INTEGRATION SCHEME

(BODY CORPORATE)

BETWEEN

ARGYLL & BUTE COUNCIL

AND

NHS HIGHLAND

Consultation Draft – December 2014

1. Introduction

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by Ministers and children's health and social care services. The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved. There is a choice of ways in which they may do this: the Health Board and Local Authority can either delegate between each other (under s1(4)(b), (c) and (d) of the Act), or can both delegate to a third body called the Integration Joint Board (under s1(4)(a) of the Act). Delegation between the Health Board and Local Authority is commonly referred to as a "lead agency" arrangement. Delegation to an Integration Joint Board is commonly referred to as a "body corporate" arrangement.

1.2 This integration scheme describes how the joint working arrangements will be achieved in Argyll and Bute. It describes the 'body corporate' arrangement agreed between NHS Highland and Argyll and Bute Council (The Parties).

1.3 This document sets out a model integration scheme to be followed where the "body corporate" arrangement is used (i.e. the model set out in s1(4)(a) of the Act) and sets out the detail as to how the Health Board and Local Authority will integrate services. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an integration scheme for approval by Scottish Ministers. The integration scheme should follow the format of the model and must include the matters prescribed in Regulations. Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

1.4 The Parties have agreed to delegate the maximum allowable range of health and social care service to a third body, described in the Act as the Integration Joint Board

(IJB). The Integration Joint Board for Argyll and Bute shall be referred to as the Argyll and Bute Integration Joint Board.

1.5 The Argyll and Bute Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the integration scheme in Section 5. Further, the Act gives the Health Board and the Local Authority, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

1.6 The Act requires NHS Highland and Argyll and Bute Council to submit this Integration Scheme for approval by Scottish Ministers. When the scheme is approved the Argyll and Bute Integration Joint Board will be established by order of the Scottish Ministers as an entity which has a distinct legal personality.

1.7 Argyll and Bute Integration Joint Board will be responsible for the strategic planning and delivery of the functions delegated to it; and for ensuring the discharge of those functions through the partnership between the Health Board and the Council, which will be formally referred to as Argyll and Bute Integration Joint Board.

2. Aims and Outcomes of the Integration Scheme

2.1 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 prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.

2.2 The Argyll and Bute Integration Joint Board will set out within its 3 Year 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 centred 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.

2.3 The Argyll and Bute Health and Social Care Partnership's Vision is that people in Argyll and Bute will live longer, healthier, happier, independent lives.

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

2.5 NHS Highland and Argyll and Bute Council have agreed that Children and Families social work services and Criminal Justice services should be included within

functions and services to be delegated to the partnership therefore the specific national outcomes for Children and Criminal Justice are also included:

2.5.1 The national outcomes for Children 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.

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

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

2.6 The geography and demographics of the area pose significant challenges to this vision and purpose and the Partnership recognises that success can only be guaranteed if: people are at the centre of the process and are empowered and encouraged to take responsibility for their own health and well-being; communities are vibrant and resilient, providing natural supports amongst themselves; localities are at the heart of integration, informing and driving forward local solutions and innovations to meet a diverse range of needs and preferences; staff are recognised as our greatest asset, are valued, developed, trained and supported to enjoy fulfilling careers supporting and caring for people who are in need of services.

2.7 The core values of the Argyll and Bute Integration Joint Board are: a person centred approach; compassion; respect; equality; fairness; transparency; efficiency; improvement; involvement and co-production.

2.8 Localities are recognised as being at the heart of integration. Argyll and Bute has many small and diverse communities with varying demographics, challenges and requirements. Over a number of years services have been delivered, managed and monitored across the four administrative areas, Mid Argyll, Kintyre and Islay; Oban,

Lorn and the Isles; Bute and Cowal and Helensburgh and Lomond. The Argyll & Bute Integration Joint Board will commence integrated service delivery utilising these four existing areas. The Argyll & Bute Integration Joint Board retains the option to revise these locality arrangements.

3. Model Integration Scheme

The parties:

The Argyll & Bute Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at, Kilmory, Lochgilphead, Argyll, PA31 8RT ("the Council");

And

NHS Highland Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "Argyll & Bute CHP") and having its principal offices at [AROS, Lochgilphead, Argyll PA31 8LB] ("NHS (Highland)") (together referred to as "the Parties").

4. Definitions and Interpretation

4.1 "The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014.

4.2 "Integration Joint Board" means the Integration Joint Board to be established by Order under section 9 of the Act.

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

4.4 "The Integration Scheme Regulations" means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

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

4.6 “Scheme” means this Integration Scheme.

4.7 “3 Year Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults [and children] in accordance with section 29 of the Act.

