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Dumfries and Galloway

Health and Social Care

Integration Scheme
(Body Corporate)

between

NHS Dumfries and Galloway

and

Dumfries and Galloway Council
("The Parties")

April 2026

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1. Introduction

Background

1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 ("**the Act**") requires health boards and local authorities to work together to effectively integrate the governance, planning and resourcing of some adult social care and health services, by establishing an integration authority (i.e. either an integration joint board in a body corporate model of integration, or a lead agency model) to achieve nationally agreed health and wellbeing outcomes prescribed by the Scottish Ministers in terms of the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014, ("**the Regulations**"), made under section 5(1) of the Act.

The Parties to the Dumfries and Galloway Health and Social Care Integration Scheme

1.2. Dumfries and Galloway Council, the local authority for the administrative area of Dumfries and Galloway constituted by the Local Government etc. (Scotland) Act 1994 and having its principal offices at Council Headquarters, English Street, Dumfries, DG1 2DD ("**the Council**"); and

1.3. Dumfries and Galloway Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its principal offices at Mountainhall Treatment Centre, Bankend Road, Dumfries, DG1 4AP ("**NHS Dumfries and Galloway**").

(together, "**the Parties"**, each a "**Party**").

The Model of Integration

1.4. Section 1(2) of the Act requires the Parties to jointly prepare an integration scheme for the area of the Council that integrates planning for, and delivery of, certain adult and social care services.

1.5. 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 shall be put in place for the delegation of functions by the Parties to a body corporate, established by order of the Scottish Ministers under section 9 of the Act.

1.6. The Parties have had regard to the integration planning principles and the Outcomes (as such term is defined in clause 1.18 below) in accordance with section 3(2) of the Act.

The Integration Scheme

1.7 The Original Integration Scheme (as such term is defined in clause 1.18 below), was agreed by the Parties, and came into effect on 3rd October 2015. This was superseded by the First Revised Integration Scheme (as such term is defined in clause 1.18 below), that came into effect on 26 August 2024. The Revised Integration Scheme shall be

superseded and no longer apply from the date that this Integration Scheme (as such term is defined in clause 1.18 below) shall be approved by the Scottish Ministers under section 9(2) of the Act.

1.8 This Integration Scheme: -

1.8.1 Describes the model of integration for health and social services in Dumfries and Galloway;

1.8.2 Details the functions delegated from the Parties to the Integration Joint Board (as such term is defined in clause 1.18 below); and

1.8.3 Lays out the governance and other arrangements that the Parties have in place to enable the Integration Joint Board to meet its responsibilities.

The Dumfries and Galloway Integration Joint Board

1.9 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it by the Parties and ensuring the delivery of Services (as such term is defined in clause 1.18 below), by having oversight of these pursuant to the Directions (as such term is defined in clause 1.18 below) that they have issued to either or both of the Parties.

1.10 Directions relating to functions delegated to the Integration Joint Board from the Parties are issued by the Integration Joint Board to either or both of the Parties.

1.11 The Parties implement the Directions received from the Integration Joint Board through the Partnership (as such term is defined in clause 1.18 below). Accountability of the Partnership for the implementation of Directions is directly back to the relevant Party and from the relevant Party back to the Integration Joint Board.

Working in Partnership

1.12 To achieve the above, the Integration Joint Board and the Parties shall routinely interact, communicate and work alongside each other. However, the Integration Joint Board is created as a corporate body and therefore retains its own distinct legal personality and the consequent autonomy to manage itself. Neither of the Parties have the right to independently sanction or veto decisions of the Integration Joint Board acting within its remit and within the Delegated Functions (as such term is defined in clause 1.18 below).

1.13 The third and independent sectors shall also have a key role, working with the Integration Joint Board at a strategic level, and with the Partnership at a tactical and operational level, ensuring the effective planning and delivery of health and social care and support.

1.14 There is an obligation on the Parties and the Integration Joint Board to engage and consult with individuals with lived experience, families, unpaid Carers ~~(as such term is defined in clause 1.18 below)~~ and communities with regard to the

provision of Services.

Supplementary Information

1.15 Once approved by Scottish Ministers, this Integration Scheme is full and final. Modifications shall not be made to the Integration Scheme without a further full process of engagement and review, carried out jointly between the Parties and subsequent further approval of any revised integration scheme by Scottish Ministers granting an order under section 9(2) of the Act.

1.16 For this reason, this Integration Scheme sets out the core information and requirements for the operation of the Integration Joint Board. This is supported by supplementary guidance documents (such as supporting materials and other informational documents) providing further detail with regard to its duties, responsibilities, workings and other arrangements.

1.17 Changes to the supplementary guidance documents shall be made, with the approval formally in writing by the Parties, and with the approval of the Integration Joint Board and/or Scottish Ministers as appropriate.

Definitions and Interpretation

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

"**the Act**" has the meaning given to it in clause 1.1;

"**Allocations**" means an amount of money delegated by the Parties to the Integration Joint Board to form the Integrated Budget;

"**Annual Accounts**" are the accounts of the Integration Joint Board for the previous twelve (12) month period;

"**Annual Delivery Plan**" means those plans requested by Scottish Government from integration joint boards against which performance can be measured;

"**Annual Performance Report**" means the annual performance report for the relevant reporting year that, under Section 42 of the Act, the Integration Joint Board has a statutory duty to prepare (as further described therein);

"**Best Value**" means the most advantageous balance of price, quality, service, performance, sustainability and other elements;

"**Carer**" means a person of any age who provides unpaid help and support to wife, husband, partner, son, daughter, parent, relative, friend or neighbour;

"**Chief Officer**" means the officer appointed by the Integration Joint Board who provides a single point of accountability for integrated health and social care services;

"**Chief Finance Officer**" means the chief finance officer of the Integration Joint Board;

"**Clinical and Care Governance Framework**" means Annex C of the Clinical and Care Governance Framework for Integrated Health and Social Care Services in Scotland;

"**Complaints Protocol**" means the official agreed procedure for addressing complaints that relate to health or social care services that are integrated, set out in clause 13;

"**Community Planning Partnership**" means those services in any local authority area that come together to take part in community planning;

"**Core Suite of Integration Indicators**" means those integration indicators that should be used in conjunction with the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014;

"**Data Sharing Protocol**" means the official agreed procedure for sharing data and information between different organisations set out in clause 12;

"**Delegated Functions**" means those functions set out in Part One, Annex One and Part Two, Annex Two;

"**Direction**" or "**Directions**" means the legal mechanism by which the Integration Joint Board directs the Council and/or NHS Dumfries and Galloway with regard to the operational delivery of Services related to functions that have been delegated to the Integration Joint Board by the Parties;

"**DPA**" means the Data Protection Act 2018;

"**Dumfries and Galloway Local Outcomes Improvement Plan**" is the means by which the Community Planning Partnership agrees its strategic priorities;

"**Elected Members**" means the members elected to Dumfries and Galloway Council to represent their local community's interest and appointed to the Integration Joint Board from Dumfries and Galloway Council;

"First Revised Integration Scheme" means the integration scheme that came into effect on the 26th August 2024;

"**Health and Social Care Leadership Group**" means the team of operational and planning senior health and social care managers;

"**Integrated Budget**" means the budget agreed between the Parties agreeing their respective contributions to the Integration Joint Board;

"**Integration Joint Board**" means the Dumfries and Galloway Integration Authority;

"**Integration Scheme**" means this revised and updated Dumfries and Galloway Health and Social Care Integration Scheme 2026;

"**ISA**" means Information Sharing Agreement;

"Large Hospital Services" means services that are provided in exercise of Integration Functions delegated by NHS Dumfries and Galloway to the Integration Joint Board which (a) are carried out in a hospital in the area of NHS Dumfries and Galloway and (b) are provided for the population of Dumfries and Galloway. Services provided in a community hospital shall not ordinarily fall within this definition;

"Lived Experience Representatives" means a voting member of an Integration Joint Board who is appointed to represent the views, interests, and experiences of people who access, receive, provide, or support health and social care services, drawing upon their own lived experience and engagement with the wider community ~~or constituency they represent~~ as prescribed under the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (**the Order**), as amended by the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025.

