



Dumfries and Galloway
Integration Joint Board

3rd June 2025

This Report relates to
Item 8 on the Agenda

Review of the Dumfries and Galloway Integration Scheme

Paper presented by Kirsty Bell

For Noting

Author:	Vicky Freeman, Strategic Policy Lead
Approved for Submission by:	Nicole Hamlet, Chief Officer
List of Background Papers:	17th December – Integration Joint Board (the IJB) ‘In-Committee’ discussion 4th March 2025 – Dumfries and Galloway Integration Scheme (the Integration Scheme) Review IJB Workshop
Appendices:	Appendix 1 - Integration Scheme Review Joint Officer Review Group Membership Appendix 2 - Extract from ‘The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014’ (<i>i.e. List of health services that must be delegated to integration joint boards</i>) Appendix 3 - Health services that may be delegated to integration joint boards Appendix 4 - Voting members of integration joint boards Appendix 5 - Draft note of IJB Integration Scheme Review workshop discussion

Direction Required to Council, Health Board or Both		
	Title	Reference Number
	1. No Direction Required	X
	2. Dumfries and Galloway Council	
	3. NHS Dumfries and Galloway	
4. Dumfries and Galloway Council and NHS Dumfries and Galloway		

1. Introduction

- 1.1 Dumfries and Galloway NHS Board (the NHS Board) and/or Dumfries and Galloway Council (each a 'Party' to the Integration Scheme, together, 'the Parties'), are undertaking a review of the Dumfries and Galloway Integration Scheme (the Integration Scheme), in consultation with the full range of stakeholders.
- 1.2 A Joint Officer Review Group (see appendix one for membership) has been established to co-ordinate the Integration Scheme review.
- 1.3 The purpose of this paper is to provide the IJB with an update on the Integration Scheme review.

2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- **Note the proposed changes to the Integration Scheme in relation to the delegation of health functions and services;**
 - **Note stakeholder consultation and engagement in relation to above proposal and IJB voting membership numbers;**
 - **Note the early comments and main points arising from the 4th March 2025 IJB workshop discussion on the Integration Scheme review; and**
 - **Consider whether to provide any further comments from the IJB to either or both of the Parties on proposals in relation the delegation of health functions and services as they are attached to health functions, the number of IJB voting members or any other aspect of the Integration Scheme.**

3. Background and Main Report

- 3.1 The intended effect of prescribing both social care and health functions, in the way that they were, was so that "in every local authority area in Scotland, the statutory functions relating to adult social care services are held by the same body as holds statutory functions relating to adult primary and community health services" ([The Public Bodies \(Joint Working\) \(Prescribed Health Board Functions\) \(Scotland\) Regulations 2014](#))
- 3.2 While the Integration Scheme must be agreed between the Parties, it is for each Party to determine, in accordance with the minimum levels of delegation as they are set in the legislation, those health and social care functions and services to be delegated to the IJB. It is the NHS Board that decides this for health functions and services and the Local Authority that decides this for social care functions and services.
- 3.3 At the time of establishing the IJB in 2015, in addition to those health functions and services that are legislatively required to be included as a minimum within the delegation to integration joint boards, the NHS Board made a decision to

also include all acute hospital based scheduled care, maternity services and children's health services. This very broad scope and range of delegation was, and remains, unique to this area.

3.4 In the time since this NHS Board decision, there have been a number of significant changes at local, regional and national levels, including recent changes to regional and national planning structures, arrangements and guidance.

3.5 These changes led the NHS Board to conclude that a review of the Integration Scheme is needed at this time. Subsequently, in accordance with section 45(2) of The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), a letter was sent from the NHS Board to Dumfries and Galloway Council on the 9th September 2024 requesting a review of the Integration Scheme.

Changing regional and national planning and delivery structures and arrangements DL (2024) 31

3.6 DL (2024) 31, [A Renewed Approach to Population Based Planning Across NHS Scotland](#), heralds a programme of reform and renewal for health care in Scotland that seeks to strengthen existing, and establish new, collaborative planning structures and arrangements for health services for entire populations. It does not change the responsibilities of NHS Boards or Integration Authorities with regard to planning as set out in the Act.