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

In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for [Argyll & Bute Health and Social Care Partnership], 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 Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

5. Local Governance Arrangements

5.1 In accordance with the Act, the Integration Joint Board has a legal personality distinct from the Council and Health Board, with the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Argyll & Bute Integration Joint Board.

5.2 The Argyll & Bute Integration Joint Board is recognised as having formal status for strategic planning for Argyll and Bute within both the Council and the Health Board, contributing to and operating within the wider context of their respective corporate strategies. The Argyll & Bute Integration Joint Board will communicate and interact with both parties to ensure the delivery of the National Outcomes for the people of Argyll and Bute.

5.3 In exercising its functions the Argyll & Bute Integration Joint Board will take into account the respective statutory obligations of The Parties. Apart from those functions delegated by virtue of this Scheme, the Parties retain distinct statutory responsibilities and thus they also retain their formal decision making roles for functions not delegated.

5.4 The remit and constitution of the Argyll & Bute Integration Joint Board is established through legislation, with the Parties having agreed:

5.4.1 NHS Representation – 4 members of the NHS Highland Health Board (executive or non-executive); The Chief Executive Officer, NHS Highland; 3 NHS Officers; 1 Doctor (who is not a GP); 1 General Practitioner; 1 Registered Nurse and other Officers to be co-opted or in attendance as required by the Integration Joint Board.

5.4.2 Argyll & Bute Council Representation: 4 Elected Members of the Council; The Chief Executive Officer, Argyll & Bute Council; 3 Argyll & Bute Council Officers; 1 Section 95 Finance Officer; other Officers to be co-opted or in attendance as required by the Integration Joint Board.

5.4.3 Joint Representation: Chief Officer, Health & Social Care; 2 Trades Union/NHS Staff side Representatives; 2 Public Representatives; 1 Scottish Health Council Representative; 1 Carers Representative; 1 Patient Representative; 1 Independent Sector Representative; 1 Third (Voluntary) Sector Representative; other representatives co-opted or in attendance as required by the Integration Joint Board.

5.4.4 The Parties have decided, by democratic nomination and voting, the identities of the Chair and Vice Chair of the Argyll and Bute Integration Joint Board. It has been unanimously agreed that the Chair (who is the nominee of Argyll & Bute Council) will hold office for a period of two years. Thereafter, the Vice Chair (who is the nominee of NHS Highland) will assume office for a period of two years. The Chair and Vice Chair may agree between them the delegation of duties e.g. in the case of the Chair being unavoidably absent.

5.4.5 The identified Integration Joint Board members are the voting representatives. Any co-opted representatives or representatives in attendance shall not have voting rights. Quoracy has been agreed at 50% attendance, with representatives from both parties present in equal number.

5.4.6 All voting and non-voting members of the Argyll & Bute Integration Joint Board will be obliged to behave in accordance with Ethical Standards in Public Life framework. This will include declaring relevant financial and non-financial interests, both within an annual register and at meeting in response to agenda items.

5.4.7 A voting member of the Argyll & Bute Integration Joint Board shall cease to be a voting member if he/she resigns or is removed from office. A Health Board member shall cease to be a member if he/she no longer holds his/her membership with the Health board. An Elected Member of the Council shall cease to be a member if he/she no longer holds the office of Elected Member. All members of the Argyll & Bute Integration Joint Board are members ex officio (by nature of their other appointment).

5.4.8 A voting member of the Argyll & Bute Integration Joint Board shall also cease to be a voting member of he/she fails to attend 3 consecutive meetings of the Argyll & Bute Integration Joint Board, provided the absences were not due to illness or other reasonable cause (which shall be decided by the Argyll & Bute Integration Joint Board). In this event the Argyll & Bute Integration Joint Board shall give the member one month's written notice of his/her removal and the Argyll & Bute Integration Joint Board will, at the same time, request that a replacement is nominated by the relevant organisation and a new member will be appointed within a practicable timescale.

5.5 The Argyll & Bute Integration Joint Board covers only one Local Authority, therefore no additional arrangements are required.

5.6 The Parties will share targets, measures and other arrangements that will be devolved to the Integration Joint Board, in full. These will take into account national

guidance on the core indicators for integration, as well as local targets and indicators and this information will be made available to the Integration Joint Board for consideration. Data in respect of the national indicators will be collected from April 1st 2015. Local targets and indicators are expected to change and evolve during 2015/16 and beyond, in line with the 3 year Strategic Plan.

5.7 The Argyll and Bute Integration Joint Board will as per as specified schedule and frequency receive for consideration, approval and agreement the following:

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

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

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

5.7.4 Patient and User of Care Services Involvement and Community Engagement reports ensuring their involvement in the shaping, delivery and evaluation of service performance.

