



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) requires 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 is 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 sets out the detail as to how the Health Board and Local Authority will 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 a fully integrated IJB will help ensure good levels of health and wellbeing for individuals, families and communities in our region. Bringing together separate adult health and social care services will see us building on, and improving, existing good practices and strengthening 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 will be crucial in all that we do: listening to, and taking into account, their views, experiences and ideas will help 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 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 develops, 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

A Dumfries and Galloway where we share the job of making our communities the best place to live active, safe and healthy lives by promoting independence, choice and control.

2.3 Our Principles

In 2012, 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 actively 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
- 2.3.13 1 April 2015 will see the development of our proposals for integration, with the aim of delivering a fully integrated model by 1 April 2016 in line with the legislative timetable. Our aim is to achieve excellence immediately post-integration

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 Crichton Hall, The Crichton, Dumfries DG1 4TG (“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 is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

2.1 The IJB will be a distinct legal entity and will be 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 will be an IJB member nominated by the Council and they will hold office as Chair for a period of 2 years. NHS Dumfries and Galloway will nominate the Vice-Chair and the Vice-Chair will hold office for a period of 2 years. At the end of the period of 2 years, responsibility for appointing the Chair and Vice-Chair will transfer to the other Party and a new Chair and Vice-Chair will be appointed for a period of 2 years. Thereafter, responsibility for appointing the Chair and Vice-Chair will alternate between the Parties and the appointments will be made for a period of 2 years.

2.4 When established, the IJB must include the following non-voting 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 When established, the IJB must also appoint at least one non-voting 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 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 to be 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 are currently provided by NHS Dumfries and Galloway and which are to be 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 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.

3.3 In addition to the services that must be integrated, NHS Dumfries and Galloway has 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 Parties note that the IJB is required by section 29 of the Act to prepare a Strategic Plan which must set out the arrangements for carrying out the integration functions and how those arrangements are intended to 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.

4.2 The Strategic Plan will be 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.

4.3 The Parties will provide support to the IJB for the purposes of preparing and reviewing a Strategic Plan and for carrying out integrated functions that it requires to discharge under the Act and other legislation to which it operates.

4.4 The Parties will share with the IJB the necessary activity and financial data for services, facilities or resources that relate to the planned 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.

4.5 The Parties agree to use all reasonable endeavours to ensure that any other relevant Integration Authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.

4.6 The Parties shall 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 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, and through the Chief Officer will be responsible for the operational management of integrated services. The Acute Services Management Team of NHS Dumfries and Galloway, and the Chief Social Work Officer of the Council, 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 agree that technical, professional and administrative resources will require to be provided by them to the IJB.

4.12 There is agreement and commitment to provide corporate support services to the IJB. The arrangements for providing these services will be reviewed by March 2016 and appropriate models of service will be agreed. This process will involve senior representatives from the Parties and the Chief Officer. The models agreed will be subject to further review as the IJB develops and as part of the planning processes for the IJB and the Parties.

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

Performance

4.14 The Parties will identify a core set of indicators that relate to services from publicly accountable and national indicators and targets against which the Parties currently report. The Parties will, in consultation with stakeholders, establish a Performance Management Framework (PMF) focused on the delivery of the Outcomes. The PMF will provide the necessary activity and financial data for planned use of services in the Dumfries and Galloway area, including targets and measures. The Parties will 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.

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

4.16 A key element of the PMF will be to ensure continuous engagement with local communities, local staff and clinicians to inform improvements in integrated services and outcomes. The IJB will engage locally to identify and agree local improvement activity.

4.17 In preparing the PMF, the Parties will ensure 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").

4.18 The Integration Functions Performance Target List will be prepared by the Parties in two stages:

(a) all existing targets, measures and arrangements will be identified and consolidated in one document which will set out the integrated services covered by each target, measure or arrangement, the values of each under current service provision [and a statement of the extent to which responsibility for each target, measure or arrangement is to transfer and to whom]; and

(b) those targets, measures and arrangements will be 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.

4.19 The Non-integration Functions Performance Target List will similarly be prepared by the Parties and consolidated in one document and will identify the extent to which responsibility for the targets, measures and arrangements will lie with the IJB.

4.20 The Lists will be prepared by 31 December 2015 to support the development of the Strategic Plan and will be reviewed annually by the Parties and the IJB.

4.21 The Parties recognise the need for local community ownership in the development of health and social care services. In developing this Scheme and the Strategic Plan, democratic accountability to local communities will be important to the progress and success of integration. In Dumfries and Galloway, the Parties have agreed that Area Committees will scrutinise the delivery of Locality Plans against the planned outcomes established within the Strategic Plan.