3.7 The new structures and arrangements for regional and national cross NHS border planning are designed to complement and strengthen existing health planning arrangements, ensuring health service sustainability with planning undertaken at the level best aligned to the size of population that use them; i.e. a Specific Population and Population Planning approaches.

3.8 The primary focus of integration joint boards throughout Scotland is the planning and delivery of health and social care services at local levels taking a Place-Based Planning approach.

3.9 Currently, in Dumfries and Galloway, planning and delivery responsibility for all health services, including those with significant elements of the service delivered elsewhere likely to benefit from Specific Population and Population Planning approaches are delegated to the IJB.

National Care Service Advisory Board

3.10 In addition to above, a National Care Service Advisory Board has been introduced. This new national body, made up of people with personal experience of accessing and delivering social care, social work and community health services, will provide advice and support to integration joint boards and health and social care partnerships, suggesting where improvements can be made to social care, social work and community health services.

3.11 An interim National Care Service Advisory Board has been established to

enable work to begin.

Maintaining Strong Planning Interfaces and the Reconfiguration of Health Service Planning

- 3.12 We know from past learning and experience, that building and maintaining strong service planning interfaces supports collaboration and integration between bodies and agencies, leading services to more fully realise the added value and benefits that this brings. This, in turn, results in more positive outcomes generally and particularly for the people who use services.
- 3.13 To ensure strong service planning interfaces are able to be maintained for all health services, the NHS Board is proposing to reconfigure health service planning responsibilities in Dumfries and Galloway to more closely align with newly emerging and existing planning structures and arrangements.
- 3.14 One element of this reconfiguration would be to delegate to the IJB, those health services that must be delegated as a minimum within the relevant legislation (see appendix two). At a minimum, health boards are required to delegate its functions and services in relation to primary care, community care and certain aspects of acute hospital based care.
- 3.15 The planning and delivery of all other health services would be the direct responsibility of the NHS Board (appendix three).
- 3.16 As well as ensuring that health services are placed within the planning and delivery structures where they will have the strongest planning interfaces, this reconfiguration will also bring integration arrangements in Dumfries and Galloway to a much more consistent position with that in other areas of Scotland.
- 3.17 This more consistent position is intended to strengthen and support local integration arrangements by;
- 2.1.1 Supporting the IJB to focus available capacity and resources on those health services that have their strongest planning interfaces at a local level;
 - 2.1.2 Aligning local integration arrangements with the new National Care Service Advisory Board, enabling more direct comparability with other areas of Scotland e.g. service data, etc;
 - 2.1.3 Identifying a specific 'set aside' budget for those acute, hospital based services for which planning and delivery oversight must be delegated to integration joint boards; and
 - 2.1.4 Ensuring that clear, unambiguous lines of accountability and governance arrangements are in place for each individual health service.
- 3.18 Any changes, either to the delegation of functions or to the scope and range of services as they are attached to delegated functions, would require a revised Integration Scheme to be submitted to Scottish Ministers for approval.

Number of Elected Member and Non Executive Director voting members on the IJB

- 3.19 There is a requirement for equal participation on the IJB by the Parties to ensure joint decision making and joint responsibilities and accountabilities. The current number for voting representatives for each of the Parties is 5.
- 3.20 Over the years, the NHS Board has experienced a continuing challenge matching 5 Non Executive Director representatives from a total of 8, with the 5 Elected Member representatives from a total of 43.
- 3.21 Whilst it is the Parties who agree and set out in their Integration Scheme, the number of voting representative members on the IJB (appendix three), this review provides an opportunity for the Parties, along with all IJB voting and advisory members, to reflect on the current arrangement of 10 voting representatives (5 for each Party) and to consider the optimal way forward.
- 3.22 Any change to the number of Elected Member and Non Executive Director voting members on the Integration Joint Board, would require a revised Integration Scheme.

IJB Integration Scheme Review Workshop

- 3.23 An IJB workshop on the review of the Integration Scheme and the proposed changes was undertaken on 4th March 2025.
- 3.24 Early key messages to the Parties from the IJB arising from the workshop discussion included;
- 2.1.5 Broad accord with the NHS Board proposal in relation to delegated health functions and services
 - 2.1.6 The position in relation to the scope of services could be reviewed/evaluated after a period of two years to see if anticipated benefits to the changes have been fully realised and optimised;
 - 2.1.7 Ideally would like to maintain the current number of voting members if possible but no strong views expressed; and
 - 2.1.8 Not “overly keen” for 'appropriate persons' as voting members of the IJB as this has the potential to introduce conflicts of interest for individuals.
- 3.25 Please see appendix five for the draft full note of this discussion.