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"**Locality or Localities**" means a locality of an area as set out in the Strategic Plan in pursuance of section 29(3)(a) of the Act;

"**Locality Plans**" means operational delivery plans for specific geographical areas;

"**Ministerial Strategic Group for Health and Community Care**" means the ministerially led group that provides high level national strategic direction and leadership for integration of health and social care;

"**Ministerial Strategic Group for Health and Community Care Indicators**" means those integration indicators identified by the Ministerial Strategic Group for Health and Community Care for Integration Authorities;

"**National Performance Framework**" means the guidance framework on the national health and wellbeing outcomes which apply to integrated health and social care in Scotland;

"**National Standards**" means the 'National Standards for Community Engagement' published by the Scottish Community Development Centre;

"**Order**" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

"**Original Integration Scheme**" has the meaning given to it in clause 1.7;

"**Outcomes**" means the nine (9) outcomes prescribed in the Regulations;

"Partnership" means the Dumfries and Galloway Health and Social Care Partnership, the organisation formed to integrate services provided by the NHS board and Council;

"**Performance Management Framework**" means the framework agreed between the Parties and the Integration Joint Board under clause 6.4 to measure performance management;

"**Recovery Plan**" means a plan detailing how an identified financial shortfall in the

Integrated Budget will be addressed;

"**Regulations**" has the meaning given to it in clause 1.1;

"**Resource Transfer and Virement**" means an administrative transfer of funds from one budget to another or from part of a budget to another;

"**Senior Professional Leads**" means the Chief Social Work Officer of the Council, Medical Director and Executive Nurse Director of NHS Dumfries and Galloway;

"**Services**" means those services set out in Part 2 of Annex 1 and Part 2 of Annex 2 (as the context requires) relating to those functions delegated pursuant to Part 1 of Annex 1 and Part 1 of Annex 2 of this document as provided by NHS Dumfries and Galloway or the Council (as appropriate) and which are to be integrated. Part 2 of Annex 1 details the services relating to the functions delegated to the Integration Joint Board by NHS Dumfries and Galloway; and Annex 2, Part 2 details the services relating to the functions delegated to the Integration Joint Board by the Council;

"Set Aside Budget" means the amount required to be set aside by NHS Dumfries and Galloway under section 14(3) of the Act for use by the Integration Joint Board in respect of Large Hospital Services;

"**Significant Decisions**" means those decisions made by the Integration Joint Board as set out in section 36 of the Act;

"**Social Work Service Plan**" means the Dumfries and Galloway Social Work Service Business Plan;

"SPSO" means Scottish Public Services Ombudsman;

"**Strategic Commissioning Intentions**" means the seven statements made in the new Dumfries and Galloway Strategic Plan that set out the Integration Joint Board's ambitions for improving Outcomes over the lifetime of the Strategic Plan as set out in clause 2.3;

"**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;

"**Strategic Planning Group**" means the group that the Integration Joint Board is required to establish in accordance with section 32 of the Act;

"Supplementary Guidance Documents" means supporting materials such as other informational documents; and

"**UK GDPR**" has the meaning given to it in section 3(10) (as supplemented by section 205(4)) of the Data Protection Act 2018.

1.19 A reference to legislation or a legislative provision is a reference to it as amended, extended or re-enacted from time to time.

2 Aims and Outcomes of the Integration Scheme

2.1 The main purpose of integrating health and social care is to improve the wellbeing of people supported by health and social care, their families and Carers, particularly those whose needs are complex and involve support from both health and social care at the same time.

National Health and Wellbeing Outcomes

2.2 The Integration Scheme is intended to achieve the Outcomes prescribed by the Scottish Ministers in the Regulations, namely:

- 2.2.1 People are able to look after and improve their own health and wellbeing and live in good health for longer;
- 2.2.2 People, including those with disabilities or long term health 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;
- 2.2.3 People who use health and social care services have positive experiences of those services, and have their dignity respected;
- 2.2.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services;
- 2.2.5 Health and social care services contribute to reducing health inequalities;
- 2.2.6 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;
- 2.2.7 People using health and social care services are safe from harm;
- 2.2.8 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; and
- 2.2.9 Resources are used effectively and efficiently in the provision of health and social care services.

The Strategic Plan

2.3 The Integration Joint Board has a set of seven (7) Strategic Commissioning Intentions within its Strategic Plan. These are: -

- 2.3.1 People are supported to live independently at home and avoid crisis;
- 2.3.2 Fewer people experience health and social care inequalities;
- 2.3.3 People and communities are enabled to self manage and supported to be more resilient;
- 2.3.4 People have access to the care and support they need;
- 2.3.5 People's care and support is safe, effective and sustainable;

2.3.6 People who deliver care and support, including Carers and volunteers, feel valued, are supported to maintain their wellbeing and enabled to achieve their potential; and

2.3.7 People's chosen outcomes are improved through available financial resources being allocated in line with the Model of Care and delivering Best Value.

3. Local Governance Arrangements

3.1. The Integration Joint Board is a body corporate and is autonomous and therefore has capacity to act on its own behalf and make decisions about the exercise of its functions and responsibilities as it sees fit.

Voting Membership of the Integration Joint Board

3.2 The arrangements for appointing the Parties' voting membership of the Integration Joint Board are that the Parties shall each appoint four (4) representatives. These must be Council Elected Members or NHS Board Non-Executive Directors. The voting Integration Joint Board members appointed by the Parties shall hold office for a period not exceeding three (3) years. At the end of a term of office determined, a voting member may be reappointed for a further term of office.

3.3 The Integration Joint Board shall appoint one voting Lived Experience Representative in respect of each of the following groups, in accordance with the Public Bodies (Joint Working) (Membership and Procedures of Integration Joint Boards) (Scotland) Order 2014, as amended:

~~3.3.1 Staff of the Parties engaged in the provision of Services provided under the Integration Scheme;~~

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

3.3.3 People supported by health and social care residing in the Dumfries and Galloway area; and

3.3.4 People providing unpaid care in the Dumfries and Galloway area.

3.4 No business shall be transacted at a meeting of the Integration Joint Board unless there are at least one half of the voting members present.

~~3.4~~ 3.5Integration Joint Board voting members appointed by the Parties shall cease to be members of the Integration Joint Board in the event that they (1) cease to be a non-executive Board member of NHS Dumfries and Galloway or, (2) where applicable, cease to be an appropriate person for the purposes of article 3(5) of the Order or (3) cease to be an Elected Member of the Council, or (4) where an appointee or the appointing Party wishes to terminate the appointment of that member. In such circumstances, the Party which nominated the appointee will appoint a new appointee in place of the person ceasing to be a member of the

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Integration Joint Board as soon as possible.

