



INTEGRATION SCHEME
BETWEEN
ARGYLL AND BUTE COUNCIL
AND
NHS HIGHLAND

Revised October 2019

Introduction

1. Vision and Values:

The vision of Argyll and Bute Council and NHS Highland is that the people in Argyll and Bute will live longer, healthier, happier, independent lives.

The core values of Argyll and Bute Council and NHS Highland are: caring; creative; committed; collaborative; teamwork; excellence; and integrity. ~~compassion; respect; integrity; team work; equality; fairness; transparency; efficiency; improvement; involvement, co-production and a person centered approach.~~

The core values of the Health and Social Care Partnership are: compassion; integrity; respect; continuous learning; leadership; and excellence.

2. Aims and Outcomes:

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes.

Argyll and Bute Integration Joint Board will plan for and deliver high quality health and social care services to and in partnership with the communities of Argyll and Bute.

Argyll and Bute Integration Joint Board will set out within its Strategic Plan how it will effectively use allocated resources to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in regulations under section 5(1) of the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.

- Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- 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.
- Resources are used effectively and efficiently in the provision of health and social care services.
- Any other National Health and Well Being outcome prescribed in the future will also be adopted.

Argyll and Bute Council and NHS Highland have agreed that Children and Families ~~social work~~social care services and ~~Criminal Justice~~ services should be included within the functions and services to be delegated to Argyll and Bute Integration Joint Board, therefore the specific national outcomes as detailed below for Children and Families and ~~Criminal Justice~~Justice are also included:

The national outcomes for Children and Families are:-

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances of children, young people and families at risk.
- Any national outcomes prescribed in the future will also be adopted.

National outcomes and standards for ~~Social Work~~Social Care Services in the ~~Criminal Justice~~Justice System are:-

- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.
- Any national outcomes prescribed in the future will also be adopted

3. Scope of Integration:

Argyll and Bute Council and NHS Highland have agreed to delegate to Argyll and Bute Integration Joint Board the following functions:

- All NHS services that the legislation permits for delegation.
- All Adult ~~social work~~social care services.
- All Children & Families ~~social work~~social care services.
- All ~~Criminal Justice~~Justice ~~social work~~social care services.

4. Finance arrangements:

The general principles are agreed as:

- The Council and NHS Highland recognise that they each have continuing financial governance responsibilities, and have agreed to establish Argyll and Bute Integration Joint Board as a “joint operation” as defined by IFRS 11.
- The Council and NHS Highland will work together in the spirit of partnership, openness and transparency.
- The Council and NHS Highland payments to Argyll and Bute Integration Joint Board derive from a process that recognises that both organisations have expenditure commitments that cannot be avoided in the short to medium term. The Council and NHS Highland will prepare and maintain a record of what those commitments are and provide this to Argyll and Bute Integration Joint Board.
- Argyll and Bute Integration Joint Board will monitor its financial position and make arrangements for the provision of regular, timely, reliable and relevant financial information on its financial position which will be shared with the Council and NHS Highland. Argyll and Bute Integration Joint Board, the Council and NHS Highland will share financial information to ensure all parties have a full understanding of their current financial information and future financial challenges and funding streams.
- The existing financial regulations of the Council and NHS Highland will apply to resources transferred to Argyll and Bute Integration Joint Board.

Integration Scheme

The Parties:

The Argyll and Bute Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at, Kilmory, Lochgilphead, Argyll, PA31 8RT (herein after referred to as “the Council”);

And

NHS Highland Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “Argyll and Bute CHP”) and having its principal offices at [Assynt House, Beechwood Park, Inverness, IV2 3BW Argyll, Lochgilphead, Argyll PA31 8LB](#) (hereinafter referred to as “NHS Highland”) (together referred to as “the Parties”).

1. Definitions and Interpretation

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

1.2 “Argyll and Bute Integration Joint Board” means the Integration Joint Board ~~to be~~ established by Order under section 9 of the Act.

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

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

1.5 “Integration Joint Board Order” means The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

1.6 “Scheme” means this Integration Scheme.

1.7 “Strategic Plan” means the plan which Argyll and Bute Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

1.8 “Acute Services” means medical and surgical treatment provided mainly in hospitals and minor injury units.

~~1.9 “Locality Planning Groups” means local management groups who are accountable for local services and have a level of devolved financial and operational responsibility to make decisions on the use of resources and service delivery for their communities.~~ “Locality Planning Groups” mean local planning groups comprising representatives of local partners and stakeholders who are accountable to the Strategic Planning Group for the planning and partnership delivery of agreed local health and care service priorities. Their specific purpose is to develop a locality plan, influence priorities for their local area, agree mechanisms for the delivery of actions at a local level and review and report on the locality plan annually.

In implementation of their obligations under the Act, the Parties hereby agree as follows:

In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for Argyll and Bute ~~Health~~ Integration Joint Board, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This revised Scheme comes into effect on the date the Parliamentary Order ~~to establish Argyll and Bute Integration Joint Board~~ comes into force.

2. Local Governance Arrangements

2.1 The role and constitution of the Argyll and Bute Integration Joint Board is established through legislation, with the Parties having agreed that the voting membership will be:

2.1.1 NHS Highland: 4 members of the NHS Highland Health Board.

2.1.2 Council: 4 Elected Members of the Council nominated by the Council.

2.1.3 The Parties have agreed that the first Chair of Argyll and Bute Integration

Joint Board will be the nominee of the Council. The term of office of the Chair and the Vice Chair will be a period of two years.

2.2 Argyll and Bute Integration Joint Board ~~will~~ sets out within its Strategic Plan how it will effectively use allocated resources to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in regulations under section 5(1) of the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- 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.
- Resources are used effectively and efficiently in the provision of health and social care services.
- Any other National Health and Well Being outcomes prescribed by the Scottish Ministers.

2.3 The Parties have agreed that Children and Families ~~social work~~social care and ~~Criminal Justice~~Justice ~~social work~~social care should be included within the functions and services to be delegated to Argyll and Bute Integration Joint Board, therefore the specific national outcomes as detailed below for Children and Families and ~~Criminal Justice~~Justice are also included:

The national outcomes for Children and Families are:-

- Our children have the best start in life and are ready to succeed.
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- Any national outcomes prescribed in the future will also be adopted.

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- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.
- Any national outcomes prescribed in the future will also be adopted

3. Delegation of Functions

3.1 The Parties agree to delegate a comprehensive range of health and social care functions for adults and children to Argyll and Bute Integration Joint Board.

3.2 The functions that are to be delegated by NHS Highland to Argyll and Bute Integration Joint Board are set out in Annex 1.

3.3 The functions that are to be delegated by the Council to Argyll and Bute Integration Joint Board are set out in Annex 2

4. Local Operational Delivery Arrangements

4.1 The local operational arrangements agreed by the Parties are:

- 4.1.2 Argyll and Bute Integration Joint Board has responsibility for the planning and delivery of services. This will be achieved through the Strategic Plan.
- 4.1.3 Argyll and Bute Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer will be responsible for the operational management of Integrated Services.
- 4.1.4 Argyll and Bute Integration Joint Board will be responsible for the operational oversight of the planning, commissioning and contracting of delegated Acute Services and through the Chief Officer will be responsible for the operational management, and budget of Acute Services.
- 4.1.5 As the majority of Acute services are contracted from a neighbouring Health Board (NHS Greater Glasgow ~~and~~ Clyde), Argyll and Bute Integration Joint Board will be responsible for the operational oversight of Acute Services. A lead Director for Acute Services in NHS Greater Glasgow and Clyde (GG&C) has been identified as the contract liaison officer who is responsible for the operational management of Acute Services in NHS GG&C.
- 4.1.6 NHS Greater Glasgow and Clyde will provide information as part of the contract monitoring arrangements on a regular basis to the Chief Officer and Argyll and Bute Integration Joint Board on the operational delivery and performance of these services.

4.2 Support for Strategic Plan

4.2.1 Argyll and Bute Integration Joint Board is required under section 29 of the Act to prepare a strategic plan. All Health and Social Care Partnerships' primary responsibility is the achievement of the national health and wellbeing outcomes through the delivery of the principles of integration. A critical element in discharging this responsibility is the production and delivery of a Strategic Plan.

