Authority and subsequent further approval by Scottish Ministers. For this reason, the Integration Scheme sets out the core requirements for the IJB and will be supplemented by separate documents which will provide further detail in respect of

¹ 1(4)(a) delegation of functions by the local authority to a body corporate that is to be established by order under section 9 (an “integration joint board”) and delegation of functions by the Health Board to the Integration Joint Board, Public Bodies (Joint Working) (Scotland) Act 2014

the workings and arrangements for the IJB. As the IJB continues to develop, it may be necessary to make changes and improvements to certain operational arrangements, and this can be achieved through modification of the separate documents supplementing this Integration Scheme. Any changes to the supplementary documents may be made by the approval of the IJB as it sees fit from time to time and such changes will not require to be intimated to, or approved by, Scottish Ministers.

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.

2.1 National Health and Wellbeing Outcomes

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, namely:

2.1.1 People are able to look after and improve their own health and wellbeing and live in good health for longer

2.1.2 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

2.1.3 People who use health and social care services have positive experiences of those services, and have their dignity respected

2.1.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

2.1.5 Health and social care services contribute to reducing health inequalities

2.1.6 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

2.1.7 People using health and social care services are safe from harm

2.1.8 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

2.1.9 Resources are used effectively and efficiently in the provision of health and social care services

2.2 Our Vision

'Making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control'.

2.3 Our Principles

We are committed to our agreed local principles were agreed as the foundation on which we will build and progress our plans for integration. These include:

- 2.3.1 Integration must focus on improved health and wellbeing outcomes for local people; quality of care and the needs of the individual are central to how we plan and provide services
- 2.3.2 Self-determination and a commitment to a person-centred approach to care are central in our considerations and decisions
- 2.3.3 All adult health and social care services, including acute services, will be included from the outset; opportunities to extend integration across other service areas will be explored.
- 2.3.4 Services will be provided at community or locality level wherever possible and we will avoid unnecessary hospital admissions and duplication of professional input
- 2.3.5 Local GPs must be at the heart of our community and locality services
- 2.3.6 Clear and robust decision-making structures will fully reflect the unique and different roles of the NHS and the Local Authority, retaining the respective accountability for resources, outcomes and performance and quality of services through a continuing commissioning approach
- 2.3.7 The IJB will have oversight of the delivery of all commissioned services
- 2.3.8 Health and social care services in each locality will be accountable to their local community through the Area Committees and to the IJB
- 2.3.9 Clear and robust structures will provide for full delegation and empowered decision-making
- 2.3.10 Professional leadership and oversight and practice development should remain with senior professional officers in each organisation
- 2.3.11 Professionals will be freed up to focus on delivery and solutions, learning from experience through, for example, Joint Future
- 2.3.12 An integrated budget shall be in place to respond to all situations; the work being progressed in Dumfries and Galloway on a Joint Resourcing Framework will assist

Dumfries and Galloway Integration Scheme

The Parties:

Dumfries and Galloway Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at English Street, Dumfries DG1 2DD (“the Council”);

And

Dumfries and Galloway Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Dumfries and Galloway”) and having its principal offices at Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP (“NHS Dumfries and Galloway”); and

(together referred to as “the Parties”; individually referred to as “the Party”).

1. Definitions and Interpretation

In this Integration Scheme the following terms shall have the following meanings:

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

“The Parties” means Dumfries and Galloway Council and NHS Dumfries and Galloway;

“IJB” means the Integration Joint Board to be established by Order under section 9 of the Act;

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

“The Scheme” means this Integration Scheme;

“Integration Planning and Delivery Principles” means the principles through which all integration activity should be focussed to achieve the Outcomes in accordance with sections 4 and 31 of the Act;

“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; and

“Strategic Planning Group” means the group which the Integration Joint Board is to establish in accordance with section 32 of the Act.

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 section 1(4)(a) of the Act will be put in place for the delegation of functions by the Parties to a body corporate that was established by Order under section 9 of the Act. The original Scheme came into effect on the 3rd October 2015 which was the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

2.1 The IJB is a distinct legal entity and is autonomous.

2.2 The arrangements for appointing the voting membership of the IJB are that the Council and NHS Dumfries and Galloway will each appoint 5 representatives to be members of the IJB. The IJB members appointed by the Parties will hold office for a maximum period of 3 years. IJB members appointed by the Parties will cease to be members of the IJB in the event that they cease to be a non-executive Board member of NHS Dumfries and Galloway or, where applicable, cease to be an appropriate person for the purposes of article 3(5) of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, or an Elected Member of the Council.

2.3 The first Chair of the IJB was an IJB member nominated by the Council and they held office as Chair for a period of 2 years. NHS Dumfries and Galloway nominated the Vice-Chair and the Vice-Chair held office for a period of 2 years. At the end of the period of 2 years, responsibility for appointing the Chair and Vice-Chair transfers to the other Party and a new Chair and Vice-Chair are appointed for a period of 2 years. Thereafter, responsibility for appointing the Chair and Vice-Chair alternates between the Parties and the appointments will be made for a period of 2 years.

2.4 The IJB must include the following non-voting (advisory) members as specified in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014:

2.4.1 The Chief Officer of the IJB

2.4.2 The Chief Social Work Officer of the Council

2.4.3 The Chief Finance Officer of the IJB

2.4.4 A registered medical practitioner whose name is included in the list of primary medical services performers prepared by NHS Dumfries and Galloway

2.4.5 A registered nurse who is employed by NHS Dumfries and Galloway or by a person or body with which NHS Dumfries and Galloway has entered into a general medical services contract

2.4.6 A registered medical practitioner employed by NHS Dumfries and Galloway and not providing primary medical services

2.5 The IJB must also appoint at least one non-voting (advisory) member in respect of each of the following groups as specified in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014:

2.5.1 Staff of the Parties engaged in the provision of services provided under the Scheme

2.5.2 Third sector bodies carrying out activities related to health or social care in the Dumfries and Galloway area

2.5.3 Service users residing in the Dumfries and Galloway area

2.5.4 Persons providing unpaid care in the Dumfries and Galloway area

2.6 The IJB may, from time to time, appoint such additional non-voting (advisory) members as it considers necessary and expedient for the effective discharge of its functions as specified in the Public Bodies (Joint Working) (Integration Joint Boards)

(Scotland) Order 2014.

3. Delegation of Functions

3.1 The functions that are delegated by NHS Dumfries and Galloway to the IJB are set out in Part 1 of Annex 1. The services to which these functions relate, which were previously provided by NHS Dumfries and Galloway and which are now integrated, are set out in Part 2 of Annex 1. The functions in Part 1 are delegated only to the extent that they relate to services listed in Part 2 of Annex 1.