Chairs and Vice Chairs of the Integration Joint Board

3.65 The first Chair of the Original Integration Joint Board was an Integration Joint Board member nominated by the Council. NHS Dumfries and Galloway nominated the Vice-Chair. Both held office for a period of two (2) years. At the end of the period of two (2) years, responsibility for appointing the Chair and Vice Chair transferred to the other Party and a new Chair and Vice Chair were appointed for a further period of two (2) years. Thereafter, responsibility for appointing the Chair and Vice Chair has alternated, and shall continue to alternate, between the Parties. The appointments of Chair and Vice Chair are made for a period of two (2) years.

Advisory Members of the Integration Joint Board

3.76 The Integration Joint Board must also include the following non-voting (advisory) members as specified in the Order: -

3.76.1 The Chief Officer of the Integration Joint Board;

3.76.2 The Chief Social Work Officer of the Council;

3.67.3 The Chief Finance Officer of the Integration Joint Board;

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

3.76.5 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; ~~and~~

3.67.6 A registered medical practitioner employed by NHS Dumfries and Galloway and not providing primary medical services; and~~.~~

~~3.7 The Integration Joint Board shall also appoint at least one non-voting (advisory) member in respect of each of the following groups as specified in the Order:~~

3.7.74 Staff of the Parties engaged in the provision of Services provided under the Integration Scheme.~~;~~

~~3.7.2 Third sector bodies carrying out activities related to health or social care in the Dumfries and Galloway area;~~

~~3.7.3 People supported by health and social care residing in the Dumfries and Galloway area; and~~

~~3.7.4 People providing unpaid care in the Dumfries and Galloway area.~~

3.8 The Integration Joint Board may, from time to time, appoint ~~such~~ additional non-voting (advisory) members as it considers necessary and expedient for the effective discharge of its functions as specified in the 2014 Order. Such members may not be an Elected Member of the Council, ~~or~~ a non-executive director of NHS Dumfries and Galloway nor a Lived Experience Representative.

4. Delegation of Functions

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Functions Delegated to the Integration Joint Board from NHS Dumfries and Galloway

4.1 The functions delegated by NHS Dumfries and Galloway to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate, provided by NHS Dumfries and Galloway and which are to be integrated, are set out in Part 2 of Annex 1.

4.2 Each function listed in column A of Part 1 of Annex 1 is delegated from NHS Dumfries and Galloway to the Integration Joint Board subject to the exceptions in column B.

Functions Delegated to the Integration Joint Board from the Council

4.3 The functions that are delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services relating to these functions, provided by the Council through the Partnership and as directed by the Integration Joint Board, are set out in Part 2 of Annex 2.

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

5 Local Operational Delivery Arrangements

Strategic Plan

5.1. The Act places a requirement on integration joint boards to create a Strategic Plan for the area for which it is established.

5.2. The Strategic Plan shall:

5.2.1 Set out the arrangements for the Delegated Functions and the Services relating to them;

5.2.2 Describe how these arrangements achieve or contribute to achieving the Outcomes; and

5.2.3 Be reviewed at least every three (3) years at which time it is either retained or replaced. The period of the current Strategic Plan began on the first of April 2022 in accordance with section 37 (1) of the Act.

5.3. The Parties shall provide support to the Integration Joint Board for the purposes of preparing and reviewing its Strategic Plan.

5.4. The Parties shall continue to provide the Integration Joint Board with the necessary service performance, activity and financial data and the facilities and/or other

resources that relate to the use of any Services, both within and out with Dumfries and Galloway, by people supported by health and social care, their families and Carers.

5.5. Each of the Parties shall advise the Integration Joint Board if they intend to change the service provision for those services relating to functions not delegated to the Integration Joint Board but that may have a resultant impact on the Strategic Plan.

Strategic Planning Group

5.6. The Integration Joint Board shall establish a Strategic Planning Group to support the strategic planning process in accordance with section 32 of the Act. The membership of the Strategic Planning Group should be as set out within section 32 of the Act. The Strategic Planning Group has a key role in:

5.6.1 Shaping and influencing the content of the Strategic Plan;

5.6.2 Reviewing progress against the statutory outcomes for health and wellbeing and the associated performance indicators;

5.6.3 Providing a view to the Integration Joint Board on the effectiveness of integration arrangements; and

5.6.4 Providing a view to the Integration Joint Board on any Significant Decisions.

Operational Delivery Arrangements

5.7. Section 26 (1) of the Act states, that "Where an integration authority is an integration joint board, it must give a direction to a constituent authority to carry out each function delegated to the integration authority."

5.8. The Integration Joint Board shall issue a Direction or set of Directions to either or both the Council and NHS Dumfries and Galloway in respect of every function that has been delegated to it. Each Direction shall include detailed information on the financial resources being made available for its implementation.

5.9. The Integration Joint Board shall have responsibility for the planning of Services that relate to the functions delegated to it. This shall be achieved through the Strategic Plan.

5.10. The Integration Joint Board is responsible for ensuring the Partnership provides assurance of delivery of Services in so far as the Directions it has issued to either or both of the Parties.

5.11. The Chief Officer is responsible for the operational management and delivery of the Services. Members of the Health and Social Care Leadership Group shall provide information, on a regular basis, to the Chief Officer on the operational delivery of Services.

Professional Leads and the Planning and Delivery of Services

5.12. The Senior Professional Leads, (or such other officers nominated by the relevant responsible Party), shall have a key role in the planning and delivery of Services relating to Delegated Functions.

5.13. These Senior Professional Leads shall liaise with each other and the Chief Officer to ensure that there is appropriate co-ordination and a high level of professional input into the design and delivery of Services.

Provision of corporate support services

5.14 In order for the Integration Joint Board to both prepare the Strategic Plan and ensure that the Delegated Functions are carried out effectively, the Parties agree that technical, professional and administrative resources will require to be provided by them to the Integration Joint Board.

5.15 There is agreement and commitment by the Parties to provide corporate support services to the Integration Joint Board. The arrangements for providing these support services shall be reviewed at the same time as the Integration Scheme is reviewed and appropriate models of service provision agreed. This process will involve senior representatives from the Parties and the Chief Officer.

5.16 The Parties shall provide the Integration Joint Board with the corporate support services that it requires to fully discharge its duties under the Act.

6. Performance Reporting and the Performance Management Framework

Role and Responsibilities of the Chief Officer in Relation to Performance

6.1 The Chief Officer reports to the Integration Joint Board on strategy, finance and performance in relation to the implementation of the Strategic Plan. The Chief Officer does this by providing regular performance reports on the Strategic Plan to the Integration Joint Board. This enables the Integration Joint Board to have oversight of performance and measure impact against planned outcomes, intentions and priorities. The Integration Joint Board can request additional reports.

6.2 The Chief Officer is responsible to the Parties for the operational management and delivery of Services through the operation of the Partnership.

Annual Performance Reports

6.3 The Integration Joint Board is required to prepare and publish a performance report for the reporting year setting out an assessment of performance during the reporting year to which it relates in planning and carrying out the Services. The performance report must comply with the requirements of the Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014.