4.2.2 The NHS Board will share with Argyll and Bute Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of services by service users within Argyll and Bute for its service and for those provided by other Health Boards.

4.2.3 The Council will share with Argyll and Bute Integration Joint Board necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within Argyll and Bute

for its services and for those provided by other councils.

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

4.2.5 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Integration Joint Boards or Authorities to ensure that they do not prevent the Parties and Argyll and Bute Integration Joint Board from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes. The Integration Authorities that are most likely to be affected by the Strategic Plan are:

- West Dumbarton Integration Joint Board
- Inverclyde and Renfrew and East Renfrew Integration Joint Boards share a common acute provider of services (NHS Great Glasgow and Clyde)

4.2.6 The Parties shall advise Argyll and Bute Integration Joint Board where they intend to change service provision of non- Integrated Services that will have a resultant impact on the Strategic Plan.

4.2.7 The NHS Highland Board will consult with Argyll and Bute Integration Joint Board to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for non-delegated budgets for such Acute Services is appropriately co-ordinated with the delivery of Services across the NHS Highland area. The parties shall ensure that a group including the Chief Operating Officer, NHS Highland and Chief Officer of Argyll and Bute Integration Joint Board will meet regularly to discuss such issues.

4.3 Corporate Support Services

4.3.1 The Parties will [continue to provide identify and put in place](#) the corporate support required to fulfil the duties of Argyll and Bute Integration Joint Board. The Parties will, [by 1.04.2016](#):

~~• Identify the corporate resources currently utilised to deliver the delegated functions.~~

- ~~Identify and a~~Agree on an ongoing basis, the corporate support services required to fully discharge Argyll and Bute Integration Joint Board's duties under the Act.
- The Parties will continue to provide Argyll and Bute Integration Joint Board with the corporate support services it requires to fully discharge its duties under the Act.

~~The provision will be reviewed within the first year to ensure that it is adequate.~~

4.4 Performance Targets, Improvement Measures and Reporting Arrangements

4.4.1 The Parties will identify a core set of indicators that relate to services, from publicly accountable and national indicators and targets against which the Parties currently report. A list of indicators and measures which relate to integration functions will be collated in a Performance Management Framework and will provide information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators from the Performance Management Framework with Argyll and Bute Integration Joint Board. The improvement measures will be a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures will be linked to the national and local outcomes to assess the timeframe and the scope of change.

4.4.2 The Performance Management Framework will also indicate where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the NHS Board or the Council this will be taken into account by Argyll and Bute Integration Joint Board when preparing the Strategic Plan.

4.4.3 The Performance Management Framework will also be used to prepare a list of any targets, measures and arrangements which relate to functions of

the Parties, which are not delegated to Argyll and Bute Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by Argyll and Bute Integration Joint Board when preparing the Strategic Plan.

4.4.4 The Performance Management Framework will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local outcomes to which they are aligned.

~~4.4.5 The work on the core indicators, including HEAT Targets, National Health and Wellbeing Outcomes and locally agreed indicators and establishment of a Performance Management Framework will be completed by the 31st March 2016.~~

~~4.4.6~~4.4.5 The Parties will continue to provide support to Argyll and Bute Integration Joint Board for the Performance Targets, Improvement Measures and Reporting arrangements, including the effective monitoring and reporting of targets and measures for adjoining NHS Boards and Integration Joint Boards.

~~4.4.7~~4.4.6 Argyll and Bute Integration Joint Board will receive performance management information for consideration, approval and agreement, and will act appropriately as necessary, in response to all relevant performance management information, including:-

4.4.6.1 Public Health and Wellbeing Status reports including analysis of Argyll and Bute population, at macro, demographic specific and locality level.

4.4.6.2 Clinical and Care Governance reports to be assured of the quality, safety, risk and effectiveness of services.

4.4.6.3 Staff Governance reports to be assured of compliance and best practice in workforce relations, workforce planning and organisational development.

4.4.6.4 Patients and Users of Care Services; Involvement and Community Engagement reports ensuring their involvement in the shaping, delivery and evaluation of service performance.

[4.4.6.5](#) Financial Governance reports including financial management, budget setting recommendation, expenditure reporting, [financial recovery plan](#) and cost improvement plans for consideration and approval.

[4.4.6.6](#) Performance Management Framework information, to be assured of the performance of services against targets, indicators and outcomes.

5. Clinical and Care Governance

5.1 The Parties and Argyll and Bute Integration joint Board are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act. The Parties will have regard to the principles of the Scottish Government's ~~draft~~ Clinical and Care Governance Framework, including the focus on localities and service user and carer feedback.

5.2 The Parties recognise that the establishment and continuous review of the arrangements for Clinical and Care Governance and Professional Governance are essential in delivering their obligations and quality ambitions. The arrangements described in this section are designed to assure Argyll and Bute Integration Joint Board of the quality and safety of services delivered in Argyll and Bute.

5.3 Explicit lines of professional and operational accountability are essential to assure Argyll and Bute Integration Joint Board and the Parties of the robustness of governance arrangements for their duties under the Act. They underpin delivery of safe, effective and person-centered care in all care settings delivered by employees of the Council, NHS Highland and of the third and independent sectors, [as well as the informal carers](#).

5.4 In relation to existing health and social care services, NHS Highland is accountable for health functions and services, whilst Argyll and Bute Council is responsible for social care services. Professional governance responsibilities are carried out by the professional leads through to the health and social care professional regulatory bodies.

5.5 The Chief Social Work Officer holds professional accountability for ~~social work~~ and social care services. The Chief Social Work Officer reports directly to the Chief

Executive and Elected Members of the Council in respect of professional [social work](#)[social care](#) matters. He/she is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that staff delivering such services do so in accordance with the requirements of the Scottish Social Services Council.

5.6 Principles of Clinical and Care Governance will be embedded at service user/clinical care/professional interface using the framework outlined below. Argyll and Bute Integration Joint Board will ensure that explicit arrangements are made for professional supervision, learning, support and continuous improvement for all staff.

5.7 Argyll and Bute Integration Joint Board will fulfil its devolved responsibility in terms of overseeing delivery of delegated functions by ensuring that there is evidence of effective performance management systems. Professional and service user networks or groups will inform the agreed Clinical and Care Governance framework directing the focus towards a quality approach and continuous improvement.

5.8 The Clinical and Care Governance and Professional Governance framework will encompass the following:

- Measure the quality of integrated service delivery by measuring delivery of personal outcomes and seeking feedback from service users and/or carers.
- Professional regulation and workforce development.
- Information governance.
- Safety of integrated service delivery and personal outcomes and quality of registered services

5.9 Each of the four elements, listed at 5.8, will be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They will be compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery will be evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.

5.10 Argyll and Bute Integration Joint Board is responsible for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework. Argyll and

Bute Integration Joint Board will be responsible for ensuring effective mechanisms for service user and carer feedback and for complaints handling.

5.11 NHS Highland Executive Medical Director and Board Nurse Director share accountability for Clinical and Professional Governance across NHS Highland as a duty delegated by NHS Highland. This will include ensuring:

- Quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny.
- Systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Systems to support the structured, systematic monitoring, assessment and management of risk.
- Co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- Improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

5.12 The ~~Chief Medical Director~~Chief Medical Officer, or his/her depute, will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

5.13 The Board Nurse Director, or his/her depute, will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

5.14 The Chief Social Work Officer, through delegated authority holds professional and operational accountability for the delivery of safe and high quality social work and social care services within the Council. An annual report on these matters will be provided to the Council, NHS Highland and Argyll and Bute Integration Joint Board.

5.15 The Chief Social Work Officer will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the delivery of social work and social care services by Council staff and commissioned care providers in Argyll and Bute.

5.16 The Parties, in support of Argyll and Bute Integration Joint Board will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care in Argyll and Bute. A Clinical and Care Governance Committee, bringing together senior professional leaders across Argyll and Bute, including the Medical Director, Board Nurse Director, Chief Social Work Officer, and the Director of Public Health, will be established. This committee, chaired by one of its members, will ensure that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Argyll and Bute. This will include the following:

- compliance with professional codes, legislation, standards, guidance
- systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- systems to support the structured, systematic monitoring, assessment and management of risk.
- co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

5.17 The Clinical and Care Governance Committee will provide advice to Argyll and Bute Integration Joint Board; The Strategic Planning Group and to locality planning groups, all of whom may seek relevant advice directly from the Clinical and Care Governance Committee, as required.