3.2 The functions that are delegated by the Council to the IJB are set out in Part 1 of Annex 2. The services to which these functions relate, which were previously provided by the Council and which are now integrated, are set out in Part 2 of Annex 2.

3.3 In addition to the services that must be integrated, NHS Dumfries and Galloway agreed to add the following:

3.3.1 The entirety of Acute Hospital Services; and

3.3.2 The following health services as they relate to provision for people under the age of 18:

(a) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)

(b) General Dental Services, the Public Dental Service

(c) General Ophthalmic Services

(d) General Pharmaceutical Services

(e) Out of Hours Primary Medical Services

(f) Acute Hospital Services

(g) Community Health Services including Health Visiting and School Nursing

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

4. Local Operational Delivery Arrangements

Strategic Planning

4.1 The IJB was required by section 29 of the Act to prepare a Strategic Plan which set out the arrangements for carrying out the integration functions and how those arrangements achieve or contribute to achieving the Outcomes. The IJB directs the Parties to deliver services [relating to the functions] in accordance with the Strategic Plan. This is completed by the issuing of Directions. Directions are a legal mechanism and are the means by which clarity on decision making is achieved under Integration. The IJB must issue a direction in respect of every function that has been delegated to it to either the Local Authority, NHS Board or both and must include detailed information on the financial resources available for carrying out the functions.

4.2 The Strategic Planning Group has a role in shaping and influencing the Strategic Plan, they review progress against the statutory outcomes for health and

wellbeing and the associated performance indicators, provide a view to the IJB on the effectiveness of arrangements for carrying out the integration functions and on any significant decisions out with the Strategic Plan.

4.3 The Strategic Plan was prepared and consulted on to ensure it meets the principles of integration and describes how it will deliver on strategic commissioning priorities to meet the health and social care needs of local people and evidence this against the Outcomes.

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4.4 The Parties provided support to the IJB for the purposes of preparing and reviewing a Strategic Plan and for carrying out integrated functions that required to be discharge under the Act and other legislation to which it operates.

4.5 The Parties will continue to provide the IJB with the necessary activity and financial data for services, facilities or resources that relate to the use of services by service users within Dumfries and Galloway for their services and for those provided by other Health Boards and by other Local Authorities.

4.6 The Parties ensure that their Officers acting jointly will consider the Strategic Plans of other Integration Joint Boards or Integration Authorities to ensure that they do not prevent the Parties and Dumfries and Galloway IJB from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the Outcomes.

4.7 The Parties shall advise the IJB where they intend to change service provision of non-integrated services that will have a resultant impact on the Strategic Plan.

Operational Delivery Arrangements

4.8 Under section 26 of the Act, the IJB will give directions to the Parties to carry out the functions delegated to the IJB. The IJB must issue a direction for each of the functions delegated to it by the Parties; these are a legal mechanism and are intended to clarify responsibilities and requirements between the IJB, the Local Authority and the Health Board. The local operational arrangements agreed by the Parties are:

4.8.1 The IJB has responsibility for the planning of services. This will be achieved through the Strategic Plan.

4.8.2 The IJB is responsible for the operational oversight of integrated services, including the entirety of Acute Hospital Services. The Chief Officer will be responsible for the operational management of integrated services. The health and social care management team will provide information on a regular basis to the Chief Officer on the operational delivery of these services. This information will inform the Chief Officer's performance reports to the IJB as set out in Clause 4.23.

4.9 The IJB may agree with the Parties or another IJB in another area that operational delivery arrangements for delegated functions will be hosted by one of them. In those cases, the Parties, the IJB and the other IJB will agree the operational delivery, management, monitoring and reporting arrangements.

4.10 The Chief Social Work Officer of the Council, the Executive Nurse Director and the Medical Director of NHS Dumfries and Galloway (or such other nominated officer) will have a key role in the planning and delivery of integrated services and the IJB and these senior professional leads shall liaise with each other, and the Chief

Officer, regarding the planning and delivery of integrated services and non-integrated services to ensure that these are appropriately co-ordinated.

Provision of corporate support services

4.11 In order for the IJB to both prepare the Strategic Plan and effectively carry out the integration functions, the Parties agreed that technical, professional and administrative resources will require to be provided by them to the IJB.

4.12 The Parties will provide the IJB with the corporate support services it requires to fully discharge its duties under the Act.

Performance

4.13 The Parties identified a core set of indicators that relate to services from publicly accountable and national indicators and targets against which the HSCP will report to the IJB. The Parties have, in consultation with stakeholders, established a Performance Management Framework (PMF) focused on the delivery of the Outcomes. The PMF provides the necessary activity and financial data for planned use of services in the Dumfries and Galloway area, including targets and measures. The Parties share all information from the PMF with the IJB. The Framework will ensure that there are clear linkages between the Outcomes, the Dumfries and Galloway Single Outcome Agreement, the Strategic Plan, Locality Plans and the Parties' delivery plans for services.

4.14 The PMF is reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the Outcomes and local outcomes.

4.15 A key element of the PMF is to ensure continuous engagement with local communities, local staff and clinicians to inform improvements in integrated services and outcomes. The IJB continues to engage using the process established.

4.16 In preparing the PMF, the Parties ensured the following lists are prepared and included in the PMF:

(a) a list of any targets, measures and arrangements which relate to functions of the Parties which are not Integration Functions but which are to be taken account of by the IJB when preparing the Strategic Plan ("Non-integration Functions Performance Target List"); and

(b) a list of all targets, measures and arrangements which relate to Integration Functions and for which responsibility is to transfer, in full or in part, to the IJB, including a statement of the extent to which responsibility for each target, measure or arrangement is to transfer ("Integration Functions Performance Target List").

4.17 The Integration Functions Performance Target List was prepared by the Parties in two stages:

(a) all targets, measures and arrangements were identified and consolidated in one document which sets out the integrated services covered by each target, measure or arrangement, the values of each under current service provision, and

(b) those targets, measures and arrangements are reviewed to ensure that (i) they continue to be appropriate under the IJB and (ii) any gaps are identified and appropriate targets, measures or arrangements recommended for the approval of the IJB.

4.18 The Parties recognise the importance of local community ownership in the development of health and social care services. As we continue to deliver on our Strategic Plan we will continue to engage with our democratic accountability to local communities as this is important to the progress and success of integration. In Dumfries and Galloway, the Parties agreed that Area Committees will scrutinise the local delivery of the planned outcomes established within the Strategic Plan.

4.19 The Chief Officer provides regular performance reports on the Strategic Plan to the IJB for the IJB to scrutinise performance and impact against planned outcomes and priorities. The IJB also provides a report on the delivery of the Strategic Plan each year.