Performance Management Framework

6.4 The Integration Joint Board and the Parties will agree the Performance Management Framework for performance management that includes:

6.4.1 Relevant national indicators;

6.4.2 Wellbeing measures; and

6.4.3 Outcomes indicators.

6.5 The members of the Integration Joint Board have a role to play in having strategic oversight and scrutiny of the performance by the Parties in complying with and implementing Directions issued to them. It shall carry out these responsibilities through the receipt of regular performance and financial reporting from the Parties on the implementation of Directions and performance advice from the Chief Officer, Chief Finance Officer and other senior managers and Professional Leads.

6.6 The Performance Management Framework shall ensure that there are clear linkages between the Outcomes, the Dumfries and Galloway Local Outcomes Improvement Plan, Locality Plans and the Parties' delivery plans for Services.

6.7 The Performance Management Framework will be reviewed regularly to ensure the improvement measures that it contains continue to be up to date, relevant and reflect the outcomes, aims and intentions contained within the Strategic Plan.

6.8 A key element of the Performance Management Framework is to ensure continuous engagement with people with lived experience of care and support, Carers, local communities, staff and clinicians to inform the design of, and improvements to, Services that are integrated.

6.9 An integration authority must publish each Annual Performance Report before the expiry of the period of four (4) months beginning with the end of the reporting year; that is, no later than the end of July of the relevant year.

6.10 The Annual Performance Report must reflect the following:-

6.10.1 Reporting on both the year which the report covers, and the five (5) preceding years, or for all previous reporting years, if this is less than five (5) years;

6.10.2 Assessing performance in relation to the Outcomes;

6.10.3 Financial Performance and Best Value;

6.10.4 Reporting on Localities, the arrangements made in relation to consulting and involving localities, an assessment of how these arrangements have contributed to the provision of Services and the proportion of the Partnership's total budget that was spent in relation to each Locality;

6.10.5 Inspection of Services;

6.10.6 Any review of the Strategic Plan;

6.10.7 Significant Decisions (as defined in the legislation);

6.10.8 The Core Suite of Integration Indicators; and

6.10.9 The Ministerial Strategic Group for Health and Community Care Indicators.

6.11 In addition to the Core Suite of Integration Indicators and the Ministerial Strategic Group for Health and Community Care Indicators, the Integration Joint Board has discretion to supplement additional performance indicators to reflect local priorities. These shall have clear linkages to the Outcomes, the National Performance Framework and the Parties' delivery plans for Services.

6.12 The delivery of the Strategic Plan is monitored through:

6.12.1 Longer term population outcomes;

6.12.2 The view of the Strategic Planning Group on the effectiveness of integration arrangements;

6.12.3 Assurances from NHS Dumfries and Galloway in relation to the operational delivery of health services;

6.12.4 Assurances from the Council in relation to the operational delivery of adult social care; and

6.12.5 Feedback from people who use and deliver health and social care.

6.13 The delivery of the Integrated Budget is observed through:

6.13.1 Regular reporting in relation to the financial performance of the Partnership in respect of the Delegated Functions and associated budgets;

6.13.2 Self assessment in relation to Best Value; and

6.13.3 Scrutiny by external auditors.

6.14 The delivery of Directions is observed through regular reporting from the Parties on the progress of Directions in line with agreed monitoring arrangements through the Integration Joint Board Finance, Performance and Quality Committee.

6.15 Oversight of the operational delivery of the Delegated Functions is observed through regular reporting from the Parties on the progress of the Annual Delivery Plan and the Social Work Service Plan through the Integration Joint Board Finance, Performance and Quality Committee.

Local Performance Monitoring

6.16 The way in which health and social care is provided must be shaped by the people who deliver health and social care in Dumfries and Galloway and the people supported by health and social care and their Carers and families.

6.17 The Integration Joint Board will ensure that everyone is involved in the planning and design of Services. Regular communication between the Integration Joint Board and the people of Dumfries and Galloway will increase public trust and understanding and ensure the best use of available finance and other resources.

7. Clinical and Care Governance and Professional Oversight

Clinical and Care Governance Overview

7 . 1 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act.

7 . 2 The Parties recognise that establishing and continuously reviewing their arrangements for clinical and care governance are fundamental to the Integration Joint Board delivering its ambitions.

7 . 3 The clinical and care governance arrangements described below provide the Integration Joint Board with the required assurance with regard to the quality and safety of Services delivered.

7 . 4 The Parties have regard to the principles of the Clinical and Care Governance Framework, including the focus on Localities, people supported by health and social care and Carer feedback.

7 . 5 The Act does not change the professional regulatory framework or established professional accountabilities currently in place. The Parties shall continue to ensure that explicit arrangements are made for professional supervisions, learning, support and continuous improvement for all staff;

7.5.1 Professional responsibility and accountability for Nursing, Midwifery and Allied Health Professional practice is devolved to the Executive Nurse Director of NHS Dumfries and Galloway;

7.5.2 Professional responsibility and accountability for social work practice is devolved to the Chief Social Work Officer of the Council;

7.5.3 Professional responsibility and accountability for medical staff is devolved to the Medical Director of NHS Dumfries and Galloway; and

7.5.4 Operational management responsibility and accountability for Delegated Functions rest with the Chief Officer.

7.6 Clinical and care governance assurance given to the Integration Joint Board in respect of the clinical and care governance of Services shall be achieved through regular reporting from the Parties to the Integration Joint Board via the mechanism

of the relevant Integration Joint Board Committee and from that Committee back up to the Integration Joint Board.

The Clinical and Care Governance Framework

7.7 The key elements, processes and principles of the Clinical and Care Governance Framework will form the basis of clinical and care governance arrangements for the Integration Joint Board.

Commissioning and Procurement and Clinical and Care Governance

7.8 The Parties remain responsible, through commissioning and procurement arrangements, for the quality and safety of Services procured from the third and independent Sectors and ensuring that such Services are delivered in accordance with the Strategic Plan.

7.9 Region wide health and social care teams are responsible for embedding clinical and care governance and quality improvement practice across the Services that they manage and deliver.

7.10 Clinical and care governance oversight of Services is undertaken through:

7.10.1 NHS Dumfries and Galloway Health Care Governance Committee;

7.10.2 Council Social Work Committee; and

7.10.3 Integration Joint Board Audit, Risk and Governance Committee.

7.11 The above Committees bring together Elected Members, NHS Board executive and non executive directors, other senior managers, leaders and professional leadership of the Parties including the Chief Social Work Officer, the Executive Nurse Director of NHS Dumfries and Galloway and the Medical Director of NHS Dumfries and Galloway, providing an effective overview of the clinical and care governance agenda across the Services.

7.12 NHS Dumfries and Galloway's Healthcare Governance Committee and the Council's Social Work Services Committee provide assurance through regular reporting to the Integration Joint Board Audit, Risk and Governance Committee with regards to the quality and safety of Services being delivered via the Partnership.

Professional Leads Clinical and Care Governance Role and Responsibilities

7.13 The Medical Director of NHS Dumfries and Galloway and Executive Nurse Director of NHS Dumfries and Galloway have joint accountability for the clinical governance of all Services delivered by NHS Dumfries and Galloway, delegated and not delegated, as a responsibility/function delegated from the Chief Executive of NHS Dumfries and Galloway.