5.18 Arrangements will be put in place so that the Area Clinical Forums, Managed Care networks, other appropriate professional groups, and the Adult and Child Protection Committees are able to directly provide advice to the Clinical and Care Governance Committee.

5.19 The Clinical and Care Governance Committee will report directly to Argyll and Bute Integration Joint Board and will provide clear robust, accurate and timely information on the quality of service performance.

5.20 Information will be used to provide oversight and guidance to the Strategic Planning Group in respect of Clinical and Care Governance and Professional Governance, for the delivery of Health and Social Care Services across localities identified in the Strategic Plan.

5.21 Annexe 3 provides a schematic to show the systems governance arrangements.

5.22 Annexe 4 provides a schematic to show the clinical and care governance arrangements.

6. Chief Officer

6.1 The Chief Officer has both strategic and operational responsibility for the delivery of services. The Chief Officer will be directly responsible to and line-managed by the Chief Executive Officers of both Parties, and via the Chief Executive Officers is responsible to NHS Highland and the Council. The Chief Officer is also accountable to Argyll and Bute Integration Joint Board.

6.2 The Chief Officer will be accountable directly to Argyll and Bute Integration Joint Board for the preparation, implementation of and reporting on the Strategic Plan. The Chief Officer will also be responsible for operational delivery of services and the appropriate management of staff and resources.

6.3 The Chief Officer will establish a senior management team, equipped to direct and oversee the structures and procedures necessary to carry out all functions in accordance with the Strategic Plan.

6.4 In the event that there is a prolonged period when the Chief Officer is unable or unavailable to fulfil his/her functions, interim arrangements will be required to temporarily replace the Chief Officer. The Parties will nominate suitably qualified and experienced senior officers to carry out the functions of the Chief Officer for the duration of the interim period, and submit the said nominations for approval by Argyll and Bute Integration Joint Board.

6.5 The Chief Officer's objectives will be set annually and performance appraised by the Chief Executive Officers of both Parties, in consultation with the Chair and Vice Chair of Argyll and Bute Integration Joint Board.

6.6 The Chief Officer will be a full member of both the Council and NHS Highland's corporate management teams, as well [as](#) a non-voting member of Argyll and Bute Integration Joint Board.

6.7 The Chief Officer will ensure the maintenance of an up to date integrated risk register in respect of all functions delegated to Argyll and Bute Integration Joint Board.

6.8 The Chief Officer will routinely liaise with appropriate officers of NHS Highland in respect of the Argyll and Bute Integration Joint Board's role in contributing to the strategic planning of acute NHS healthcare services and provision (in accordance with the Act) and delivery of agreed targets that have mutual responsibility. Operational management of Integrated Services and acute services will be responsibility of the Chief Officer, as detailed in sections [4.1.3](#), 4.1.4 and 4.1.5.

6.9 The Chief Officer will routinely liaise with the ~~relevant—Executive Director~~[appropriate Officer](#)(s) of the Council in respect of Argyll and Bute Integration Joint Board's role in informing strategic planning for local housing and the delivery of housing support services. Housing functions, apart from equipment, adaptations and aspects that relate to personal support, are outside the scope of Argyll and Bute Integration Joint Board; however, close liaison between the Chief Officer and the ~~appropriate Officer~~[executive Director](#)(s) will assist in the strategic planning process.

6.10 The Chief Officer will develop close working relationships with Elected Members of the Council and Executive and Non-Executive members of NHS Highland.

6.11 The Chief Officer will establish and maintain effective relationships with a range of key stakeholders across the Scottish Government, NHS Highland, the Council, Independent and Third sectors, service users, Trades Unions, ~~and~~ professional organisations and informal carers.

6.12 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Information Commissioner's Office.

7. Workforce

7.1 The Parties are committed to ~~expand upon the existing transitional plans, to produce~~ producing and maintaining a fully integrated Workforce and Organisational Development Plan, relating to the delegated functions, as prescribed in the Act. This will include engagement and learning and development for all staff, to promote the development of a robust organisational structure and healthy organisational culture. The plan ~~will be complete by 01.04.2016 but~~ will remain under annual review. Argyll and Bute Integration Joint Board, Chief Officer will be responsible for implementation and review of the plan, in conjunction with the implementation of the Strategic Plan.

7.2 The development of the plan will be remitted to the Human Resources and Workforce Development and Organisational Development work streams already in place, for completion. These workstreams are led by Human Resources and organisational Development Leads from both Parties and include NHS staff side (Trade Unions representing NHS Highland staff) and Trades Unions representatives (representing Council staff), as well as other key stakeholders.

8. Finance

8.1 Roles and Responsibilities

8.1.1 Argyll and Bute Integration Joint Board will make arrangements for the proper administration of its financial affairs by appointing a Chief Financial

Officer to discharge the responsibilities that fall within Section 95 of the Local Government (Scotland) Act 1973.

8.1.2 The Chief Financial Officer is accountable for financial management of delegated budgets and overall financial resources of Argyll and Bute Integration Joint Board.

8.1.3 The Chief Financial Officer of Argyll and Bute Integration Joint Board will be responsible for managing preparation of the annual budget of the Argyll and Bute Integration Joint Board, managing the medium term financial planning process to support the strategic plan, and providing financial advice and information to support the planning and delivery of services by Argyll and Bute Integration Joint Board.

8.1.4 The Chief Financial Officer of Argyll and Bute Integration Joint Board will be responsible for producing regular finance reports to Argyll and Bute Integration Joint Board and managers, ensuring that those reports are timely, relevant and reliable.

8.1.5 The Chief Financial Officer of Argyll and Bute Integration Joint Board will be responsible for preparing Argyll and Bute Integration Joint Board's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

8.1.6 The Chief Financial Officer of Argyll and Bute Integration Joint Board will work with the Council Section 95 Officer and NHS Highland Director of Finance to ensure the Council and NHS Highland are kept informed on the financial position, performance and plans of Argyll and Bute Integration Joint Board.

8.1.7 The ~~Council Section 95 Officer and NHS Highland Accountable Officer~~two Chief Executive Officers are responsible for the resources that are allocated by Argyll and Bute Integration Joint Board to their respective organisations for operational delivery.

8.1.8 The Chief Financial Officer will work with the Council Section 95 Officer and NHS Highland Director of Finance to ensure both organisations work together to develop systems which will allow the recording and reporting of

Argyll and Bute Integration Joint Board financial transactions.

8.2 Management of Revenue Budget

8.2.1 Argyll and Bute Integration Joint Board's Strategic Plan will incorporate a medium term financial plan for its resources. On an annual basis the annual financial statement will be prepared setting out the amount Argyll and Bute Integration Joint Board intends to spend to implement its Strategic Plan. This will be known as the annual budget. The medium term financial strategy will be prepared for Argyll and Bute Integration Joint Board following discussions with the Council and NHS Highland who will provide a proposed budget based on payment for year 1, indicative payments for year 2 and 3 and outline projections for later years. The medium term financial strategy will be used in conjunction with the Strategic Plan to ensure the commissioned services by Argyll and Bute Integration Joint Board are delivered within the financial resources available.

8.2.2 Argyll and Bute Integration Joint Board is able to hold reserves. There is an expectation that it will deliver the objectives of the Strategic Plan within agreed resources. Argyll and Bute Integration Joint Board cannot approve a budget which ~~exceeds resources available would result in the reserves moving into a deficit.~~

8.2.3 The term payment is used to maintain consistency with legislation and does not represent physical cash transfer. As Argyll and Bute Integration Joint Board does not operate a bank account, the net difference between payments into and out of the Argyll and Bute Integrated Joint Board will result in a balancing cash payment between the Council and NHS Highland. An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated taking into account any additional payments in-year.

8.2.4 The Council and NHS Highland will establish a core baseline budget for each function and service that is delegated to Argyll and Bute Integration Joint Board to form an integrated budget.