4.22 The Chief Officer will provide 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 will also provide a report on the delivery of the Strategic Plan each year.

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

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 also recognise 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 will encompass 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 will be 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 will be responsible for embedding clinical and care governance and quality improvement practice across the services they manage and deliver. Reports for assurance will be provided by the localities to the Clinical and Care Governance Committee.

5.7 Clinical and care governance oversight will be undertaken through a Clinical and Care Governance Committee. This Committee will bring together senior management and professional leadership from within the Parties and provide 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, will ensure that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Dumfries and Galloway and will include as a minimum all those elements listed in section 5.4.

5.8 The Clinical and Care Governance Committee will provide reports to the IJB, NHS Dumfries and Galloway's Healthcare Governance Committee and the Council's Social Work Services Committee in order to provide assurance with regards to the quality and safety of services being delivered via the IJB. The Clinical and Care Governance Committee will receive reports from, and provide oversight of the work of, the locality services. The Clinical and Care Governance Committee will also provide advice to any established Strategic Planning Group, Management Board and localities.

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 will continue 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 will ensure 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. The Chief Social Work Officer's Annual Report on these matters will be reported to the Council, NHS Dumfries and Galloway and the IJB.

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

terms of the Social Work (Scotland) Act 1968. In line with 'Changing Lives' 2006, the governance and professional leadership role of the Chief Social Work Officer will be to oversee social work services and ensure delivery of safe, effective and innovative practice. The Chief Social Work Officer will support the Council and its 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 will be non-voting members of the IJB, providing clinical and care governance and professional advice at that level. These professional leads will 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 will be 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 shall appoint a Chief Officer in accordance with section 10 of the Act. Before appointing a person as Chief Officer the IJB is to consult the Parties.

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

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

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

6.5 The Chief Officer, through the IJB, will be jointly accountable to the Parties for the operational management of the integrated services and will be 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 requires to establish and maintain 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 will be dependent on an engaged workforce and this will be achieved through effective leadership, management, support, learning and development.

The following principles will apply to staff delivering integrated services:

7.1 The employment status of staff will not change 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, will be prepared and put in place by 1 April 2016 which will provide for this. The workforce plan will be reviewed annually and the IJB will be invited to be party to this review.

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

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

7.6 Joint Appointments will 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 will agree and 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 will reflect the baseline established from a review of 2014/15 financial year and will reflect 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 will recognise existing plans for the Parties for the functions which are to be delegated, adjusted for material items in the shadow period. These figures will be agreed as part of a due diligence procedure as agreed between the Parties. The payment will be linked through to patient activity information and the latest Integrated Resources Framework (IRF) will be 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 will develop a case for the Integrated Budget based on the Strategic Plan. The Parties will 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 will be 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

In the current proposed model 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 will be 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 we move towards fuller integration as the IJB matures, that the Parties will share out the additional contributions, if required based on the proportion of their allocations. At the initial stage (until the end of 2016/17),

prior to fuller integration, it will be incumbent on the Party who originally delegated the 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 will agree a reserves policy for the IJB prior to the end of financial year 2015/16.

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 will be appointed to by the IJB.

8.3.2 The IJB Chief Finance Officer will establish 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 will provide the Chief Officer with financial advice for the respective operational budgets.

8.3.4 The preparation of financial reports will be produced as part of the financial performance structure provided to the IJB. Reports will initially be produced on a quarterly basis and the content and frequency will be agreed with the IJB. The reports will 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 will 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 will take place outwith the core financial ledgers.

8.3.7 Financial advice and support will be provided to the Chief Officer by the Chief Finance Officer of the IJB, supported by the finance staff who currently 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) will also continue to be provided to the IJB by the Parties.

8.3.9 The responsibility for preparing the Annual Accounts of the IJB will reside with the Chief Finance Officer of the IJB, who will also be 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 will agree 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 will 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 will feed in the needs of integrated health and social care services to the overall capital investment considerations of the Parties and should consult 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 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 Adult 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 these stakeholders included the Parties' websites and intranets; e-mail; in writing; survey monkey; 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 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 will support the IJB to develop a Participation and Engagement Strategy in accordance with the National Standards for Community Engagement.

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

9.9 The IJB's Participation and Engagement Strategy will be completed by 1 April 2016 and will address:

- 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 have already worked up a sharing accord under the Scottish Accord on the Sharing of Personal Information (SASPI) and are now developing a supporting Information Sharing Protocol (ISP). Joint working is well underway to share information initially through the use of a single shared information Portal. The ISP will support the regular sharing of personal information between the Parties going forward. The IJB will be invited to join the Accord.