In addition, the Medical Director of NHS Dumfries and Galloway: -

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

7.13.2 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; and

7.13.3 Is responsible for under-graduate and post-graduate education and training and teaching of medical students and this continues to be discharged through the Director of Medical Education of NHS Dumfries and Galloway.

7.14 In addition, the Executive Nurse Director: -

7.14.1 Is responsible for all under-graduate and post-graduate nurse and midwifery education and evaluation of student nurse clinical placements for all NHS staff; and

7.14.2 Is responsible for revalidation of Nurses and Midwives by the Nursing and Midwifery Council and Allied Health Professionals by the Health and Care Professions Council.

7.15 The Chief Social Work Officer ensures that the Council Social Work Committee maintains an overview of the quality assurance of all social work services. The Chief Social Work Officer is held to account by the Council for the quality of social work practice and shall continue to report to the Council's Social Work Services Committee and Full Council when required. The Chief Social Work Officer's Annual Report on these matters is provided to the Council and to the Integration Joint Board.

7.16 The Chief Social Work Officer provides appropriate professional advice in relation to the Council's statutory social work duties and makes certain decisions regarding the Social Work (Scotland) Act 1968. The Chief Social Work Officer supports the Council and the Elected Members of the Council 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 Integration Scheme.

7.17 The Chief Social Work Officer, the Executive Nurse Director of NHS Dumfries and Galloway and the Medical Director of NHS Dumfries and Galloway are non-voting (advisory) members of the Integration Joint Board, providing clinical and care governance and professional advice at that level. These professional leads also advise the Chief Officer in all matters pertaining to professional issues covered by the Clinical and Care Governance Framework.

7.18 Existing advisory committees are available for the provision of advice to the Integration Joint Board as required, for example, the Area Nursing and Midwifery Advisory Committee and the Area Medical Advisory Committee.

7.19 In addition to the professional roles, the Chief Officer has a key role in relation to clinical and care governance in ensuring a regular and robust reporting mechanism is in place and implemented.

8 Chief Officer

8.1 The Integration Joint Board must appoint a Chief Officer in accordance with section 10 of the Act. Before appointing a person as Chief Officer, the Integration Joint Board must consult with the Parties.

8.2 The Chief Officer has operational management and delivery responsibility for all Services and is accountable to the Parties for the operational delivery of these. This post is jointly managed by the Chief Executives of the Parties who shall have joint performance review meetings involving both Party's Chief Executives on a regular basis.

8.3 The Chief Officer reports to the Integration Joint Board on the delivery of the Strategic Plan and on the delivery of Directions issued by the Integration Joint Board to both or either of the Parties.

8.4 The Chief Officer is a member of the appropriate senior management teams of each of the Parties. This enables the Chief Officer to work with the senior management of both Parties to carry out the functions of the Integration Joint Board in accordance with the Strategic Plan.

8.5 The Chief Officer shall establish and maintain effective relationships with a broad range of key stakeholders across NHS Dumfries and Galloway, the Council, the third and independent sectors, people supported by health and social care, Carers, Scottish Government, trades unions and professional organisations.

8.6 In the event that the Chief Officer is absent on an unplanned basis, or otherwise unable to carry out their functions, at the request of the Integration Joint Board, a suitable interim replacement for the Chief Officer shall be nominated by the Parties and submitted to the Integration Joint Board for approval and appointment.

9 Workforce

9.1 Successful delivery of Services is dependent upon an engaged workforce. This is achieved through effective leadership, management, support, learning and development.

9.2 The following principles apply to staff delivering Services:

9.2.1 The employment status of staff is not changed as a result of the Integration Scheme, i.e. staff of the Parties involved in delivering Services shall

continue to be employed by their current employer and retain their current terms and conditions of employment and pension status;

9.2.2 Any future changes that may be required within the staff employed by either or both of the Parties shall be agreed and promulgated following the engagement of those affected by any proposal in accordance with established policies and procedures; and

9.2.3 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. A workforce plan, which shall include development and support for the workforce, shall be put in place by the Parties. The workforce plan shall be reviewed annually and the Integration Joint Board shall be invited to be party to this review.

9.3 Core human resources and learning and organisational development services are provided by the Parties to their staff from existing organisational resources and services.

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

9.5 Joint appointments shall 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 Services.

10 Finance

Resources Overview

10.1 The Parties set out the following method of determining amounts to be paid by the Parties to the Integration Joint Board in respect of each of the Delegated Functions.

10.2 The Chief Officer and the Chief Finance Officer will develop a case for the Integrated Budget based on the Strategic Plan. The Parties shall review the proposal and associated assumptions as part of the annual budget setting process. taking into regard the following points:

10.2.1 The case is evidenced, with full transparency demonstrating the following assumptions:

10.2.1.1 Cost inflation;

10.2.1.2 Activity Changes;

10.2.1.3 Required Efficiency Savings;

10.2.1.4 Performance against the Outcomes;

10.2.1.5 Legal and statutory requirements;

10.2.1.6 Transfers to/from the budget for hospital services; and

10.2.1.7 Adjustments to address equity of resource allocation.

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

10.4 If the Strategic Plan sets out a change in hospital and community capacity, the resource consequences shall be determined through a bottom up process. This means taking a detailed look to estimate and assess actual costs based on:

10.4.1 Planned changes in activity and case mix due to interventions in the Strategic Plan;

10.4.2 Projected activity and case mix changes due to changes in demography; and

10.4.3 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)

10.5 The Parties shall consider the following when reviewing the Strategic Plan:-

10.5.1 The Local Government Financial Settlement;

10.5.2 The uplift applied to NHS Dumfries and Galloway funding from the Scottish Government;

10.5.3 Efficiencies to be achieved; and

10.5.4 Specific funding provided by the Scottish Government to either Party or the Integration Joint Board to support Delegated Functions or integration.

10.6 Allocations by the Parties shall be based on priority and need. The Parties shall make available financial information to the Integration Joint Board as may be required to inform financial planning.

Set Aside Budget for Large Hospital Services

10.7 In addition to the payments to the Integration Joint Board, NHS Dumfries and Galloway will identify a Set Aside Budget to be made available to the Integration Joint Board for Delegated Functions to be carried out in large hospitals. The Set Aside Budget will be based on an apportionment of the relevant NHS Dumfries and Galloway Board budgets.

10.8 The initial core baseline Set Aside Budget will be based on cost and activity in line with Scottish Government financial guidance and agreed in partnership by NHS Dumfries and Galloway Director of Finance and the Chief Finance Officer. Set Aside Budgets for future years will be based on the content of the Strategic Plan and any subsequent projected activity changes.

Schedule of Payments

10.9 The net difference between payments made to the Integration Joint Board and

resources delegated by the Integration Joint Board, Resource Transfer and Virement between the Parties and the Integration Joint Board shall 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 shall be prepared in advance of the start of the financial year.