8.2.5 The budgets will be based on recurring baseline budgets plus anticipated non-recurring funding for which there is a degree of certainty for

each of the functions delegated to Argyll and Bute Integration Joint Board and will take account of any applicable inflationary uplift, planned efficiency savings and any financial strategy assumptions. These budgets will form the basis of the payments to Argyll and Bute Integration Joint Board. These budgets will be reviewed against actual levels of expenditure for the previous 3 financial years. [For NHS funding, the starting point will normally be the Argyll & Bute NRAC share of baseline funding.](#)

8.2.6 [For each financial year](#) information will be provided by the Parties on the financial performance of the delegated services against budget in their respective areas ~~for the last 3 years~~ to enable all parties to undertake due diligence to gain assurance that the delegated resources are sufficient to deliver the delegated functions.

8.2.7 The Parties will each prepare a schedule outlining the detail and total value of the proposed initial payment [in each financial year](#), the underlying assumptions behind that initial payment and the financial performance against budget for the delegated services in the ~~preceding shadow~~ year for their respective areas. These schedules should be prepared and concluded at least one month before the start of the financial year they relate to. The payment will include funding relating to service level agreements for hospital services provided by other Health Boards to Argyll and Bute residents. The schedules will also identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. These documents must be approved by the Director of Finance for NHS Highland and the Section 95 Officer for the Council prior to submission to Argyll and Bute Integration Joint Board.

8.2.8 The Argyll and Bute Integration Joint Board Chief Financial Officer will review these documents and reach agreement with both parties on the value of the initial payment. The Chief Financial Officer will then prepare a schedule that describes the agreed value of the payments. The Council's Section 95 Officer, NHS Highland Director of Finance and Argyll and Bute Integration Joint Board Chief Officer must sign this schedule to confirm their agreement.

8.2.9 The process for agreeing the subsequent payments to Argyll and Bute Integration Joint Board will be contingent on the corporate planning and

financial planning processes of the Council and NHS Highland. The funding available to Argyll and Bute Integration Joint Board will be dependent on the funding available to the Council and NHS Highland and the corporate priorities of both. Both parties will provide indicative three year allocations to Argyll and Bute Integration Joint Board subject to annual approval through the respective budget setting processes. These indicative allocations will take account of changes in NHS funding and changes in Council funding.

8.2.10 Each year the Chief Financial Officer and Chief Officer of Argyll and Bute Integration Board should prepare a draft budget for Argyll and Bute Integration Joint Board, based on the [Strategic Plan agreed funding](#) and present this to the Council and NHS Highland [for information within such timescale as may be agreed](#).

8.2.11 The draft annual budget should be prepared to take account of the matters set out above and uses the previous year payment as a baseline that will be adjusted to take account of:

- Activity Changes arising from the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes.
- Cost inflation on pay and other costs.
- Efficiency savings that can be applied to budgets.
- Performance on outcomes. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and NHS Highland.
- Legal requirements that result in additional and unavoidable expenditure commitments.
- Transfers to/from the [set aside](#) budget for hospital services set out in the Strategic Plan.
- Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings.

8.2.12 The Director of Finance of NHS Highland, the Section 95 Officer of the

Council and the Chief Financial Officer of Argyll and Bute Integration Joint Board will ensure a consistency of approach and application of processes in considering budget assumptions and proposals.

8.2.13 Due diligence of the Council and NHS Highland contributions will be undertaken annually and the Chief Financial Officer of Argyll and Bute Integration Joint Board will prepare a schedule outlining the agreed value of the payments. The schedule must be approved by Argyll and Bute Integration Joint Board Chief Officer, the Council Section 95 Officer and the NHS Highland Director of Finance.

8.2.14 The allocations made from Argyll and Bute Integration Joint Board to the Council and NHS Highland for operational delivery of services will be approved by Argyll and Bute Integration Joint Board. ~~The value of the payments will be as set out in the Strategic Plan and supporting financial plan.~~

8.2.15 The annual direction from Argyll and Bute Integration Joint Board to the Council and NHS Highland will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- The delegated function/(s) that are being directed.
- The outcomes and activity levels to be delivered for those delegated functions.
- The amount of and method of determining the payment to carry out the delegated functions.

8.2.16 Once issued these can be amended or varied by a subsequent direction by Argyll and Bute Integration Joint Board.

8.2.17 Any potential deviation from the planned outturn should be reported to Argyll and Bute Integration Joint Board, the Council and NHS Highland at the earliest opportunity.

8.2.18 Where it is forecast that an overspend will arise then the Chief Officer and Chief Financial Officer of Argyll and Bute Integration Joint Board will identify the cause of the forecast overspend and prepare a recovery plan setting out how they propose to address the forecast overspend and return to

a breakeven position. The Chief Officer and Chief Financial Officer of Argyll and Bute Integration Joint Board should consult the Section 95 Officer of the Council and the Director of Finance of NHS Highland in preparing the recovery plan. The recovery plan should be approved by Argyll and Bute Integration Joint Board. The report setting out the explanation of the forecast overspend and the recovery plan should also be submitted to the Council and NHS Highland.

8.2.19 A recovery plan should aim to bring the forecast expenditure of Argyll and Bute Integration Joint Board back in line with the budget within the current financial year. Where an in year recovery cannot be achieved ~~and then any recovery plan that extends into later years should ensure that over the period of the Strategic Plan forecast expenditure does not exceed the resources made available. Where~~ a recovery plan extends beyond the current year the amount of any shortfall or deficit carried forward cannot exceed the reserves held by Argyll and Bute Integration Joint Board ~~unless there is. Any recovery plan extending beyond in year will require~~ prior approval of the Council and NHS Highland ~~in addition to Argyll and Bute Integration Joint Board.~~

8.2.20 Where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, ~~then the Parties will consider making interim funds available. An analysis will be undertaken to determine the extent to which the overspends relate to either budgets delegated back to or activities managed by the Council or NHS Highland with the allocation of the interim funds being based on the outcome of this analysis. Any interim funds provided by the Council or NHS Highland will be repaid in future years based on a revised recovery plan agreed by both parent bodies, as required by either of the Parties. The NHS and Council will require to be satisfied that the recovery plan provides reasonable assurance that financial balance will be achieved. If the revised recovery plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in clause 14 hereof, will be followed. the Parties will be required to make additional payments to Argyll and Bute Integrated Joint Board. Where there is a requirement for additional payments an analysis of the requirement for additional payments will be carried out to determine the extent to which they relate to either budgets delegated back to or activities managed by the Council or NHS Highland with~~

~~the allocation of the additional payments being based on the outcome of this analysis. Any additional payments by the Council and NHS Highland will then be deducted from future years funding/payments.~~

8.2.21 Argyll and Bute Integration Joint Board may, subject to there being no outstanding payments due to the partner bodies, retain any underspend to build up its own reserves and the Chief Financial Officer will ~~maintain~~develop a reserves policy for Argyll and Bute Integration Joint Board.

8.2.22 There will be arrangements in place to allow budget managers to vire budgets between different budget heads set out in the financial regulations.

8.2.23 Redeterminations to payments made by the Council and NHS Highland to Argyll and Bute Integration Joint Board would apply under the following circumstances:

- Additional one off funding is provided to Partner bodies by the Scottish Government, or some other body, for expenditure within a service area delegated to Argyll and Bute Integration Joint Board. This would include in year allocations for NHS and redeterminations as part of the local government finance settlement. The payments to Argyll and Bute Integration Joint Board should be adjusted to reflect the full amount of these as they relate to the delegated services. The Parties agree that an adjustment to the payment is required to reflect changes to demand and activity levels.
- Where either Party requires to reduce the payment to Argyll and Bute Integration Joint Board any proposal requires a justification to be set out and then agreed by both Parties and Argyll and Bute Integration Joint Board.

8.2.24 Where payments by the Council and NHS Highland are agreed under paragraphs 8.2.3 to 8.2.23 above they should only be varied as a result of the circumstances set out in paragraphs 8.2.16, 8.2.22 and 8.2.23. Any proposal to amend the payments out with the above, including any proposal to reduce payments as a result of changes in the financial circumstances of either the Council or NHS Highland requires a justification to be set out and the agreement of both Parties.