4.20 The IJB receives regular performance reports from the Chief Officer, in consultation with the Parties, on the operational delivery of services delegated to the IJB. These reports include information on the activity and resources that relate to the use of services, including the patterns of use of health and social care resources by locality.

4.21 In line with statutory requirements an IJB Annual Performance Report will be published by the 31st July each year.

5. Clinical and Care Governance and Professional Oversight

5.1 The Parties and the IJB are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act. The Parties recognised that the establishment and continuous review of the arrangements for clinical and care governance are fundamental to the IJB delivering its ambitions. The clinical and care governance arrangements described below will provide to the IJB the required assurance of the quality and safety of service delivered. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework, including the focus on localities, and service user and carer feedback.

5.2 The Act does not change the professional regulatory framework or established professional accountabilities currently in place. The Parties will ensure that explicit arrangements are made for professional supervisions, learning, support and continuous improvement for all staff.

5.3 Assurance to the IJB and subsequently, to the Parties, in respect of the key areas of clinical and care governance will be achieved through explicit and effective lines of accountability. Professional responsibility and accountability for Nursing, Midwifery and Allied Health Professional practice is devolved to the Executive Nurse Director of NHS Dumfries and Galloway. Professional responsibility and accountability for social work practice is to the Chief Social Work Officer of the Council. Professional responsibility and accountability for Medical Staff is devolved to the Medical Director of NHS Dumfries and Galloway. Operational management, responsibility and accountability rest with the Chief Officer. Clinical and care governance will be embedded at the clinical/professional interface using the framework outlined below and at Annex 3.

5.4 The clinical and care governance framework includes the following:

5.4.1 Service user/patient experience of integrated service delivery, including complaints raised by service users, carers and families

5.4.2 Achievement of personal outcomes

5.4.3 Risk Management, including adverse event reporting and learning systems

5.4.4 Inspection activity and associated improvement plans

5.4.5 Research and Development

5.4.6 Quality and safety of care, including continuous improvement

5.4.7 Statutory and legal requirements

5.4.8 Quality Assurance in commissioned services

5.4.9 Workforce development and regulation

5.5 The Parties are responsible, through commissioning and procurement arrangements, for the quality and safety of services procured from the Third and Independent sectors and to ensure that such services are delivered in accordance with the Strategic Plan.

5.6 The Locality Teams are responsible for embedding clinical and care governance and quality improvement practice across the services they manage and deliver.

5.7 Clinical and care governance oversight is undertaken through the Clinical and Care Governance Committee. This Committee brings together senior management and professional leadership from within the Parties and provides an effective overview of the clinical and care governance agenda across integrated services. The Chief Social Work Officer, Executive Nurse Director and Medical Director will be members of this Committee. This Committee, chaired by one of its members, ensures that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Dumfries and Galloway and includes as a minimum all those elements listed in section 5.4.

5.8 The Clinical and Care Governance Committee provides reports to the IJB, NHS Dumfries and Galloway's Healthcare Governance Committee and the Council's Social Work Services Committee to provide assurance with regards to the quality and safety of services being delivered via the IJB. The Clinical and Care Governance Committee receives reports from, and provides oversight of the work of, the locality services.

5.9 The Medical Director and Executive Nurse Director have joint accountability for clinical governance of NHS Dumfries and Galloway services as a responsibility/function delegated from the Chief Executive of NHS Dumfries and Galloway.

5.10 The Medical Director and the Executive Nurse Director remain accountable for quality of care and professional governance with regard to the NHS Dumfries and Galloway functions delegated to the IJB.

5.11 In addition, the Medical Director:

5.11.1 Holds the delegated responsibility for information governance with regard to NHS Dumfries and Galloway services, and is also the Caldicott Guardian

5.11.2 Is the Responsible Officer within the terms of the Medical Profession (Responsible Officers) Regulations 2010, including the statutory role in making recommendations about the revalidation of doctors with a prescribed connection to NHS Dumfries and Galloway

5.11.3 Is responsible for under and post graduate education and training and teaching of medical students and this continues to be discharged through the Director of Medical Education

5.12 In addition, the Executive Nurse Director:

5.12.1 Has delegated responsibility with regard to the Local Supervisory Authority for NHS Dumfries and Galloway Midwifery Practice

5.12.2 Is responsible for all undergraduate and post-graduate nurse and midwifery education and evaluation of student nurse clinical placements for all NHS Dumfries and Galloway services

5.12.3 Is responsible for revalidation of Nurses and Midwives by the Nursing and Midwifery Council (NMC), and Allied Health Professionals by the Health and Care Professions Council (HCPC)

5.13 The Chief Social Work Officer ensures that the IJB maintains an overview of the quality assurance of social work services delegated to the IJB. The Chief Social Work Officer is held to account by the Council for the quality of social work practice and will continue to report to the Council's Social Work Services Committee and Full Council when required. The Chief Social Work Officer's Annual Report on these matters is reported to the Council, NHS Dumfries and Galloway and the IJB.

5.14 The Chief Social Work Officer provides appropriate professional advice in relation to the Council's statutory social work duties and makes certain decisions in

terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer supports the Council and the Elected Members in ensuring that this statutory post not only enhances professional leadership and accountability, but provides a key support and added value to the Council and its partners in delivering positive outcomes locally within the Scheme.

5.15 The Chief Social Work Officer and the Executive Nurse Director and Medical Director are non-voting (advisory) members of the IJB, providing clinical and care governance and professional advice at that level. These professional leads also advise the Chief Officer in all matters pertaining to professional issues covered by the clinical and care governance framework.

5.16 In addition, professional advice is available to the IJB (and any groups it chooses to establish) and localities through an Integrated Professional Advisory Committee comprising health and social care professionals. Existing advisory committees will also be available for the provision of advice as required, for example, the Area Nursing and Midwifery Advisory Committee and the Area Medical Advisory Committee. A complementary Social Work Advisory Committee will be established.

6. Chief Officer

6.1 The IJB appointed a Chief Officer in accordance with section 10 of the Act. Before appointing a person as Chief Officer the IJB consulted the Parties.

6.2 The Chief Officer has operational management responsibility for the delivery of all integrated services to the IJB. The Chief Officer reports to the IJB on the delivery of the Strategic Plan.

6.3 The Chief Officer reports to the Chief Executives of the Parties. Joint performance review meetings involving both Chief Executives and the Chief Officer take place on a regular basis.

6.4 The Chief Officer is a member of the appropriate senior management teams of NHS Dumfries and Galloway and the Council. This enables the Chief Officer to work with senior management of both Parties to carry out the functions of the IJB in accordance with the Strategic Plan.

6.5 The Chief Officer, through the IJB, is jointly accountable to the Parties for the operational management of the integrated services and is jointly managed by the Chief Executives of the Parties. For other functions the Chief Officer is accountable only to the IJB.