Integrated Budget In-Year Variations

10.10 Process for resolving budget variances in the Integrated Budget: -

Overspend

10.10.1 The Chief Officer is expected to deliver the Outcomes within the total amount of the Integrated Budget;

10.10.2 Where there is a forecast overspend against an element of the Integrated Budget, the Chief Officer, the Chief Finance Officer and the relevant finance officers of the Parties must agree a Recovery Plan setting out agreed corrective action to balance the overspend in the Integrated Budget. In any instance where a Recovery Plan cannot be agreed by the above officers, the dispute resolution process (as it is laid out in section 16 of this document) shall apply. The Recovery Plan shall be submitted to the Integration Joint Board for agreement; and

10.10.3 In addition, the Integration Joint Board may increase the payment to the affected body by either:

a. Utilising an underspend on the other arm of the Integrated Budget to reduce the payment to that body; and/or

b. Utilising the balance on the general fund, if available, of the Integration Joint Board in line with the reserves policy;

10.10.4 If the Recovery Plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the Parties have the option to:

a. Make additional one-off payments to the Integration Joint Board; or

b. Provide additional resources to the Integration Joint Board which can then be 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.

10.10.5 As a default position, should the Recovery Plan be unsuccessful, the Integration Joint Board may request that the payment from the Parties be adjusted to take account of any revised assumptions. It shall be incumbent on the Party who originally provided the resources for provision of a delegated Service to make the additional payment to cover the shortfall.

Underspend

10.10.6 Where there is a forecast underspend in an element of the operational Integrated Budget, the first priority for use of the forecast underspend shall be to offset any forecast overspend within the operational Integrated Budget. If a total underspend remains to be forecast, the Integration Joint Board should forecast the retention of the underspend, except where material errors in the assumptions are 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.

10.10.7 In the event of a forecast underspend the Integration Joint Board shall be required to decide whether this results in a re-payment to the relevant Party or whether any surplus funds shall contribute to the Integration Joint Board's general fund reserves.

10.10.8 The Chief Officer and the Chief Finance Officer shall have an agreed reserves policy for the Integration Joint Board which is reviewed annually.

10.10.9 In the event of a return of funds to the Parties, the split of the re-payment shall be based upon the Parties' proportionate share of the baseline payment to the Integration Joint Board, regardless of the operational budget in which the underspend has occurred.

10.10.10 It should be noted that, underspends in "ring fenced" allocations may not be available for alternative use and may need to be returned to Scottish Government.

Non Integrated Budgets

10.11 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.

10.12 In exceptional circumstances, should they require the Integration Joint Board to contribute resources to offset the overspend, they must do this by amending their Allocations to the Integration Joint Board.

10.13 This provision should only be used in extremis and shall be subject to consultation with the Integration Joint Board. The Chief Officer shall determine the actions required to be taken to deliver the necessary savings to fund the reduction in Allocations. This should be approved by the Integration Joint Board. If necessary, either Party may increase its in year payment to the Integration Joint Board.

Chief Finance Officer and Managing Financial Performance

10.14 The Chief Finance Officer is appointed by the Integration Joint Board.

10.15 The Integration Joint Board shall receive financial management support from the Chief Finance Officer.

10.16 Financial advice and support shall also be provided to the Chief Officer by the Chief Finance Officer, supported by the finance staff of each Party which supports the operational budgets for Delegated Functions.

10.17 The Chief Finance Officer shall 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 Integration Joint Board as a whole.

10.18 The Chief Finance Officer shall provide the Chief Officer with financial advice for the respective operational budgets.

10.19 Financial reports shall be produced by the Parties as part of the financial performance structure provided to the Integration Joint Board. Future content and frequency of reporting shall be agreed with the Integration Joint Board.

10.20 The financial reports shall 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 financial reports also set out progress with achievement of any budgetary savings.

10.21 Services for processing transactions for Delegated Functions (e.g. payment of suppliers, payment of staff, raising invoices), shall be provided to the Integration Joint Board by the Parties. The Integration Joint Board should operate all financial transactions in line with the appropriate financial regulations of the Parties dependent upon the organisation the transaction applies.

Annual Accounts

10.22 The responsibility for preparing the Annual Accounts of the Integration Joint Board resides with the Chief Finance Officer, who is also responsible for agreeing a timetable for the preparation of the Annual Accounts in conjunction with the Director of Finance of NHS Dumfries and Galloway and the Chief Financial Officer of the Council. The Chief Finance Officer shall also be responsible for the financial planning input to the Strategic Plan.

10.23 Prior to 31 January in each year, the Chief Finance Officer will agree with the Chief Financial Officer of the Council and the Director of Finance of NHS Dumfries and Galloway, a procedure and timetable for the upcoming financial year end for reconciling payments and agreeing any balances.

10.24 The Parties will allocate a share of the corporate overhead costs (matched by a corresponding budget allocation) to the Integration Joint Board at the end of the financial year in order to comply with local authority accounting regulations.

Arrangements for Asset Management and Capital

10.25 The Integration Joint Board does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. Each of the Parties shall continue to own any property and assets of that Party used by the Integration Joint Board and have access to appropriate sources of funding for capital expenditure.

10.26 The Chief Officer will advise of the needs of Services in respect of the overall capital investment considerations of the Parties and will consult with the Parties on how to make best use of existing resources.

11 Participation and Engagement

Principles

11.1 The Integration Joint Board and the Parties have established shared principles in relation to participation and engagement:

- 11.1.1 Inform, engage and respond to people and organisations as appropriate;
- 11.1.2 Engagement and participation work must allow local people to influence how Services are designed and delivered;
- 11.1.3 Help people to take responsibility and feel they have power;
- 11.1.4 Recognise the importance of partnership and team working;
- 11.1.5 Work in a way that involves everyone and is accessible;
- 11.1.6 Make sure that participation and engagement is open and doesn't hide anything;
- 11.1.7 Respect people's privacy, dignity and confidentiality;
- 11.1.8 Use different methods of communicating so that as many people as possible can take part;
- 11.1.9 Provide enough resources for the engagement activities;
- 11.1.10 People from different organisations should work together; and
- 11.1.11 Organisations should encourage their people to work together and share ideas and resources.

Consultation on the Original Integration Scheme

11.2 A joint consultation took place on the Original Integration Scheme in February - March 2015. The stakeholders consulted included:

- 11.2.1 Local communities/general public;
- 11.2.2 Health professionals, including GPs;
- 11.2.3 People supported by health and social care;
- 11.2.4 Carers of people supported by health and social care;
- 11.2.5 Commercial providers of health care;

11.2.6 Non-commercial providers of health care;

11.2.7 Council employees;

11.2.8 NHS Dumfries and Galloway employees;

11.2.9 Council Elected Members;

11.2.10 NHS Dumfries and Galloway Board members;

11.2.11 Social care professionals;

11.2.12 Commercial providers of social care;

11.2.13 Non-commercial providers of social care;

11.2.14 Staff of NHS Dumfries and Galloway and the Council who are not health professionals or social care professionals;