8.3 Financial Systems

8.3.1 The Chief Financial Officer will work with the Section 95 Officer of the Council and Director of Finance of NHS Highland to ensure appropriate systems and processes are in place to:

- Allow execution of financial transactions.
- Ensure an effective internal control environment over such
- Maintain a record of the income expenditure, assets and liabilities of Argyll and Bute Integration Joint Board.
- Enable reporting of the financial performance and position of Argyll and Bute Integration Joint Board.
- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

8.4 Financial reporting to Argyll and Bute Integration Joint Board:

8.4.1 The Chief Financial Officer will provide comprehensive financial monitoring reports to Argyll and Bute Integration Joint Board ~~on a monthly basis~~. These reports will set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required. The Chief Financial Officer will also report to Argyll and Bute Integration Joint Board as appropriate in relation to:

- Developing a medium and longer term financial strategy to support delivery of the Strategic Plan.
- Preparation and review of the annual budget.
- Collating and reviewing budget savings proposals.
- Identifying and analysing financial risks.
- Considering the proposals in relation to reserves.

8.4.2 On a monthly basis the Parties will provide to ~~the Argyll and Bute Integration Joint Board~~ Chief Financial Officer comprehensive financial

monitoring reports. The reports will set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required.

8.5 Financial reporting to management:

8.5.1 The Chief Financial Officer will work with the Section 95 Officer of the Council and Director of Finance of NHS Highland to ensure:

- Managers are consulted in preparing the budget of Argyll and Bute Integration Joint Board.
- Managers are supported in identifying budgetary savings.
- Managers are made aware of the budget they have available.
- Managers are provided with information on actual income and expenditure.
- Managers are provided with information on previous forecast outturns.
- Managers are supported to provide up to date information on forecast outturns.
- Managers are supported to provide explanations of significant variances.
- Managers are supported to identify action required.
- Managers are supported to identify and assess financial risks.
- Managers are supported to identify and assess future medium to longer term budget implications.

8.6 Financial Statements:

8.6.1 The Chief Financial Officer of Argyll and Bute Integration Joint Board will supply any information required to support the development of the year-end financial statements and annual report for both the Council and NHS Highland.

8.6.2 The Section 95 Officer of the Council and the Director of Finance of NHS Highland will supply the Chief Financial Officer of Argyll and Bute Integration Joint Board with any information required to support the development of the year-end financial statements and annual report of the Argyll and Bute

Integration Joint Board.

8.6.3 Prior to 31 January each year the Chief Financial Officer of Argyll and Bute Integration Joint Board will agree with the Section 95 Officer of the Council and the Director of Finance of NHS Highland a procedure and timetable for the coming financial year end for reconciling payments and agreeing any balances.

8.7 Capital Expenditure and Non-Current Assets

8.7.1 Argyll and Bute Integration Joint Board will not receive any capital allocations, grants or have the power to invest in capital expenditure nor will it own any property or other non-current assets. The Council and NHS Highland will:

- Continue to own any property or non-current assets used by Argyll and Bute Integration Joint Board.
- Have access to sources of funding for capital expenditure.
- Manage and deliver any capital expenditure on behalf of Argyll and Bute Integration Joint Board.

8.7.2 The Chief [Financial](#) Officer of Argyll and Bute Integration Joint Board will [require to](#) work with the relevant officers in the Council and NHS Highland to [extract details of the ~~prepare and maintain an~~ asset registers](#) of property and noncurrent assets used by Argyll and Bute Integration Joint Board.

8.7.3 The Chief Officer of Argyll and Bute Integration Joint Board will work with the relevant officers in the Council and NHS Highland to prepare an asset management plan for Argyll and Bute Integration Joint Board to be approved by Argyll and Bute Integration Joint Board within a timescale to be agreed annually by the Council and NHS Highland (it is expected this would normally be 30 September). The asset management plan will set out suitability, condition, risks, performance and investment needs related to existing property and other non-current assets identifying any new or significant changes to the asset base.

8.7.4 Alongside the asset management plan the Chief Officer of Argyll and Bute Integration Joint Board will work with the relevant officers in the Council

and NHS Highland to prepare a bid for capital funding for property and other non-current assets used by Argyll and Bute Integration Joint Board. This should be approved by Argyll and Bute Integration Joint Board within a timescale to be agreed annually with the Council and NHS Highland ~~(it is expected this would normally be 30 September)~~. A business case approach should be adopted to set out the need and assess the options for any proposed capital investment. Any business case will set out how the investment will meet the strategic objectives of Argyll and Bute Integrated Joint Board and set out the associated revenue costs.

8.7.5 Whilst responsibility for managing and delivery of capital expenditure remains the responsibility of the Council or NHS Highland the relevant officers in the Council and NHS Highland will work with the Chief Officer of Argyll and Bute Integration Joint Board to report quarterly on progress with capital expenditure related to property or other non-current assets used by Argyll and Bute Integration Joint Board.

8.7.6 Argyll and Bute Integration Joint Board, the Council and NHS Highland will work together to ensure capital expenditure and property or other non-current assets are used as effectively as possible and in compliance with the relevant legislation on use of public assets.

~~Legacy projects will be managed by the relevant partner — either the Council or NHS Highland with reporting of progress as set out above.~~

8.7.7 Depreciation of health owned property and other non-current assets used in the services within the scope of Argyll and Bute Integration Joint Board will be charged to the accounts of Argyll and Bute Integration Joint Board and incorporated in the budgets and payments to Argyll and Bute Integration Joint Board.

8.7.8 Revenue costs from property and other non-current assets used in the services within the scope of Argyll and Bute Integration Joint Board will be charged to the accounts of Argyll and Bute Integration Joint Board and incorporated in the budgets and payments to Argyll and Bute Integration Joint Board.

8.7.9 Any gains or losses on disposal of property and other non-current assets used in the services within scope of Argyll and Bute Integration Joint Board will be retained within the accounts of the Council or NHS Highland and not charged to Argyll and Bute Integration Joint Board.

8.7.10 Capital receipts will be retained by the Council or NHS Highland.

8.8 VAT

8.8.1 Argyll and Bute Integration Joint Board will not be required to be registered for VAT, on the basis it is not delivering any supplies that fall within the scope of VAT. The actual delivery of functions delegated to Argyll and Bute Integration Joint Board will continue to be the responsibility of the Council and NHS Highland.

8.8.2 Both the Council and NHS Highland will continue to adhere to their respective VAT arrangements which will be accounted for through respective financial ledgers and statements. The Argyll and Bute Integration Joint Board will consult HMRC regarding any VAT issues arising from proposed transfer of services between the Parties (e.g. VAT leakage) taking specialist external VAT advice beforehand if necessary.

9 Participation and Engagement

9.1 A joint consultation took place on the ~~revised~~ ~~Integration~~ ~~s~~ ~~Scheme~~ ~~took place~~ during December/January 2019/20. The stakeholders who were consulted in this joint consultation were:

- Local communities / general public
- Health professionals; GPs, management teams, clinical groups including Nursing Staff and Allied Health Professionals
- Social work and social care professionals
- Users of health services
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care

- Argyll and Bute Council employees
- Staff side / Trades Unions
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- The Highland Council
- Argyll and Bute Public Partnership Forums
- Community / voluntary / Third Sector organisations
- Community Councils
- Argyll and Bute Council - local Councillors
- Scottish Ambulance Service
- NHS 24
- Scottish Health Council
- Local MPs / MSPs
- Dentists
- Pharmacists
- NHS Greater Glasgow & Clyde
- Police Scotland
- ~~Scottish~~ Scotland Fire & Rescue
- Argyll and Bute Advice Network (ABAN)
- Lomond & Argyll Advocacy Service
- Citizens Advice Bureau / Patient Advice & Support Service (PASS)
- Argyll and Bute Community Planning Partnership

9.2 The range of methodologies used to contact these stakeholders included both Parties' websites and intranets, third sector external website, e-mail and postal correspondence.

~~9.3 The Parties will support Argyll and Bute Integration Joint Board to develop a Participation and Engagement strategy by providing appropriate resources and support. The existing Communication and Engagement Plan will inform the development of the Participation and Engagement Strategy ensuring significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions~~

~~about the carrying out of integration functions. This strategy shall be developed alongside the Strategic Plan and will be approved by Argyll and Bute Integration Joint Board prior to consultation on the Strategic Plan.~~

~~9.49.3~~ Key principles of the Communications and Engagement Plan demonstrate the value of feedback and the way it influences improvement – “You Said, We Did” philosophy. A range of methodologies will be employed to capture this including social media and web-based technology e.g. Patient Opinion. The Communication and Engagement Strategy, along with the supporting Engagement Framework and Quality standards provides a platform for stakeholders to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building capacity. The Argyll and Bute Integration Joint Board has adopted the “You Said, We Did” philosophy. A wide range of engagement methods have been adopted.