6.6 In addition, the Chief Officer has established and maintains effective relationships with a range of key stakeholders across NHS Dumfries and Galloway, the Council, the Third and Independent sectors, service users, carers, Scottish Government, Trades Unions and professional organisations.

6.7 In accordance with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014, in the event that the Chief Officer is absent on an unplanned basis, or otherwise unable to carry out his or her functions, at the request of the IJB a suitable interim replacement for the Chief Officer will be nominated by the Parties and submitted to the IJB for approval.

7. Workforce

Successful delivery of integrated services is dependent on an engaged workforce and this is achieved through effective leadership, management, support, learning and development.

The following principles apply to staff delivering integrated services:

7.1 The employment status of staff has not changed as a result of the Scheme i.e. staff from the Parties involved in delivering integrated services will continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.

7.2 Any future changes that may be required within the Parties will be agreed and promulgated following the engagement of those affected by the proposal in accordance with established policies and procedures.

7.3 Both Parties are committed to ensuring staff are equipped with the necessary knowledge, skills and values base to deliver high quality services across the communities they serve and a workforce plan, which will include development and support for the workforce, was prepared and put in place by 1 April 2016 which provides for this. The workforce plan is reviewed annually and reviewed by the IJB.

7.4 Core Human Resources and Learning and Organisational Development (OD) services are provided from existing organisational resources and services and a plan for this was prepared and put in place by 1 April 2016. The plan is reviewed annually and the IJB are invited to be party to this review.

7.5 Support in relation to cultural change, consultation and engagement, communication and structures and management is provided through existing corporate support services.

7.6 Joint Appointments take account of the existing recruitment policies and practice that exist within the Parties. Joint positions can be hosted by either Party and operationally managed within a structure appropriate to the delivery of the integrated services.

8. Finance

8.1 Resources

8.1.1 The Parties set out the method of determining amounts to be paid by the Parties to the IJB in respect of each of the functions delegated by them to the IJB.

8.1.2 Payment in the first year to the IJB for delegated functions

The payment for the shadow year 2015/16 reflected the baseline established from a review of 2014/15 financial year and reflected agreed changes through the 2015/16

budget setting process, to provide the Parties and the IJB with assurance that the delegated resources are sufficient to deliver the agreed delegated functions and level of service to be provided. These amounts recognised existing plans for the Parties for the functions which are delegated, adjusted for material items in the shadow period. These figures were agreed as part of a due diligence procedure as agreed between the Parties. The payment was linked through to patient activity information and the latest Integrated Resources Framework (IRF) was referred to when deriving the allocation to localities.

8.1.3 Payment in subsequent years to the IJB for delegated functions

In subsequent years the Chief Officer and the IJB Chief Finance Officer develop a case for the Integrated Budget based on the Strategic Plan. The Parties review this as part of the required budget process. The case should be evidenced, with full transparency demonstrating the following assumptions:

- 8.1.3.1 Activity Changes
- 8.1.3.2 Cost inflation
- 8.1.3.3 Required Efficiency Savings
- 8.1.3.4 Performance against outcomes
- 8.1.3.5 Legal and statutory requirements
- 8.1.3.6 Transfers to/from the budget for hospital services
- 8.1.3.7 Adjustments to address equity of resource allocation

The Parties will evaluate the case for the Integrated Budget and agree their respective contributions accordingly.

If the Strategic Plan sets out a change in hospital and community capacity, the resource consequences will be determined through a bottom up process based on:

- 8.1.3.8 Planned changes in activity and case mix due to interventions in the Strategic Plan
- 8.1.3.9 Projected activity and case mix changes due to changes in demography
- 8.1.3.10 Analysis of the impact on the affected hospital and community care 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)

8.1.4 The Parties will consider the following when reviewing the Strategic Plan:

- 8.1.4.1 The Local Government Financial Settlement
- 8.1.4.2 The uplift applied to NHS Board funding from Scottish Government
- 8.1.4.3 Efficiencies to be achieved
- 8.1.4.4 Specific funding provided to either Party or the IJB to support delegated functions or integration

The allocations will be based on priority and need.

8.1.5 Further due diligence was undertaken during the 2015/16 financial year to assess the adequacy of the initially determined payments to the IJB to help inform payment levels from the 2016/17 financial year.

8.1.6 Method for determining the amount set aside for Hospital Services

The entirety of Hospital Services are included in the payment to the IJB, therefore there will be no amount set aside for Hospital Services.

8.1.7 Schedule of Payments

The net difference between payments made to the IJB and resources delegated by the IJB, Resource Transfer and virement between the Parties and IJB will be transferred between the Parties on a six monthly basis, with a final adjustment on closure of the Annual Accounts. The timetable and payment schedule are prepared in advance of the start of the financial year.

8.2 Integrated Budget In-Year Variations

8.2.1 Process for resolving budget variances

Overspend

8.2.1.1 The Chief Officer is expected to 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 IJB and the relevant finance officers of the Parties must agree a recovery plan to balance the overspending budget.

8.2.1.2 In addition, the IJB may increase the payment to the relevant organisation responsible for commissioning/providing services, by either:

- (a) Utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or
- (b) Utilising the balance on the general fund, if available, of the IJB in line with the reserves policy.

8.2.1.3 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the partners have the option to:

- (a) Make additional one-off payments to the IJB; or
- (b) Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to resolve this.

8.2.1.4 As a default position, should the recovery plan be unsuccessful, the IJB may request that the payment from the Parties be adjusted to take account of any revised assumptions. It is expected that as the IJB matures, that the Parties will share out the additional contributions, if required based on the proportion of their allocations. It will be incumbent on the Party who originally delegated to budget to make the additional payment to cover the shortfall.

Underspend

8.2.1.5 Where there is a forecast underspend in an element of the operational budget, the first priority for use of the forecast underspend will be to offset any forecast overspend within the operational budget. If a total underspend remains to be forecast the IJB should forecast the retention of the underspend, except where material errors in the assumptions made in the method to determine the payment for the function. In these circumstances the payment for this element should be recalculated using the revised assumptions.

8.2.1.6 In the event of a forecast underspend the IJB will be required to decide whether this results in a re-payment to the relevant Party or whether any surplus funds will contribute to the IJB's reserves.

8.2.1.7 The Chief Officer and the Chief Finance Officer of the IJB has an agreed reserves policy for the IJB which will be reviewed annually.

8.2.1.8 In the event of a return of funds to the Parties, the split of the re-payment will be based upon the Parties' proportionate share of the baseline payment to the IJB, regardless of the operational budget in which the underspend has occurred.