5.7.5 Financial Governance reports including financial management, budget setting recommendation, expenditure reporting and cost improvement plans for consideration and approval.

5.7.6 Performance Management reports to ensure that all services within scope are assessed for compliance and achievement against targets and improvement measures.

5.7.7 Risk and Health and Safety Management reports ensuring that all operational and strategic risks are identified with mitigation actions and plans identified.

5.8 Public Health & Social Care Profile of HSCP

5.8.1 Multi-purpose high level and/or key demographic population health and social indices information:

- Planning info – life expectancy & at birth, morbidity mortality rates, suicides rates.

- Inequality markers – birth weight, breast feeding rates, dental carries in young children, rate of looked after children, school leavers in positive and sustained destinations.

- Life span indicators child healthy weight, alcohol use aged 15, drug use aged 15, strengths and difficulties score (young people), mental health and well-being (WEMWBS) young people, people (65+) receiving free personal care at home.

- National social care key performance reporting, relating to adults, children and young people. (Self-Directed Support (Direct Payments),Social Care Survey, Homecare Census, Telecare Census, Annual Respite Return , Eligibility Criteria & Waiting Times Census, Social Care Benchmarking, Mental Health Benchmarking, eSAY (LDSS), Adult Protection Reshaping Care for Older People, Delayed Discharge, Substance Misuse, Emergency Admission, Joint Integrated Community Teams, Carers, Child Protection, Early Years, Children Looked After Scotland (CLAS) and Criminal Justice)Disease prevalence rates- Diabetes. Lifestyle Behavioural indicators – smoking, weight physical activity, and alcohol assumption related admissions.

- Customer Service Reporting

- Economic data – income

5.9 National outcome indicators and measures

5.9.1 Healthier living Individuals and communities are able and motivated to look after and improve their health and wellbeing, resulting in more people living in good health for longer, with reduced health inequalities.

- Premature mortality (National Performance Framework)
- Emergency admissions to hospital (National Performance Framework) and Emergency inpatient bed day rates 75+ (NHS HEAT)
- % of people who say they are able to look after their health or who say they are as well as they can be
- % of people receiving any care or support who say they are able to live where they want

5.9.2 Independent living People with disabilities, long term conditions or who become frail are able to live as safely and independently as possible in the community, and have control over their care and support.

- % of last 6 months of life spent in community
- % people receiving personal care at home, rather than in a care home or hospital (National Performance Framework)
- Emergency admissions to hospital (National Performance Framework) and Emergency inpatient bed day rates 75+ (NHS HEAT)
- % of people receiving care and support who said that people took account of what was important to them
- % of people receiving any care or support who say they have a say in the way it is provided

5.9.3 Positive experiences and outcomes People have positive experiences of health, social care and support services, which help to maintain or improve their quality of life.

- Number of bed days due to delayed discharge (NHS HEAT)
- % who said that the care and support services they received had a positive impact in improving or maintaining their quality of life

- % of people receiving care and support who said that people took account of what was important to them
- % of people receiving any care or support who say they are able to live where they want
- % of people receiving any care or support who say they have a say in the way it is provided

5.9.4 Carers are supported People who provide unpaid care to others are supported and able to maintain their own health and wellbeing including by having a life outside of caring.

- % of carers who feel supported to continue in their caring role
- Carer wellbeing, or self-assessed health

5.9.5 People are safe People using health, social care and support services are safe-guarded from harm and have their dignity and human rights respected.

- Number of bed days due to delayed discharge (NHS HEAT)
- % of people receiving care and support who said that they felt safe

5.9.6 Engaged workforce People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide.

- % of staff survey respondents who would recommend as a good place to work

5.9.7 The most effective use is made of resources across health and social care services, avoiding waste and unnecessary variation.

- Balance of spend across institutional and community settings (Integrated Resource Framework)

5.10 Service delivery performance measures

- HEAT targets and NHS performance measures i.e. RTT. Waiting times and targets
- National social care indicators and measures for adult and children and family services

- National social care benchmarking indicators and measures for adult and children and family services
- Pyramid social care performance measures Joint Pyramid performance measures
- LDP outcomes and objectives
- SOA outcomes and objectives
- Joint Health and Social Care Inspection reports
- Patient/client feedback – complaints
- Social Care Freedom of Information Requests
- Patient/client feedback – complaints
- Other

5.11 Where responsibility for a target or indicator is shared the Parties will agree in writing the accountability and responsibility of each Party.