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

10.3 All staff managed within the delegated functions will be contractually required to comply and adhere to respective local information security policies and procedures including data confidentiality policies of their employing organisations and the requirements of the IJB's agreed ISP.

10.4 The Parties will establish a group to agree the ISP and procedures before 1 April 2016. Agreements and procedures will be 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 will be held in both electronic and paper formats and only be accessed by authorised staff, in order to provide the patient or service user with the appropriate service. This will be invoked through our Information Sharing PORTAL.

In order to provide fully integrated services it may be necessary to share information within the delegated functions and with external agencies. Where this is the case the IJB will seek the consent of the service user for the sharing of data, unless a statutory requirement exists. In order to comply with the Data Protection Act 1998, 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 1998 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 will be 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 an Independent Complaints Review Committee, 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 A properly developed framework will be published, showing clearly the lead Party for each integrated service and the contact details for those who will be responsible for progressing any complaints received. The lead Party will take responsibility for the triage of the complaint upon its receipt, and liaise with the other Party to develop a joint response where that may be required.

11.1.5 There are currently 3 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

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 will have 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 agree 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 A standing risk management sub-group, consisting of voting and non-voting members of the IJB, will be established. The sub-group will:

13.1.1 Develop a risk management strategy by 31 December 2015 for approval by the IJB

13.1.2 Advise on the appropriate risk appetite for the IJB

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

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

13.1.5 Monitor implementation of improvement action plans

13.2 The risk management strategy will:

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

13.2.2 Describe acceptable processes for mitigating risks

13.2.3 Propose that significant risks be reviewed every quarter by the risk management sub-group, along with progress on agreed actions

13.2.4 Set 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 will jointly identify, assess and prioritise risks related 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

Column B

The National Health Service (Scotland) Act 1978

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

Except functions conferred by or by virtue of—
section 2(7) (Health Boards);

section 2CB(1) (functions of Health Boards outside Scotland);

section 9 (local consultative committees);

section 17A (NHS contracts);

section 17C (personal medical or dental services);

section 17I(2) (use of accommodation);

section 17J (Health Boards' power to enter into general medical services contracts);

section 28A (remuneration for Part II services);

section 48 (residential and practice accommodation);

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

section 57 (accommodation and services for private patients);

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

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

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

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

2013);

section 79 (purchase of land and moveable property);

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

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

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

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

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;

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

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

Column A

Column B

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: co-operation)(16);

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

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

section 124 (transfer to other hospital);

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

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

section 260 (provision of information to patient);

<i>Column A</i>	<i>Column B</i>
	<p>section 264 (detention in conditions of excessive security: state hospitals);</p> <p>section 267 (orders under sections 264 to 266: recall);</p> <p>section 281(19) (correspondence of certain persons detained in hospital);</p> <p>and functions conferred by—</p> <p>The Mental Health (Safety and Security) (Scotland) Regulations 2005(20);</p> <p>The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005(21);</p> <p>The Mental Health (Use of Telephones) (Scotland) Regulations 2005(22); and</p> <p>The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008(23).</p>
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	<p>Except functions conferred by—</p> <p>section 31(public functions: duties to provide information on certain expenditure etc.); and</p> <p>section 32 (public functions: duty to provide information on exercise of functions).</p>
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).

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.
Section 12AZA (assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.

~~Section 12AA~~

Column A Enactment conferring function	Column B Limitation
(assessment of ability to provide care)	
Section 12AB (duty of local authority to provide information to carer)	
Section 13 (power of local authorities to assist persons in need in disposal of produce of their work)	
Section 13ZA (provision of services to incapable adults)	So far as it is exercisable in relation to another integration function.
Section 13A (residential accommodation with nursing)	
Section 13B (provision of care or aftercare)	
Section 14 (home help and laundry facilities)	
Section 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
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Disabled Persons (Services, Consultation and Representation) Act 1986(5)

Section 2
(rights of authorised representatives of disabled persons)

Section 3
(assessment by local authorities of needs of disabled persons)

Section 7
(persons discharged from hospital)

In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which 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: Co-operation)	

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 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(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)	
<u>Carers (Scotland) Act 2016</u>	
<u>Column A</u> <u>Enactment conferring function</u>	<u>Column B</u> <u>Limitation</u>
<u>Section 21</u> <u>(duty to set local eligibility criteria)</u>	
<u>Section 6</u> <u>(duty to prepare adult carer support plan)</u>	
<u>Section 24</u> <u>(duty to provide support)</u>	

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

Column A
Enactment conferring function

Column
B
Limitation

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 currently 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

Dumfries and Galloway Clinical and Care Governance Committee Structures

Annex 3