8.2.1.9 Similarly, underspends in "ring fenced" allocations may not be available for alternative use and may need to be returned to Scottish Government.

8.2.2 Non Integrated Budgets

8.2.2.1 In the event of a projected in-year overspend elsewhere across the Parties' non-integrated budgets, they should contain the overspend within their respective non-integrated resources.

8.2.2.2 In exceptional circumstances should they require the IJB to contribute resources to offset the overspend, they must do this by amending their contributions to the IJB. This provision should only be used in extremis, and will be subject to consultation with the IJB. The Chief Officer will determine the actions required to be taken to deliver the necessary savings, to fund the reduction in contributions and should be approved by the IJB. If necessary, either Party may increase its in year payment to the IJB.

8.3 Managing Financial Performance

8.3.1 A Chief Finance Officer was appointed by the IJB.

8.3.2 The IJB Chief Finance Officer has established a process of regular in year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the IJB as a whole.

8.3.3 The Chief Finance Officer provides the Chief Officer with financial advice for the respective operational budgets.

8.3.4 Financial reports are produced as part of the financial performance structure provided to the IJB. Reports were initially produced on a quarterly basis and the

content and frequency was agreed with the IJB. The reports set out information on actual expenditure and budget for the year to date and forecast outturn against budget together with explanations of significant variances and details of actions required. These reports also set out progress with achievement of any budgetary savings.

8.3.5 The IJB will receive financial management support from the Chief Finance Officer.

8.3.6 Initially, the consolidation of financial information for the IJB took place outwith the core financial ledgers.

8.3.7 Financial advice and support is provided to the Chief Officer by the Chief Finance Officer of the IJB, supported by the finance staff who support the operational budgets for delegated functions.

8.3.8 Services for processing transactions for the delegated functions (e.g. payment of suppliers, payment of staff, raising invoices) continue to be provided to the IJB by the Parties.

8.3.9 The responsibility for preparing the Annual Accounts of the IJB reside with the Chief Finance Officer of the IJB, who is also responsible for agreeing a timetable for the preparation of the Annual Accounts in conjunction with the Director of Finance of NHS Dumfries and Galloway and the Head of Finance of the Council. The Chief Finance Officer will also be responsible for the financial planning input to the Strategic Plan.

Prior to 31 January each year the Chief Finance Officer of the IJB agrees with the Head of Finance of the Council, and the Director of Finance of NHS Dumfries and Galloway, a procedure and timetable for the coming financial year end for reconciling payments and agreeing any balances.

8.3.10 The Parties allocate a share of the corporate overhead costs (matched by a corresponding budget allocation) to the IJB at the end of the financial year in order to comply with Local Authority accounting regulations.

8.4 Arrangements for Asset Management and Capital

8.4.1 The IJB will not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. The Parties will continue to own any property and assets used by the IJB and have access to appropriate sources of funding for capital expenditure.

8.4.2 The Chief Officer of the IJB feeds in the needs of integrated health and social care services to the overall capital investment considerations of the Parties and consults with the Parties to make best use of existing resources.

9. Participation and Engagement

Principles

9.1 The Parties have established shared Principles as follows:

The Parties will

- 9.1.1 Work across organisational boundaries
- 9.1.2 Inform, engage and feed back to people and organisations as appropriate
- 9.1.3 Recognise the importance of partnership and team working
- 9.1.4 Work in a way that is inclusive and accessible
- 9.1.5 Ensure that engagement and participation is open and transparent
- 9.1.6 Respect people's privacy, dignity and confidentiality
- 9.1.7 Use modern methods of communication to ensure that the widest range of individuals and communities can participate
- 9.1.8 Ensure that there are adequate resources allocated to this work, including staff with the necessary skills and confidence
- 9.1.9 Ensure that engagement and participation work informs and influences the design and delivery of services and programmes

9.2 A joint consultation took place on the original Scheme in February - March 2015. The stakeholders who were consulted in this joint consultation were:

- 9.2.1 Local communities/general public
- 9.2.2 Health professionals, including GPs
- 9.2.3 Users of health care
- 9.2.4 Carers of users of health care
- 9.2.5 Commercial providers of health care
- 9.2.6 Non-commercial providers of health care
- 9.2.7 Dumfries and Galloway Council employees
- 9.2.8 NHS Dumfries and Galloway employees
- 9.2.9 Dumfries and Galloway Council Elected Members
- 9.2.10 Dumfries and Galloway NHS Board members
- 9.2.11 Social care professionals
- 9.2.12 Users of social care
- 9.2.13 Carers of users of social care
- 9.2.14 Commercial providers of social care
- 9.2.15 Non-commercial providers of social care
- 9.2.16 Staff of the Health Board and Local Authority who are not health professionals or social care professionals
- 9.2.17 Non-commercial providers of social housing
- 9.2.18 Third sector bodies carrying out activities related to health or social care
- 9.2.19 Trades Unions
- 9.2.20 Dumfries and Galloway Community Planning Partnership
- 9.2.21 Dumfries and Galloway Community Planning Stakeholders Group

- 9.2.22 Dumfries and Galloway Public Protection Committee
- 9.2.23 Learning Disability Interest Groups
- 9.2.24 Accessible Transport Forum
- 9.2.25 Older People's Consultative Group
- 9.2.26 Alzheimers Scotland
- 9.2.27 Day Centres
- 9.2.28 Dumfries and Galloway Over 50s Group
- 9.2.29 Royal Voluntary Service
- 9.2.30 The Food Train
- 9.2.31 Dumfries and Galloway Carers Centre
- 9.2.32 Capability Scotland
- 9.2.33 Third Sector, Dumfries and Galloway (Interface)
- 9.2.34 Department of Work and Pensions
- 9.2.35 Dumfries and Galloway Citizens Advice Service
- 9.2.36 Further/Higher Education
- 9.2.37 DG Voice
- 9.2.38 Dumfries and Galloway Multicultural Association
- 9.2.39 Dumfries and Galloway Inter Faith Group
- 9.2.40 MPs, MSPs, MSYPs
- 9.2.41 Age Scotland
- 9.2.42 Dumfries and Galloway LGBT Centre
- 9.2.43 User and Carer Involvement (UCI)

9.3 The range of methodologies used to contact stakeholders includes the Parties' websites and intranets; e-mail; in writing; survey monkey; annual performance review (which is held in public and gives the public the opportunity to ask questions and comment on issues) and face to face contact Dumfries and Galloway NHS Board met in workshop session and its Performance Committee considered the Scheme and the Council held an Elected Members' Seminar to discuss the Scheme.

9.4 This Scheme was Impact Assessed (IA), involving a range of stakeholders including representatives of equality groups, carers, patients and users and this considered a wide range of issues particularly relevant to health and social care integration including equalities, human rights, health and health inequalities, economic and social sustainability and environment. The results of the IA informed the Scheme.