~~9.59.4~~ The Parties will carry out Equality and Socio-Economic Impact Assessments (EQSEIAs) ~~/ Planning for Fairness Assessments (PFFs)~~, to ensure that services and policies do not disadvantage communities and staff.

~~9.69.5~~ The Parties will continue to allocate responsibility to senior managers and their teams to support local public and staff involvement and communication.

10 Information Sharing and Data Handling

~~The Parties agree to be bound by the Data Sharing Protocol and to continuance of the existing agreement to use the Scottish Accord on the Sharing of Personal Information (SASPI), in respect of information sharing.~~
~~10.1~~

~~10.210.1~~ The Parties agree to be bound by the Information Sharing Protocol and to continuance of the existing agreement to use the Scottish Information Sharing Toolkit and guidance from the Information Commissioners Office, in respect of information sharing.

~~10.310.2~~ The Parties have developed an Information Sharing Protocol which covers guidance and procedures for staff for sharing of information.

~~10.410.3~~ All staff managed within the delegated functions will be contractually required

to comply and adhere to respective local information security policies and procedures including data confidentiality policies of their employing organisations and the requirements of Argyll and Bute Integration Joint Board's agreed Information Sharing Protocol.

~~40.5~~10.4 ~~The Parties have established a group to agree the Information Sharing Protocol and procedures before 1st April 2016. Agreements and procedures will be reviewed annually by the group, or more frequently if required. The NHS Highland Information Assurance Group and Argyll and Bute Council Information Security Forum, acting on behalf of the Parties will meet annually to review the Protocol and will provide a report detailing recommendations for amendments, for the consideration of Argyll and Bute Integration Joint Board. In the event of amendment being required outside of that timescale the NHS Highland Information Assurance Group and Argyll and Bute Council Information Security Forum acting on behalf of the Parties will meet, agree the recommended amendment(s) and provide this information to the Chief Officer, who will then appropriately inform Argyll and Bute Integration Joint Board. The Data Protection Officers of NHS Highland and Argyll and Bute Council, acting on behalf of the Parties, will meet annually, or more frequently, if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of Argyll and Bute Integration Joint Board.~~

~~40.6~~10.5 With regard to individually identifiable material, data will be held in both electronic and paper formats and only be accessed by authorised staff, in order to provide the patient or service user with the appropriate service. ~~In order to provide fully integrated services it may be necessary to share information within the delegated functions and with external agencies. Where this is the case Argyll and Bute Integration Joint Board will seek the consent of the service user for the sharing of data, unless a statutory requirement exists. In order to comply with the Data Protection Act 1998, Argyll and Bute Integration Joint Board will always ensure that personal data it processes will be handled fairly, lawfully and within justification.~~

~~In order to comply with the Data Protection Act 1998 Argyll and Bute Integration Joint Board will ensure that any personal data that it holds will be processed in line with the Data Protection Principles contained within Schedule 1 of the Act.~~

~~40.7~~10.6 ~~In order to provide fully integrated services it will be necessary to share~~

personal information between the parties and with external agencies. Where this is the case Argyll and Bute Integration Joint Board will apply a legal basis contained in Article 6 of the General Data Protection Regulations ('the GDPR'), generally, this will be either public task or legal obligation but where appropriate any of the other legal basis contained in Article 6 will be used.

10.8.10.7 Where the sharing consists of 'special category' information the legal basis for sharing will be consistent with the requirements of Article 9 of the GDPR and schedule 1 of the Data Protection Act 2018 ('the DPA').

10.8 In order to comply with the requirements of the DPA and the GDPR, Argyll and Bute Integration Joint Board will always ensure that personal data it holds will be processed in line with the Data Protection Principles contained within Article 5 of the GDPR and section 35- 40 of the DPA.

11 Complaints

The Parties agree the following arrangements in respect of complaints on behalf of or by service users.

11.1 Both Parties will retain separate complaints policies reflecting the distinct statutory requirements.

11.1.1 There will be a single point of contact for complainants. This will be agreed between the Parties to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing legal/prescribed elements of health and ~~social work~~social care complaints processes are met.

11.1.2 Staff within the delegated functions will apply the complaints policy of the relevant Party, depending on the nature of the complaint made. Where a complaint could be dealt with by the policies of both Parties, the appropriate manager will determine whether both need to be applied separately or a single joint response is appropriate. Where a joint response to such a complaint is not possible or appropriate, the material issues will be separated and progressed through the respective Party's procedures.

11.2 In the first instance all complaints will be handled by front line staff. If they are unresolved they will then be passed to a relevant senior manager and thereafter to the Chief Officer.

11.3 If the complaint remains unresolved the complainant may refer the matter to the Scottish Public Services Ombudsman for health or ~~the complaints review committee and/or the Scottish Public Services Ombudsman~~ for social care as appropriate.

11.4 All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.

11.5 The person making the complaint will always be informed which policies are being applied to their complaint.

11.6 The Parties will produce a quarterly joint report, outlining the learning from upheld complaints. This will be provided for consideration by Argyll and Bute Integration Joint Board ~~and the Clinical and Care Governance Committee~~.

12 Claims Handling, Liability & Indemnity

The Parties agree the following arrangements in respect of claims handling, liability and indemnity:

12.1 Argyll and Bute Integration Joint Board, whilst having a legal personality in its own right has neither assumed nor replaced the rights or responsibilities of either NHS Highland or the Council as the employers of staff who are managed within the delegated functions, or for the operation of buildings or services under the operational remit of those staff.

12.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they employ; their particular capital assets that the Argyll and Bute Integration Joint Board uses to deliver services with or from; and the respective services themselves, which each Party has delegated to the Argyll and Bute Integration Joint Board.

12.3 Liabilities arising from decisions taken by the Argyll and Bute Integration Joint Board will be ~~equally~~ shared between the Parties.

13 Risk Management

13.1 The Parties will develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect Argyll and Bute Integration Joint Board's delivery of the Strategic Plan.

13.2 The risk management strategy will identify and describe processes for mitigating those risks and set out and agree the reporting standard, which will include:

- Risk Management Process
- Escalation of Risks
- Risk Register and Action Plans
- Risk Tolerance
- Training

13.3 The risk management strategy will be approved by both Parties. The risk management strategy will allow for any subsequent changes to the strategy to be approved by Argyll and Bute Integration Joint Board.

13.4 The risk management strategy will include an agreed risk monitoring framework and arrangements for reporting risks and risk information to the relevant parties from the date of inception of Argyll and Bute Integration Joint Board.

13.5 The Parties will develop an integrated risk register that will set out the key risks for Argyll and Bute Integration Joint Board. Risk officers from each of the Parties will review respective procedures and formulate revised procedures which will allow associated risks, scoring and mitigations to be identified for inclusion in the integrated risk register by 01.04.2016.

13.6 The Integrated Risk Register will be reported to Argyll and Bute Integration Joint Board on a timescale and format agreed by Argyll and Bute Integration Joint Board but this will not be less than once per year.

13.7 The risk integrated management strategy will set out the process for amending the integrated risk register.

13.8 The Parties will make appropriate resources available to support Argyll and Bute Integration Joint Board in its risk management.

14 Dispute resolution mechanism

14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, they will follow a process which comprises:

14.1.1 A representative of NHS Highland and the Council will meet to resolve the issue, supported by appropriate Officers.

14.1.2 In the event that the issue remains unresolved, the Chief Executive Officers of NHS Highland and the Council, and the Chief Officer, will meet to resolve the issue, supported by appropriate Officers.

14.1.3 In the event that the issue remains unresolved, the Chair of NHS Highland and ~~the Leader nominated representatives~~ of the Council will meet to resolve the issue, supported by appropriate Officers.

14.1.4 In the event that the issue remains unresolved, NHS Highland and the Council will proceed to mediation with a view to resolving the issue.