11.2.15 Non-commercial providers of social housing;

11.2.16 Third sector bodies carrying out activities related to health or social care;

11.2.17 Trade Unions;

11.2.18 Dumfries and Galloway Community Planning Partnership;

11.2.19 Dumfries and Galloway Community Planning Stakeholders Group Dumfries and Galloway Public Protection Committee;

11.2.20 Learning Disability Interest Groups;

11.2.21 Accessible Transport Forum;

11.2.22 Older People's Consultative Group;

11.2.23 Alzheimers Scotland;

11.2.24 Day Centres;

11.2.25 Dumfries and Galloway Over 50s Group;

11.2.26 Royal Voluntary Service;

11.2.27 The Food Train;

11.2.28 Dumfries and Galloway Carers Centre;

11.2.29 Capability Scotland;

11.2.30 Third Sector, Dumfries and Galloway (Interface);

11.2.31 Department of Work and Pensions;

11.2.32 Dumfries and Galloway Citizens Advice Service;

11.2.33 Further/Higher Education;

11.2.34 DG Voice;

11.2.35 Dumfries and Galloway Multicultural Association;

11.2.36 Dumfries and Galloway Inter Faith Group;

11.2.37 MPs, MSPs, MSYPs in Dumfries and Galloway;

11.2.38 Age Scotland;

11.2.39 Dumfries and Galloway LGBT Centre; and

11.2.40 User and Carer Involvement (UCI)

11.3 This Integration Scheme contains significant changes. The changes affect the list of health functions and the health services related to these functions that have been delegated from NHS Dumfries and Galloway to the Integration Joint Board from those delegated under the Original Integration Scheme and First Revised Integration Scheme as well as changes to the number of voting members of the Integration Joint Board. Therefore, further engagement and consultation specifically relating to these changes was undertaken involving the groups as they are stated within The Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014.

11.4 This Integration Scheme was fully impact assessed on the 22nd August 2025 and 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 full Dumfries and Galloway Integration Scheme 2025 Equalities Impact Assessment is published and publicly available.

Consultation responses

11.5 All consultation responses received were submitted to the Parties and considered and taken into account by them prior to finalising and agreeing this Integration Scheme.

Integration Joint Board Participation and Engagement Strategy

11.6 The Integration Joint Board has an agreed Participation and Engagement Strategy in place in accordance with the National Standards.

12 Information Sharing and Data Handling

12.1 All information sharing and data handling arrangements relating to integrated services shall be in compliance with the DPA and the UK GDPR.

12.2 The Parties have agreed a supporting ISA in line with the Information Commissioner's Office guidance on a staged basis of disclosure. This is now supporting an integrated approach to sharing information through the issue of a single shared information portal.

12.3 The Parties shall each ensure that its staff working within the Partnership shall be bound by a duty of confidentiality and are required to comply and adhere to each Party's respective information governance and security policies and procedures of their employing organisations, including the requirements of the agreed ISA.

12.4 The Parties shall ensure that Information sharing arrangements, including any agreements, procedures and protocols in place between the Parties to enable the

staff working within the Partnership to share such relevant information necessary are in place and such are reviewed annually or more frequently if required, by the Parties information governance leads.

12.5 The Parties shall ensure that Personal Data (as defined in the DPA) and Special Categories of Personal Data (as defined in the UK GDPR), is held in electronic and paper formats, and shall only be accessed by authorised staff who require to access for the purposes set out in the Act.

12.6 The Parties acknowledge that in order to provide fully integrated health and social care services, it will be necessary to share Personal Data of the person or people being supported by health and/or social care with external agencies not party to this Integration. In these instances, the relevant Party shall obtain the explicit consent of the Data Subject (as defined in the DPA), or their lawfully recognised representative, unless an overriding statutory requirement or exemption exists. In order to comply with the DPA and the UK GDPR, the Parties shall ensure that Personal Data that it may process is handled fairly, lawfully and in a transparent manner.

12.7 In order to comply with the DPA and GDPR, the Parties will ensure that all Personal Data is processed in compliance with the data protection principles (as set out in the UK GDPR).

13 Complaints Protocol

13.1 This complaints protocol sets out how the Parties will work jointly to achieve a joint approach to addressing complaints from the people supported by health and social care, Carers and any other authorised representatives about any integrated health and social care service.

13.2 The Parties agree that the responsibility for addressing complaints from people supported by health and social care and/or Carers is delegated to the Party responsible for the delivery of the particular health or social care service being complained about. There will be an overview carried out by the Chief Officer and a commitment to joint working, wherever necessary, between the Council and NHS Dumfries and Galloway when addressing complaints about any Service.

13.3 This provision ensures that the existing separate statutory complaint handling arrangements put in place by the Parties for health and social work services will be followed.

13.4 These arrangements also apply where, in the event that 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 the SPSO.

13.5 Legislation provides for a complainant with a health care complaint to pursue any appeal directly with the SPSO, after the one-stage complaint procedure has been exhausted.

13.6 People supported by health and social care and Carers and others, authorised to act as their representatives, shall 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.

13.7 In addition to above, in 2017, Scottish Government advised that all integration joint boards must have their own complaints handling procedure in place. This allows members of the public to express their dissatisfaction about the integration joint board's action or lack of action, or about the standards of services relating to functions delegated to that integration joint board.

13.8 There are currently three (3) key established processes for a complaint about health and social care services to follow depending on the lead Party. It is the responsibility of the lead Party to comply with the relevant and appropriate procedure:

- Dumfries and Galloway Council Complaints Handling Procedure;
- NHS Dumfries and Galloway Complaints Procedure; and
- Dumfries and Galloway Integration Joint Board Complaints Handling Procedure.

13.9 The above procedures can be found on the internet or by contacting the relevant Party.

13.10 All external providers commissioned by the Parties to provide Services to the Integration Joint Board are required to have their own complaints procedure in place which shall be quality assured by the Parties. Where complaints are received that relate to a service provided by an external service provider, the lead Party shall 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.

13.11 Each Party has a clearly defined description of what constitutes a complaint contained within its complaints handling documentation, although for consistency, and since the 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).'*

13.12 Should there be any data sharing requirements in relation to any complaint, the Data Sharing Protocol shall detail how this shall be managed.

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

13.14 Staff shall follow the complaints handling process of their employing Party. The employing Party shall take responsibility for the triage of the complaint and liaise

with the other Party where required.

13.15 The current processes within the Parties for gathering feedback, from people supported by health and/or social care and Carers, families and public, how it has been used for making improvements and learning, and how it is reported, shall continue.

13.16 Existing performance information and lessons learned relating to complaints investigations shall be collected and reported to the Integration Joint Board in line with the Clinical and Care Governance and Professional Oversight arrangements laid out in this Integration Scheme.

13.17 Performance information and lessons learned relating to complaints investigations shall be reported to the Integration Joint Board at its next meeting following reporting to the board of NHS Dumfries and Galloway or the Council's Audit and Risk Management Committee.

13.18 The above arrangements are monitored and evaluated annually.

14 Claims Handling, Liability and Indemnity

14.1 The Parties and the Integration Joint Board all recognise that they could receive a claim arising from or which relates to the work undertaken on the Directions of the Integration Joint Board.

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

14.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability shall apply.

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

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

14.6 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or their representative) shall liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

15 Risk Management

15.1 A risk management strategy for the Integration Joint Board was developed and approved by the Integration Joint Board by 31 December 2015.

The Integration Joint Board Audit, Risk and Governance Committee

15.2 The Integration Joint Board Audit, Risk and Governance Committee consists of voting and non-voting (advisory) members of the Integration Joint Board.