Timescale for completion of the Integration Scheme review

- 3.26 The review of the Integration Scheme is due to conclude in September 2025.

4. Conclusions

- 4.1 The NHS Board has considered the impacts of changing planning and delivery structures and arrangements on service planning interfaces locally, regionally and nationally.

4.2	The current configuration of local health service planning responsibilities will not align well with existing and newly emerging planning interfaces at regional and national levels.
4.3	Maintaining strong service planning interfaces is critical to the success of joint and integrated planning approaches and ways of working that will support the delivery of good outcomes.
4.4	Further engagement with stakeholders is planned.
5.	Resource Implications
5.1	Should a decision be made by the NHS Board to reconfigure services, a 'set aside' budget would require to be established (i.e. the amount to be set aside for those delegated health services that are provided in large hospitals).
6.	Impact on Integration Joint Board Outcomes, Priorities and Policy
6.1	The proposed changes to the reconfiguration of health service planning arrangements are intended to strengthen planning interfaces impacting positively on outcomes.
7.	Legal and Risk Implications
7.1	Any revisions to the Integration Scheme will be subject to the scrutiny of legal representatives of both Parties.
8.	Consultation
8.1	Integration Scheme review consultation is in accordance with the Public Bodies (Joint Working) (Scotland) Regulations 2014 The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014
9.	Equality Impact Assessment
9.1	If revisions are made to the Integration Scheme, the EQIA will be reviewed.
10.	Glossary
The Act	The Public Bodies (Joint Working) (Scotland) Act 2014
EQIA	Equalities Impact Assessment
IJB	Integration Joint Board
the Integration Scheme	Dumfries and Galloway Integration Scheme
Party/the Parties	Dumfries and Galloway NHS Board and/or Dumfries and Galloway Council

**Integration Scheme Review
Joint Officer Review Group Membership**

Name	Title
Nicole Hamlet	Chief Officer
Katy Kerr	Director of Finance/Chief Finance Officer
Lorna Meahan	Executive Director, Enabling and Customer Services
Stephen Morgan	Chief Social Work Officer
Gillian Ross	Interim Chief Financial Officer
David Rowland	Director of Strategic Planning and Transformation
Vlad Valiente	Assistant Director Governance and Human Resources
Vicky Freeman	Strategic Policy Lead

Extract from ‘The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014’

PART 2

- 2.** The health care services listed for the purpose of regulation 3(3)(b) are—
- (a) accident and emergency services provided in a hospital;
 - (b) inpatient hospital services relating to the following branches of medicine—
 - (i) general medicine;
 - (ii) geriatric medicine;
 - (iii) rehabilitation medicine;
 - (iv) respiratory medicine; and
 - (v) psychiatry of learning disability,
 - (c) palliative care services provided in a hospital;
 - (d) inpatient hospital services provided by general medical practitioners;
 - (e) services provided in a hospital in relation to an addiction or dependence on any substance;
 - (f) mental health services provided in a hospital, except secure forensic mental health services.

PART 3

- 3.** The health care services listed for the purpose of regulation 3(3)(c) are—
- (a) district nursing services;
 - (b) services provided outwith a hospital in relation to an addiction or dependence on any substance;
 - (c) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - (d) the public dental service;
 - (e) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health

Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978(56);

(f) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978(57);

(g) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978(58);

(h) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978(59);

(i) services providing primary medical services to patients during the out-of-hours period;

(j) services provided outwith a hospital in relation to geriatric medicine;

(k) palliative care services provided outwith a hospital;

(l) community learning disability services;

(m) mental health services provided outwith a hospital;

(n) continence services provided outwith a hospital;

(o) kidney dialysis services provided outwith a hospital;

(p) services provided by health professionals that aim to promote public health.