Consultation responses

9.5 All consultation responses received were fully considered by the Parties and taken into account prior to finalisation of the original Scheme.

Strategy for engagement

9.6 The Parties have both adopted the National Standards for Community Engagement and committed to using the VOiCE (Visioning Outcomes in Community Engagement) a web-based tool used to plan and deliver engagement activity. The Remote Rural Practice Advice Note (produced as part of the National Standards) is particularly relevant to local arrangements given the geography of the area.

9.7 The Parties supported the IJB in developing a Participation and Engagement Strategy in accordance with the National Standards for Community Engagement.

9.8 The Parties have committed all necessary resources to ensure the development of the Participation and Engagement Strategy.

9.9 The IJB's Participation and Engagement Strategy was completed by 1 April 2016 and addresses:

- 9.9.1 Communication routes
- 9.9.2 Hard to reach groups
- 9.9.3 Plain English
- 9.9.4 Training and development
- 9.9.5 Public Involvement Panel
- 9.9.6 Community Councils
- 9.9.7 Locality and thematic partnerships
- 9.9.8 Employee engagement
- 9.9.9 Impact Assessment

10. Information-Sharing and data handling

10.1 The Parties worked up a supporting Information Sharing Protocol (ISP) in line with the Information Commissioner's Office guidance, on a staged basis of disclosure. This is working well and is now supporting the joint approach to share information through the issue of a single shared information portal. A new accord process has very recently been published and is also being considered for future arrangements.

10.2 The Parties developed an ISP which covers guidance and procedures for staff for sharing of information.

10.3 All staff managed within the delegated functions are contractually required to comply and adhere to respective local information security policies, procedures including data confidentiality policies encompassing GDPR of their employing organizations and the requirements of the Integration Joint Board's agreed ISP.

10.4 The Parties established a group to agree the ISP and procedures before 1st April 2016. Agreements and procedures are reviewed annually by the group, or more frequently if required. The NHS Dumfries and Galloway Information Assurance Group and the Council's Information Security Group, acting on behalf of the Parties, will meet to review the ISP for the consideration of the IJB.

10.5 With regard to individually identifiable material, data is held in both electronic and paper formats and will only be accessed by authorized staff, in order to provide the patient or service user with the appropriate service. This will be invoked through the Information Sharing Portal.

In order to provide full integrated services it may be necessary to share information within the delegated functions with external agencies. Where this is the case the IJB will seek consent of the service user for the sharing of data, unless a statutory requirement exists. In order to comply with the Data Protection Act 2018, the IJB will always ensure that personal data it processes will be handled fairly, lawfully and within justification.

10.6 In order to comply with the Data Protection Act, the IJB will ensure that any personal data it holds will be processed in line with the Data Protection Principles contained within Schedule 1 of the Act.

11. Complaints

11.1 The Protocol below sets out how the Parties will work jointly to achieve an integrated approach to handling complaints about any integrated health and social

care service from service users, patients, carers and any other authorised representatives.

The Parties agree that:

11.1.1 The responsibility for handling complaints by patients/carers/service users is delegated to the Party responsible for the delivery of the particular health or social care service being complained about, with an overview by the Chief Officer and a commitment to joint working, wherever necessary, between the Council and NHS Dumfries and Galloway when dealing with complaints about integrated services.

11.1.2 This provides for the respect to be given to the existing separate statutory complaint handling arrangements in place for health and social work services, which in the event where a complainant may be dissatisfied with the Chief Social Work Officer's decision in relation to a complaint about social work services, the complainant has a legal right to access a third stage independent review by Scottish Public Services Ombudsman whereas legislation only provides for the complainant with a health care complaint to pursue any appeals direct with the Scottish Public Services Ombudsman (SPSO), after the one-stage complaint procedure has been exhausted.

11.1.3 Service users, patients, carers and others, authorised to act as their representatives, will continue to make complaints either to the Council or NHS Dumfries and Galloway, by submitting an online complaint form, by telephoning the relevant department or attending in person or in writing.

11.1.4 In 2017 Scottish Government advised that all Integration Joint Boards must have their own Complaints Handling Procedure in place. This allows for members of the public to express their dissatisfaction about the Integration Joint Board's action or lack of action, or about the standards of service the IJB provided in fulfilling its responsibilities as set out in this Integration Scheme.

11.1.5 There are currently 4 key established processes for a complaint about health and social care services to follow depending on the lead Party:

- Dumfries and Galloway Council Complaints Handling Procedure (CHP)
- Dumfries and Galloway Council's Statutory Social Work Complaints Procedure
- NHS Dumfries and Galloway Complaints Procedure
- Dumfries and Galloway Integration Joint Board Complaints Handling Procedure

11.1.6 External providers - All external providers commissioned by the Parties to provide services to the IJB will be required to have their own Complaints Procedure in place which will be quality assured by the Parties. Where complaints are received that relate to a service provided by an external provider, the lead Party will refer the complainant to the external provider for resolution of their complaint. This may be done by either provision of contact details or by the lead Party passing the complaint on, depending on the approach preferred by the complainant.

11.1.7 Each Party has a clearly defined description of what constitutes a complaint contained within its complaints handling documentation, although for consistency, and since the Scottish Public Services Ombudsman (SPSO) exercises regulatory and scrutiny functions over health and social care, it is reasonable to adopt the SPSO's definition of a complaint, which is '*an expression of dissatisfaction by one or*

more members of the public about the local authority's (or NHS) action or lack of action, or about the standard of service provided by or on behalf of the local authority (or NHS).'

11.1.8 Should there be any data sharing requirements in relation to any complaint, the data sharing protocol referred to in Clause 10 of this Scheme (Information-Sharing and data handling) will detail how this will be managed.

11.1.9 All complaints will be signed off as per the lead Party's procedure. The Chief Officer will monitor the level and nature of complaints received.

11.1.10 Staff shall follow the complaints handling process of their employing Party. The employing Party will take responsibility for the triage of the complaint, and liaise with the other Party where required.

11.1.11 The current process for gathering service user/patient/carer feedback within the Parties, how it has been used for making improvements and learning, and how it is reported, will continue.

11.1.12 Existing performance information, and lessons learned relating to complaints investigations, will be collected and reported to the IJB in line with Clause 5 (Clinical and Care Governance and Professional Oversight) of this Scheme.

11.1.13 Performance information and lessons learned relating to complaints investigations will be reported to the IJB at its next meeting following reporting to the Dumfries and Galloway NHS Board or the Council's Audit and Risk Management Committee.