14.2 With regard to the process of appointing a mediator, a representative of NHS Highland and a representative of the Council will meet with a view to appointing a suitable independent mediator. If agreement cannot be reached a referral will be made to the President of The Law Society of Scotland inviting the President to appoint a mediator. The Parties agree to share the cost of appointing a mediator.

14.3 Where an issue remains unresolved following the process of mediation, the Chief Executive Officers of NHS Highland and the Council will communicate in writing with Scottish Ministers, on behalf of the Parties, informing them of the issue under dispute and that agreement cannot be reached.

Annex 1

Part 1

Functions delegated by NHS Highland to the Integration Joint Board

Functions prescribed for the purposes of section 1 (6) of the act

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 (ref footnote 1) (Functions of Health Boards outside Scotland);
- section 9 (local consultative committees);
- section 17A (NHS Contracts);
- section 17C (personal medical or dental services);
- section 17I⁽¹⁾ (use of accommodation);
- section 17J (Health Boards' power to enter into general medical services contracts);
- section 28A (remuneration for Part II services);
- section 48 (provision of residential and practice accommodation);
- section 55⁽²⁾ (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⁽³⁾ (remission and repayment of charges and payment of travelling expenses);
- section 75B⁽⁴⁾ (reimbursement of the cost of services provided in another EEA state);

(1) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

(2) Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

(3) Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

section 75BA ⁽⁵⁾(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⁽⁶⁾ use and administration of certain endowments and other property held by Health Boards);

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 ⁽⁷⁾ (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 ⁽⁸⁾;

(4) Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

(5) Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

(6) Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

(7) Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽⁸⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

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

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽⁹⁾.

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

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

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

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31(Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽¹⁰⁾.

Children and Young People (Scotland) Act 2014

All functions of Health Boards conferred by, or by virtue of, Part 4 (provision of named persons) and Part 5 (child's plan) of the Children and Young People (Scotland) Act 2014.

Carers (Scotland) Act 2016

Section 12 (duty to prepare young carer statement)⁹

Section 31

(duty to prepare local carer strategy)

(10) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of "relevant NHS body" relevant to the exercise of a Health Board's functions.

Part 2

Services currently provided by NHS Highland which are to be integrated

- Hospital inpatient (scheduled and unscheduled)
- Rural General Hospitals
- Mental Health
- Pediatrics
- Community Hospitals
- Hospital Outpatient Services
- NHS Community Services (Nursing, Allied Health Professionals, Mental Health Teams, Specialist End of Life Care, Homeless Service, Older Adult Community Psychiatric Nursing, Re-ablement, Geriatricians Community/Acute, Learning Disability Specialist, Community Midwifery, Speech and Language Therapy, Occupational Therapy, Physiotherapy, Audiology)
- Community Children's Services - Child and Adolescent Mental Health Service, Primary Mental Health workers, Public Health Nursing, Health visiting, School Nursing, Learning Disability Nursing, Child Protection Advisors, Speech and Language Therapy, Occupational Therapy, Physiotherapy and Audiology, Specialist Child Health Doctors and Service Community Pediatricians
- Public Health
- GP Services
- GP Prescribing
- General Dental, Opticians and Community Pharmacy
- Support Services
- Contracts and Service Level agreements with other NHS boards covering adults and children

Part 1

Functions delegated by the Council to Argyll and Bute Integration Joint Board

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

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

National Assistance Act 1948⁽¹¹⁾

Section 48

(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958⁽¹²⁾

Section 3

(Provision of sheltered employment by local authorities)

(11) 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

(12) 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Social Work (Scotland) Act 1968⁽¹³⁾	
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.

(13) 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) (“the 1995 Act”), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (“the 2003 Act”), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) (“the 2001 Act”) schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) (“the 2002 Act”), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽¹⁴⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	

Disabled Persons (Services, Consultation and Representation) Act 1986⁽¹⁵⁾

(14) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
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⁽¹⁶⁾	
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
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions

(15) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

(16) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽¹⁷⁾	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002⁽¹⁸⁾	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003⁽¹⁹⁾	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	

(17) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

(18) 2002 asp 5.

(19) 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

Section 259
(Advocacy.)

The Housing (Scotland) Act 2006⁽²⁰⁾

Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
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The Adult Support and Protection (Scotland) Act 2007⁽²¹⁾

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

Section 5
(Co-operation.)

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

Section 11
(Assessment Orders.)

Section 14
(Removal orders.)

Section 18
(Protection of moved persons property.)

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

Section 40
(Urgent cases.)

Section 42
(Adult Protection Committees.)

Section 43
(Membership.)

Social Care (Self-directed Support) (Scotland) Act 2013⁽²²⁾

(20) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

(21) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

(22) 2013 asp 1.

Column A
Enactment conferring function

Column B
Limitation

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.)

Carers (Scotland) Act 2016 ²³²⁴

Section 6

(Duty to prepare of adult carer support plan)

Section 21
(duty to set local eligibility criteria)

Section 24
(Duty to provide support)

(23) section 21 was inserted into the Schedule of the Public Bodies (Joint Working) (Scotland) Act 2014 by paragraph 6 of the schedule of the Carers (Scotland) Act 2016 (asp 9)

(24) inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017/190

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

Section 25

(Provision of support to carers: breaks from caring)

Section 31

(Duty to prepare local carer strategy)

Section 34

(Information and advice service for carers)

Section 35

(Short breaks 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

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

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

~~Section 4⁽²⁵⁾~~

~~**The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002⁽²⁶⁾**~~

~~Section 4⁽²⁷⁾~~

~~The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002⁽²⁸⁾~~

⁽²⁵⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp13) schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10) section 62(3)

⁽²⁶⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

⁽²⁷⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp13) schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10) section 62(3)

⁽²⁸⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Additional Functions delegated by the Council to Argyll and Bute Integration Joint Board

Column A	Column B
Enactment conferring function	Limitation

National Assistance Act 1948

Section 45

(Recovery in cases of misrepresentation or non-disclosure.)

Matrimonial Proceedings (Children) Act 1958

Section 11

(Reports as to arrangements for future care and upbringing of children.)

The Social Work (Scotland) Act 1968

Section 5

(Powers of Secretary of State.)

Section 6B

(Local authority inquiries into matters affecting children.)

Section 27

(Supervision and care of persons put on probation or released from prisons etc.)

Section 27ZA

(Advice, guidance and assistance to persons arrested or on whom sentence deferred.)

Section 78A

(Recovery of contributions)

Section 80

(Enforcement of duty to make contributions.)

Section 81

(Provisions as to decrees for ailment.)

Section 83

(Variation of trusts.)

Section 86

(Adjustment between authority providing accommodation etc., and authority of area of residence.)

The Children Act 1975

Section 34

(Access and maintenance.)

Section 39

(Reports by local authorities and probation officers.)

Section 40
(Notice of application to be given to local authority.)

Section 50
(Payments towards maintenance of children.)

Health and Social Services and Social Security Adjudications Act 1983

Section 21
recovery of sums due to local authority where persons in residential accommodation have disposed of assets.)

Section 22
(Arrears of contributions charged on interest in land in England and Wales)

Section 23
(Arrears of contributions secured over interest in land in Scotland)

Foster Children (Scotland) Act 1984

Section 3
(local authorities to ensure well-being of and to visit foster children.)

Section 5
(Notification by persons maintaining or proposing to maintain foster children.)

Section 6
Notification by persons ceasing to maintain foster children.)

Section 8
(Power to inspect premises.)

Section 9
(Power to impose requirements as to the keeping of foster children.)

Section 10
(Power to prohibit the keeping of foster children.)

The Children (Scotland) Act 1995

Section 17
(Duty of local authority to child looked after by them.)

Section 19
(Local authority plans for services for children)

Section 20
(Publication of information about services for children)

Section 21
(Co-operation between authorities)

Section 22
(Promotion of welfare of children in need)

Section 23
(Children affected by disability)

Section 24
(Assessment of ability of carers to provide care for disabled children)

Section 24A
(Duty of local authority to provide information to carer of disabled child)

Section 25
(Provision of accommodation for children etc.)

Section 26
(Manner of provision of accommodation to child looked after by local authority)

Section 26A
(Provision of continuing care: looked after children)

Section 27
(Daycare for pre-school and other children)

Section 29
(Aftercare)

Section 30
(Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc.)