List of some health services that MAY be delegated to Integration Joint Boards

- All Scheduled/planned acute hospital based services; including for example;
 - Anesthetics
 - Cardiology
 - Neurology
 - General Surgery
 - Vascular
 - Gastroenterology
 - Orthopaedics
 - Rheumatology
 - Urology
 - Dermatology
 - ENT
 - Oncology
 - Oral/Max
 - Gynaecology
 - Ophthalmology
 - Haematology

and

- Maternity and Children's Services

Please note that reducing the scope and range of services as they are attached to delegated functions does not necessarily mean removing the function in its entirety.

(This appendix is subject to legal advice)

Voting Members of Integration Joint Boards

The part of the Act relating to Integration Joint Board membership requirements is [The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014 \(legislation.gov.uk\)](#) (The Order)

Section 3 (a) of The Order requires that the local authority and Health Board put forward a minimum of **three** nominees each. This number may be increased by local agreement, but the same number must be nominated by each party.

Local authorities can insist on nominating a maximum of 10% of their full number of Councillors (see section 3 (b) of The Order). There are 43 Councillors in Dumfries and Galloway. There is a requirement on the Health Board to match this number.

The Health Board and Local Authority may also agree that they will each nominate a larger number than this, as is the case currently.

There is a provision under Section 3 (5) (a) & (b) of The Order for instances where NHS Boards are unable to nominate the number of non executive Board members needed to match that of the local authority stating 'Health Boards must nominate a minimum of **two** non executive board members with the remainder being made of "appropriate persons".'

These requirements in relation to Integration Joint Board membership are more broadly explained on page 15 of [Roles, Responsibilities and Membership of the Integration Joint Board \(www.gov.scot\)](#).

Early key messages and comments from the Integration Joint Board to Health Board and Council on the proposals relating to the arrangements for integration in Dumfries and Galloway

Proposal – Reduce the scope and range of services as they are attached to health functions currently delegated to the Integration Joint Board

Integration Joint Board Comments

- Understand the rationale for this proposal (particularly in relation to DHL 31) and can see how this review provides an opportunity for the Integration Joint Board to also reflect on current arrangements in relation to delegated functions;
- Can see that reducing the scope and range of health services, might enable the Integration Joint Board to place greater focus on those services that benefit most from an integrated approach;
- Broad agreement that there needs to be an integration focus on those health and social care services where there is greatest overlap and many shared commonalities, particularly given current pressures and challenges in relation to these;
- Noted that DGC has delegated the minimum in relation to social care functions. There was a question regarding whether or not DGC are taking this opportunity to also review what social care functions are delegated? Clarified that, at this time, proposals regarding functions and services are only in relation to delegated health functions and services and the scope and range of health services for which the Integration Joint Board has responsibility;
- The reduction in the scope and range of health services may improve people's experience of health and social care enabling the Integration Joint Board to place a greater focus on those services where there is an opportunity to deliver meaningful reform - specifically around pre and post hospital care and, more generally, in relation to making health and social care services more responsive to community need;
- Broadly supportive of moving to a position of minimum delegation for both health and social care to see if the positive impacts of this can be fully realised by the Integration Joint Board. This could be reviewed after a period of 2 years;
- It would be helpful to change the language from 'reducing' to thinking and talking in terms of where most value can be added (from integrated approaches) and, within the context of 'added value' for all partners to think about achieving the optimal configuration of services across all of health and social care; and

- It was clarified that changing responsibilities for a service did not necessarily mean that the entire function is no longer delegated.

Proposal – Reduce the number of voting members representatives on the Integration Joint Board

Integration Joint Board Comments

- Not overly keen for 'appropriate persons' as voting members as this has the potential to introduce conflicts of interest for individuals. Noted that there is precedent elsewhere where there are instances of Executive Directors of Health Boards on Integration Joint Boards as 'appropriate persons' – voting members;
- Can see how 4 and 4 voting members might be able to work OK;
- Ideally I would like to retain 5 and 5 voting members but wouldn't be overly concerned if this were to reduce to 4 and 4; and
- If there are changes to the numbers of voting members, we will need to revisit the Scheme of Delegation to ensure that Committees of the Integration Joint Board can still be supported etc.

Dual Officer Roles

It was highlighted that officers / dual roles is something that is currently being looked at and progressed to ensure the longer sustainability of this model.