11.1.14 The proposed arrangements will be monitored and evaluated annually.

12. Claims Handling, Liability and Indemnity

12.1 The Parties and the IJB recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the IJB.

12.2 The Parties agreed to ensure that any such claims are progressed quickly and in a manner which is equitable between them.

12.3 So far as reasonably practicable the normal common law and statutory rules relating to liability will apply.

12.4 Each Party will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.

12.5 Each Party will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.

12.6 In the event of any claim against the IJB or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or his/her representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

13. Risk Management

13.1 The IJB Audit and Risk Committee consisting of voting and non-voting (advisory) members of the IJB, was established. The sub-group:

13.1.1 Developed a risk management strategy by 31 December 2015 which was approved by the IJB

13.1.2 Advises on the appropriate risk appetite for the IJB

13.1.3 Advises on any subsequent changes to the strategy and risk appetite, for approval by the IJB

13.1.4 Considers the effectiveness of the risk management process, ensuring that significant risks are being adequately managed

13.1.5 Monitors implementation of improvement action plans

13.2 The risk management strategy:

13.2.1 Includes the responsibilities of the Chief Officer, risk owners, and the Parties

13.2.2 Describes acceptable processes for mitigating risks

13.2.3 Proposes that significant risks be reviewed every quarter by the IJB Audit and Risk Committee, along with progress on agreed actions

13.2.4 Sets out the agreed reporting standard that will enable significant risks identified by the Parties to be compared across the Parties. These risks will be reviewed either annually or every six months. Information on risks will be effectively communicated through the use of a shared system to record and monitor any action being taken

13.3 The Parties have assessed and prioritised risks relating to the delivery of services under integration functions, particularly any which are likely to affect the IJB's delivery of the Strategic Plan, by 1 April 2016. Amendments to the risk register will be subject to scrutiny by the risk management sub-group.

13.4 The Parties will provide appropriate resource to ensure that the risk management of the IJB is delivered to a high standard.

14. Dispute resolution mechanism

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

- (a) The Chief Executives of the Parties will meet to resolve the issue;
- (b) If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the other within 21 calendar days of the meeting in (a);
- (c) In the event that the issue remains unresolved, representatives of the Parties will proceed to mediation with a view to resolving the issue;
- (d) A representative of each of the Parties will meet with a view to appointing a suitable independent person to act as mediator. If agreement cannot be reached a referral will be made to the President of the Law Society of Scotland inviting the President to appoint a person to act as mediator. The mediation process will commence within 28 calendar days of the meeting in (c); and
- (e) Where the issue remains unresolved after following the processes outlined in (a) • (d) above, and if mediation does not allow an agreement to be reached within 6 months from the date of its commencement, or any other such time as the Parties may agree, either Party may notify Scottish Ministers that agreement cannot be reached.

Annex 1

Part 1

Functions delegated by NHS Dumfries and Galloway to the Integration Joint Board

Column A

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

Column B

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 48 (residential and practice accommodation)

Section 55 (6) (hospital accommodation and services for private patients)

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);

Column A
Enactment conferring functions

Column B
Limitations

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);

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;

The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

Column A
Enactment conferring functions

Column B
Limitations

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;

The National Health Service (General Dental Services) (Scotland) Regulations 2010; and

The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011 (15)

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7
(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

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

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

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

Except functions conferred by –

Section 22 (approved medical practitioners);

Section 34 (inquiries under Section 33: cooperation) (16)

Section 38 (duties on hospital managers: examination, notification etc.) (17);

Section 46 (hospital managers' duties: notification) (18);

Column A
Enactment conferring functions

Column B
Limitations

Section 124 (transfer to other hospital);

Section 228 (request for assessment of needs: duty on local authorities and Health Boards)

Section 230 (appointment of patient's responsible medical officer);

Section 260 (provision of information to patient);

Section 264 (detention in conditions of excessive security: state hospitals);

Section 267 (orders under section 264 to 266; recall);

Section 281 (19) (correspondence of certain persons detained in hospital);

and functions covered 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 requirements other than detention) (Scotland) Regulations 2008

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

Section 23
(other agencies etc. to help in exercise of functions under the 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

Column A
Enactment conferring function

Column B
Limitation

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)

DRAFT REVISION

Part 2
Services currently provided by NHS Dumfries and Galloway which are to be integrated

- District General Hospital inpatient (scheduled and unscheduled)
- Diagnostic Services
- Community Hospital services
- Inpatient Mental Health
- Paediatrics
- Community Hospitals
- Hospital Outpatient Services
- NHS Community Services (Nursing, Allied Health Professionals, Mental Health Teams, Specialist End of Life Care, Older Adult Community Psychiatric Nursing, Re-ablement, Learning Disability Specialist, Community Midwifery, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Audiology)
- Community Children's Services - Child and Adolescent Mental Health Service, Primary Mental Health workers, Public Health Nursing, Health visiting, School Nursing, Learning Disability Nursing, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Audiology, and Community Paediatricians
- Public Health Practitioner services
- GP Services
- GP Prescribing
- General and Community Dental Services
- Hotel services and facilities management

Annex 2

Part 1

Functions delegated by the Council to the Integration Joint Board

Column A

Enactment conferring function

Column B

Limitation

National Assistance Act 1948 (1)

Section 48
(duty of Councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958 (2)

Section 3
(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968 (3)

Section 1
(local authorities for the administration of the Act)

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

Section 4
(provisions relating to performance of functions by local authorities)

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

Section 8
(research)

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

Section 10
(financial and other assistance to voluntary organisations etc. for social work)

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

Section 12
(general social welfare services of local authorities)

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

Section 12A
(duty of local authorities to assess needs)

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

Column A
Enactment conferring function

Column B
Limitation

Section 12AZA
(assessments under section 12A
– assistance)

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

Section 13
(power of local authorities to
assist persons in need in disposal
of produce of their work)

Section 13ZA
(provision of services to
incapable adults)

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

Section 13A
(residential accommodation with
nursing)

Section 13B
(provision of care or aftercare)

Section 14
(home help and laundry facilities)

Section 28
(burial or cremation of the dead)

So far as it is exercisable in relation to
persons cared for or assisted under another
integration function.

Section 29
(power of local authority to defray
expenses of parent, etc., visiting
persons or attending funerals)

Section 59
(provision of residential and other
establishments by local
authorities and maximum period
for repayment of sums borrowed
for such provision)

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

The Local Government and Planning (Scotland) Act 1982 (4)

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

Column A
Enactment conferring function

Column B
Limitation

Disabled Persons (Services, Consultation and Representation) Act 1986 (5)

Section 2
(rights of authorized 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 are integration functions.

Section 8
(duty of local authority to take into
account abilities of carer)

In respect of the assessment of need for any
services provided under functions contained in
welfare enactments (within the meaning set out in
section 16 of that Act) which are integration
functions.