15.3 The Integration Joint Board Audit, Risk and Governance Committee

15.3.1 Ensures that the risk management strategy is regularly reviewed and updated;

15.3.2 Advises and seeks approval from the Integration Joint Board regarding any changes to the risk management strategy, including the level of risk appetite;

15.3.3 Considers and maintains an overview of the effectiveness of the risk management process;

15.3.4 Assesses and prioritises risks relating to the delivery of Services, particularly any likely to affect the Integration Joint Board's delivery of the Strategic Plan;

15.3.5 Ensures that significant risks are being adequately and appropriately managed; and

15.3.6 Monitors the implementation of improvement action plans.

The risk management strategy

15.4 The Integration Joint Board risk management strategy sets out:-

15.4.1 The responsibilities of the Chief Officer, risk owners, and the Parties in relation to risk;

15.4.2 The processes for mitigating risks;

15.4.3 Arrangements for managing significant risks. Progress on agreed actions in relation to these are reviewed every quarter by the Integration Joint Board Audit, Risk and Governance Committee; and

15.4.4 The agreed reporting standard that enables significant risks identified by the Parties and the Integration Joint Board to be compared between the Parties and the Integration Joint Board. Significant risks shall be reviewed either annually or every six (6) months by the Integration Joint Board Audit, Risk and Governance Committee.

15.5 Information on risks is effectively communicated between the Integration Joint Board Audit, Risk and Governance Committee and the Integration Joint Board through the use of a shared system to record and monitor any action being taken.

15.6 Amendments to the risk register shall be subject to scrutiny by the Integration Joint Board Audit, Risk and Governance Committee.

15.7 The Parties shall provide appropriate resources to ensure that the risk management of the Integration Joint Board is delivered to a high standard.

16 Dispute resolution mechanism

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

16.1.1 The Chief Executives of the Parties shall meet to resolve the issue;

16.1.2 If unresolved, the Parties shall each prepare a written note of their position on the issue and exchange it with the other within twenty one (21) calendar days of the meeting held in accordance with clause 16.1.1;

16.1.3 In the event that the issue remains unresolved, representatives of the Parties shall proceed to mediation with a view to resolving the issue;

16.1.4 A representative of each of the Parties shall meet with a view to appointing a suitable independent person to act as mediator. If agreement cannot be reached a referral shall 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 shall commence within twenty eight (28) calendar days of the meeting held in accordance with clause16.1.3; and

16.1.5 Where the issue remains unresolved after following the processes outlined above, and if mediation does not allow an agreement to be reached within six (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 (functions of Health Boards outside Scotland) Section 9 (local consultative committees); Section 17A (NHS contracts); Section 17C (personal medical or dental services) Section 17I (use of accommodation); Section 17J (Health Boards' power to enter into general medical services contracts); Section 28A (remuneration for Part II services); Section 38 (care of mothers and young children); Section 38A (breastfeeding); Section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); Section 48 (residential and practice accommodation) Section 55 (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 (remission and repayment of charges and payment of travelling expenses);

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

Column A Enactment conferring functions	Column B Limitations
	Section 75BA (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 (use and administration of certain endowments and other property held by Health Boards); Section 83 (power of Health Boards and local health councils to hold property on trust); Section 84A (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 (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; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

Column A Enactment conferring functions	Column B Limitations
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003	Except functions conferred by – Section 22 (approved medical practitioners); Section 34 (inquiries under Section 33: cooperation); Section 38 (duties on hospital managers: examination, notification etc.); Section 46 (hospital managers' duties: notification);

Column A Enactment conferring functions	Column B Limitations
	Section 124 (transfer to other hospital); Section 228 (request for assessment of needs: duty on local authorities and Health Boards) Section 230 (appointment of patient's responsible medical officer); Section 260 (provision of information to patient); Section 264 (detention in conditions of excessive security: state hospitals); Section 267 (order under section 264 or 265; recall); Section 281 (correspondence of certain persons detained in hospital); and functions covered by- The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under the Act)	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by – Section 31 (public functions: duties to provide information on certain

Column A Enactment conferring function	Column B Limitation
	expenditure etc.); and Section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by the Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012

Part 2

Services relating to functions delegated by NHS Dumfries and Galloway to the Integration Joint Board

The following services relating to NHS Dumfries and Galloway functions delegated pursuant to Part 1 of Annex 1 apply to adults over the age of 18

- Accident and emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine—
  - general medicine;
  - geriatric medicine;
  - rehabilitation medicine;
  - respiratory medicine; and
  - psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Inpatient hospital services provided by General Medical Practitioners.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- District nursing services.
- Services provided outwith a hospital in relation to an addiction or dependence on any substance.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- The public dental service.
- 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.
- General dental services provided under arrangements made in pursuance of section 25 of the National Health Service (Scotland) Act 1978.
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
- 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.
- Services providing primary medical services to patients during the out-of-hours period.

- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
    - Kidney dialysis services provided outwith a hospital.
    - Services provided by health professionals that aim to promote public health.

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	
Section 48 (duty of Councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (local authorities for the administration of the Act)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities)	So far as it is exercisable in relation to another integration function.
Section 8 (research)	So far as it is exercisable in relation to another integration function.
Section 10 (financial and other assistance to voluntary organisations etc. for social work)	So far as it is exercisable in relation to another integration function.
Section 12 (general social welfare services of local authorities)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (duty of local authorities to assess needs)	So far as it is exercisable in relation to another integration function.

Column A Enactment conferring function	Column B Limitation
Section 12AZA (assessments under section 12A – assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (power of local authorities to assist persons in need in disposal of produce of their work)	
Section 13ZA (provision of services to incapable adults)	So far as it is exercisable in relation to another integration function.
Section 13A (residential accommodation with nursing)	
Section 13B (provision of care or aftercare)	
Section 14 (home help and laundry facilities)	
Section 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

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

Column A Enactment conferring function	Column B Limitation
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (rights of authorized representatives of disabled persons)	
Section 3 (assessment by local authorities of needs of disabled persons)	
Section 7 (persons discharged from hospital)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
Section 8 (duty of local authority to take into account abilities of Carer)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
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	
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	
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	
Section 17 (duties of Scottish Ministers, local authorities and others as respects Commission)	
Section 25 (care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (services designed to promote well-being and social development)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (assistance with travel)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (duty to inquire)	
Section 34 (inquiries under section 33: Cooperation)	

Column A Enactment conferring function	Column B Limitation
Section 228 (request for assessment of needs duty on local authorities and Health Boards)	
Section 259 (advocacy)	
The Housing (Scotland) Act 2006	
Section 7(1)(b) (assistance for housing purposes)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
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	
Section 5 (choice of options: adults)	
Section 6 (choice of options under section 5: assistances)	
Section 7 (choice of options: adult Carers)	
Section 9 (provision of information about self-directed support)	
Section 11 (local authority functions)	
Section 12 (eligibility for direct payment review)	
Section 13 (further choice of options on material change of circumstances)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013
Section 16 (misuse of direct payment recovery)	
Section 19 (promotion of options for self-directed support)	
The Carers (Scotland) Act 2016	
Section 6 (duty to prepare adult Carer support plan)	
Section 21 (duty to set local eligibility criteria)	

Column A Enactment conferring function	Column B Limitation
Section 24 (duty to provide support)	
Section 25 (provision of support to Carers: breaks from caring)	
Section 31 (duty to prepare local Carer strategy)	
Section 34 (information and advice services for Carers)	
Section 35 (short break services statements)	
Functions conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies Joint Working (Scotland) Act 2014	
The Community Care and Health (Scotland) Act 2002	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

Part 2

Services provided by the Council which are to be integrated

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