Section 31
(Review of case of child looked after by local authority)

Section 32
(Removal of child from residential establishment)

Section 36
(Welfare of certain children in hospitals and nursing homes etc.)

Section 38
(Short term refuges for children at risk of harm.)

Section 76
(Exclusion orders.)

Criminal Procedure (Scotland) Act 1995

Section 51
(Remand and committal of children and young persons.)

Section 203
(Reports.)

Section 234B
(Drug treatment and testing order.)

Section 245A
(Restriction of liberty orders.)

The Adults with Incapacity (Scotland) Act 2000

Section 40
(Supervisory bodies.)

The Community Care and Health (Scotland) Act 2002

Section 4

(Accommodation more expensive than usually provided.)

Section 6

(Deferred payment of accommodation costs.)

Management of Offenders etc (Scotland) Act 2005

Sections 10

(Arrangements for assessing and managing risks posed by certain offenders)

Section 11

(Review of arrangements)

(

Adoption and Children (Scotland) Act 2007

Section 1

(Duty of local authority to provide adoption service.)

Section 4

(Local authority plan)

Section 5

(Guidance)

Section 6

(Assistance in carrying out functions under sections 1 and 4)

Section 9

(Assessment of needs for adoption support services)

Section 10

(Provision of services)

Section 11

(Urgent provision)

Section 12

(Power to provide payment to person entitled to adoption support service)

Section 19

(Notice under Section 18 local authorities duties)

Section 26

(looked after children - adoption is not proceeding.)

Section 45

(Adoption support plans.)

Section 47

(Family member's right to require review of plan)

Section 48

(Other cases where authority under duty to review plan)

Section 49

(Re-assessment of needs for adoption support services)

Section 51

(Guidance)

Section 71

(Adoption allowance schemes.)

Section 80
(Permanence Orders.)

Section 90
(Precedence of certain other orders)

Section 99
(Duty of local authority to apply for variation or revocation.)

Section 101
(local authority to give notice of certain matters.)

Section 105
(Notification of proposed application for order)

The Adult Support and Protection (Scotland) Act 2007

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc.)

Section 16
(Right to remove adult at risk)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders.)

Section 37
(Child protection orders.)

Section 42
(Parental responsibilities and rights directions.)

Section 44
(Obligations of local authority.)

Section 48
(Application for variation or termination)

Section 49
(Notice of an application for variation or termination.)

Section 60
(local authorities duty to provide information to Principal Reporter.)

Section 131
(Duty of implementation authority to require review.)

Section 144
(Implementation of a compulsory supervision order; general duties of implementation authority.)

Section 145
(Duty where order requires child to reside in a certain place.)

Section 153
(Secure accommodation: regulations.)

Section 166

(Review of requirement imposed on local authority)

Section 167
(Appeal to Sheriff Principal: section 166)

Section 180
(Sharing of information: panel members.)

Section 183-
(Mutual Assistance)

Section 184
(Enforcement of obligations of health board under section 183)

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

Section 8
(Choice of options; children and family members.)

Section 10
(Provision of information; children under 16.)

Carers (Scotland) Act 2016

Section 12
(Duty to prepare a Young Carer Statement)

Part 2

Services currently provided by the Council which are to be integrated:

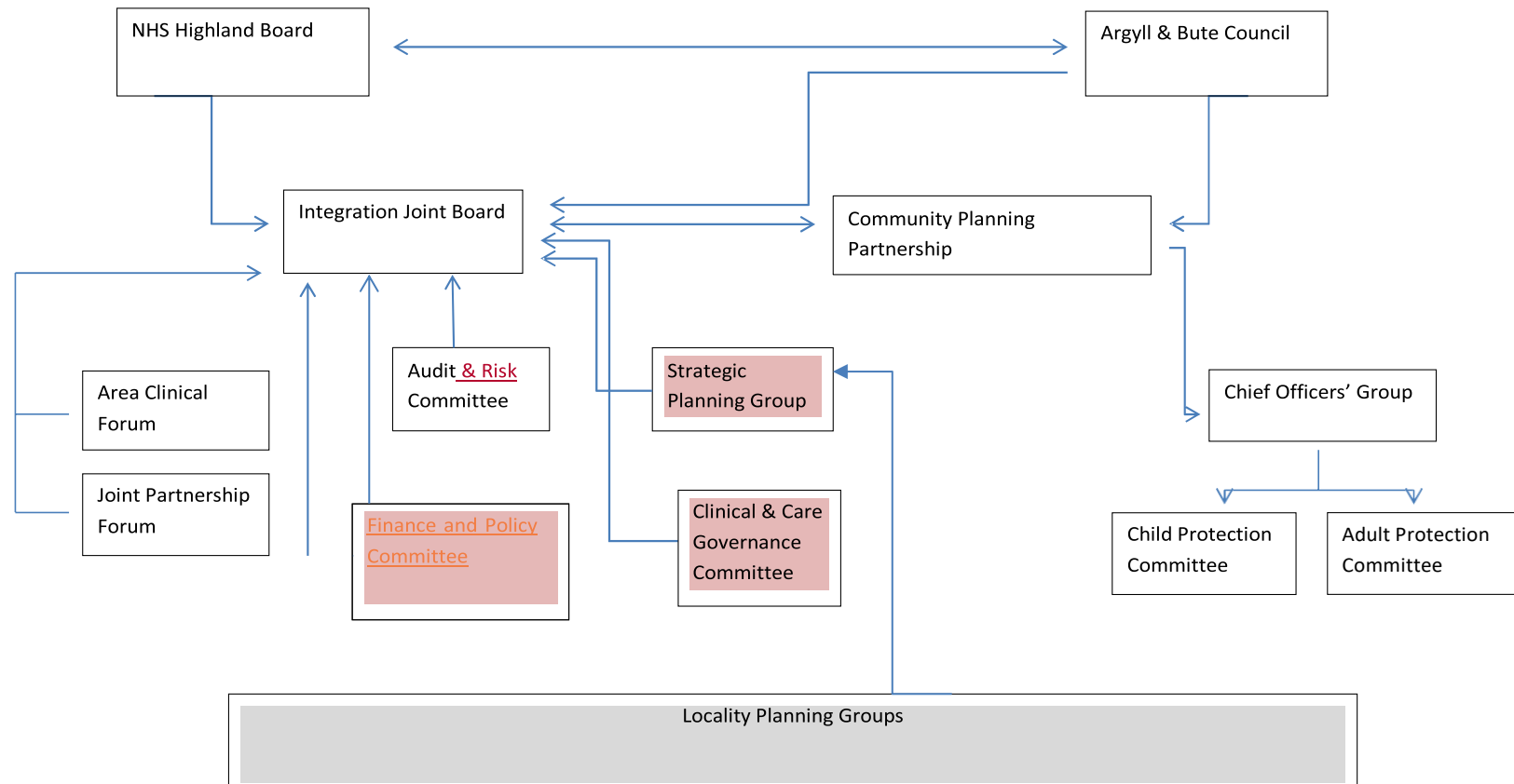
All permitted Council functions apart from housing and housing support services, other than aids and adaptations aspects of housing support.

- [Social Work](#) [Social care](#) 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
 - Housing support including Aids and Adaptions
 - Day Services
 - Local Area Co-ordination
 - Self Directed support
 - Respite Provision for adults and young people
 - Occupational Therapy Services
 - Re-ablement Services, Equipment and Telecare
- ~~Social work~~Social care services for children and young people
 - Child Care Assessment and Care Management
 - Looked After and accommodated Children
 - Child Protection
 - Adoption and Fostering
 - Special Needs/Additional Support
 - Early Intervention
 - Through-care Services
 - Youth Justice Services
- ~~Social Work~~Social care ~~Criminal Justice~~Community Justice~~Justice~~ Services
 - Services to Courts and Parole Board
 - Assessment of offenders
 - Diversions from Prosecution and Fiscal Work Orders
 - Supervision of offenders subject to a community based order
 - Through care and supervision of released prisoners
 - Multi Agency Public Protection Arrangements

Annex 3: Systems Governance.

System Governance Schematic



Annex 4: Clinical and Care Governance structure.