The Adults with Incapacity (Scotland) Act 2000 (6)

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.

Column A
Enactment conferring function

Column B
Limitation

Section 44
(resident ceasing to be resident of authorised establishment)

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

Section 45
(appeal, revocation etc)

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

The Housing (Scotland) Act 2001(7)

Section 92
(assistance for housing purposes)

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

The Community Care and Health (Scotland) Act 2002(8)

Section 5
(local authority arrangements for 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 (9)

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: Cooperation)

Column A
Enactment conferring function

Column B
Limitation

Section 228
(request for assessment of needs
duty on local authorities and Health
Boards)

Section 259
(advocacy)

The Housing (Scotland) Act 2006(10)

Section 7(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 (11)

Section 4
(council's duty to make inquiries)

Section 5
(co-operation)

Section 6
(duty to consider importance of
providing advocacy and other
services)

Section 11
(assessment Orders)

Section 14
(removal orders)

Section 18
(protection of moved persons
property)

Section 22
(right to apply for a banning order)

Section 40
(urgent cases)

Section 42
(Adult Protection Committees)

Section 43
(Membership)

Column A
Enactment conferring function

Column B
Limitation

Social Care (Self-directed Support) (Scotland) Act 2013(12)

Section 3
(support for adult carers)

Only in relation to assessments carried out under integration functions.

Section 5
(choice of options: adults)

Section 6
(choice of options under section 5: assistances)

Section 7
(choice of options: adult carers)

Section 9
(provision of information about self-directed support)

Section 11
(local authority functions)

Section 12
(eligibility for direct payment review)

Section 13
(further choice of options on material change of circumstances)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013

Section 16
(misuse of direct payment recovery)

Section 19
(promotion of options for self-directed support)

The Carers (Scotland) Act 2016

Section 21
(duty to set local eligibility criteria)

Section 6
(duty to prepare adult carer support plan)

Column A
Enactment conferring function

Column B
Limitation

Section 24
(duty to provide support)

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

Section 31
(duty to prepare local carer strategy)

Section 34
(information and advice services for
carers)

Section 35
(short break services statements)

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

The Community Care and Health (Scotland) Act 2002

Section 4(13)
The functions conferred by Regulation
2 of the Community Care (Additional
Payments) (Scotland) Regulations 2002 (14)

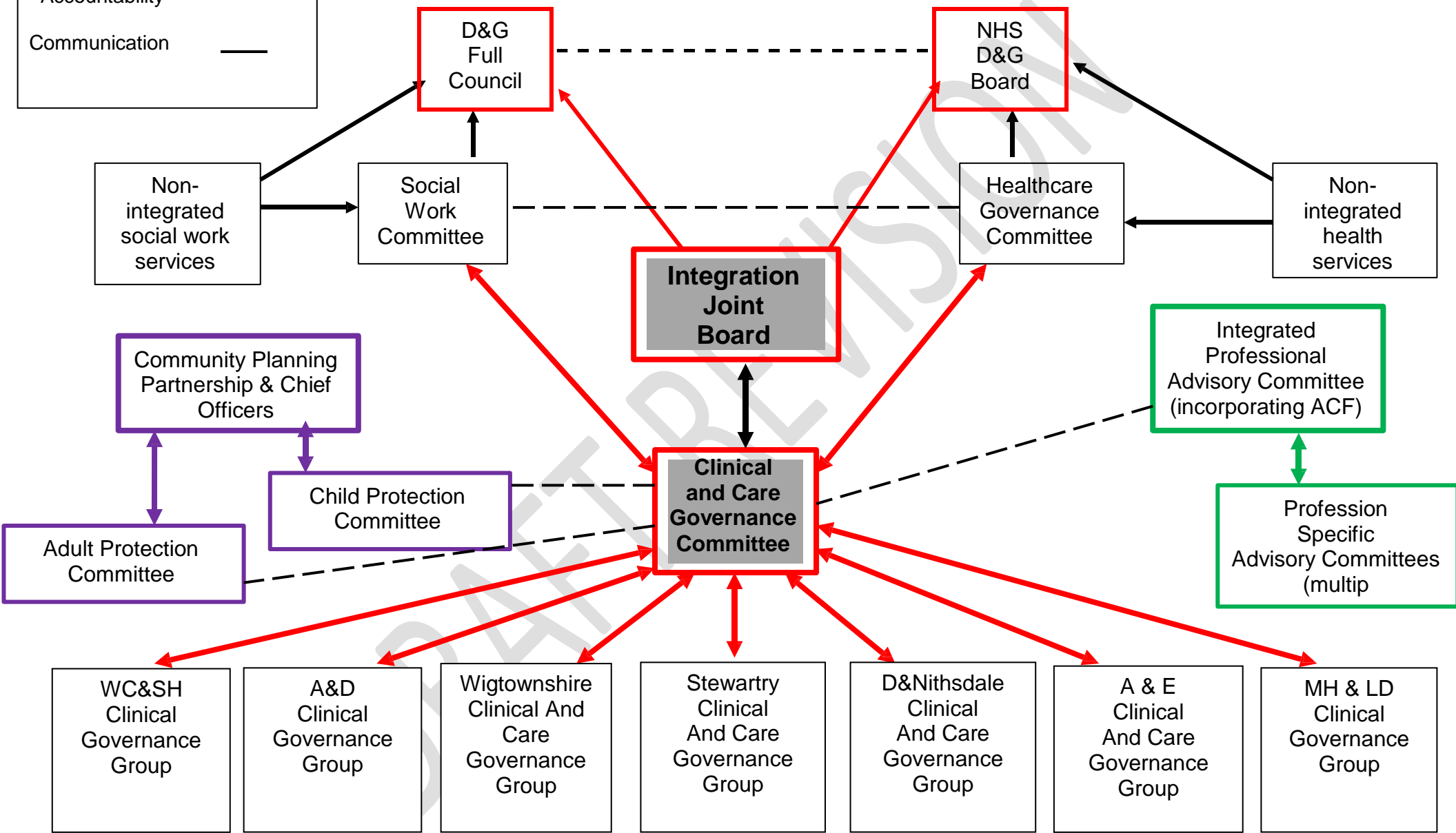
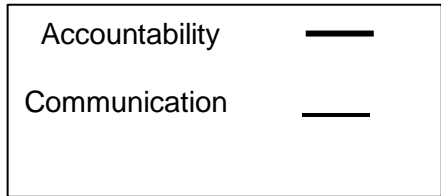
Part 2
Services provided by the Council which are to be integrated

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

DRAFT REVISION

Dumfries and Galloway Clinical and Care Governance Committee Structures

Annex 3



DRAFT REVISION