6. Delegation of Functions

6.1 The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by the Health Board and which are to be integrated, are set out in Part 2 of Annex 1.

6.2 The functions that are to be delegated by the Local Authority to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Local Authority and which are to be integrated, are set out in Part 2 of Annex 2.

7. Local Operational Delivery Arrangements

The local operational arrangements agreed by the Parties are:

7.1 The Argyll & Bute Integration Joint Board will be responsible for the strategic planning and delivery of the functions delegated to it. It will discharge those delegated functions through the partnership between the Council and the Health Board known as the Argyll and Bute Health and Social Care Partnership.

7.2 The Partnership comprises all the necessary resources and staff allocated by The Parties, for the purpose of undertaking the functions delegated to the Argyll & Bute Integration Joint Board.

7.3 The Parties have agreed that the Argyll & Bute Integration Joint Board will:

7.3.1 Appoint a Chief Officer, who by virtue of appointment will also be the Chief Officer of the Integration Joint Board.

7.3.2 Identify a Chief Financial Officer, to be termed the Section 95 Officer, who by virtue of appointment will also be the Chief Financial Officer of the Integration Joint Board.

7.3.3 Convene a Strategic Planning Group as required in terms of Section 32 of the Act to enable the preparation of Strategic Plans in accordance with Section 29 of the Act; inform significant decisions outside the Strategic Plan in accordance with section 36 of the Act. The membership of the Strategic Planning Group will be refreshed by the Argyll & Bute Integration Joint Board at the beginning of each strategic planning cycle.

7.3.4 Prepare, approve and implement a Strategic Plan for all of its delegated functions, in accordance with the Act and supported by an integrated workforce and organisational development plan. Strategic plans will detail how the Argyll & Bute Integration Joint Board will deliver on its responsibilities for children's services planning and delivery as described in section 58 of the Act.

The first Strategic Plan will be presented by the Chief Officer for approval, within the timeline set out by the Scottish Government, in accordance with section 29(5) of the Act.

7.3.5 Establish a process to identify and put in place the corporate support required by the Integration Joint Board to fulfil its duty and functions. The Parties will agree via the established Integration Programme Board an arrangement whereby professional, technical and administrative services will be made available to the Integration joint Board for the purpose of preparing a 3 year Strategic Plan and carrying out the delegated functions. The Partnership will, by April 1st 2015:

- Identify the corporate resources currently utilised to deliver the delegated functions.

- Agree with the Integration Joint Board the corporate support services required to fully discharge its duties under the Act.

- NHS Highland and Argyll and Bute will review, in 2015/16, that the provision of corporate support is adequate to the needs of the Integration joint Board and the delegated functions.

- NHS Highland and Argyll and Bute Council will agree how the provision of corporate support services is integrated within the annual budget.

7.3.6 Establish a standing Health and Care Sub Committee to focus on clinical and care governance, including (where necessary) to make recommendations to either or both Parties.

7.3.7 Establish a standing Audit Committee to focus on financial and internal audit, including (where necessary) to make recommendations to either or both Parties.

7.3.8 Establish a standing Staff Partnership/Trade Union Forum to focus on applying the principles of staff governance across services in partnership with Trade Unions and where necessary to make recommendations to either, or both Parties.

7.3.9 Establish arrangements for locality planning in support of key outcomes for Argyll and Bute.

7.3.10 Agree an annual work plan, setting out key objectives for the year.

7.3.11 Maintain and routinely review an integrated strategic risk register.

7.3.12 Prepare and implement a Communication and Involvement Strategy that is supported by and contributes to local Community Planning Partnership arrangements.

7.3.13 Approve the allocation of resources to deliver the 3 Year Strategic Plan within the specific revenue and capital budgets as delegated by The Parties (in accordance with the standing financial instructions/orders of both Parties), and where necessary make recommendations to either or both Parties.

7.3.14 Prepare and publish an annual financial statement that sets out, in relation to the 3 Year Strategic Plan to which it relates, the amount that the Argyll & Bute Integration Joint Board intends to spend in implementing the Strategic Plan, in accordance with section 42 of the Act.

7.3.15 Prepare an annual performance report on the delivery of the Strategic Plan in accordance with section 42 of the Act.

7.3.16 Receive and act upon an annual report from the Chief Social Work Officer.

7.3.17 Receive and act upon quarterly reports in respects of Performance, Clinical and Care Governance, Communication and Public Involvement, Workforce Planning and Staff Governance and Quality Improvement.

7.4 The Parties will retain responsibility for assuring the quality and safety of services commissioned from the Third and Independent sectors in accordance with the Strategic Plan.

8. Clinical and Care Governance

The arrangements for clinical and care governance agreed by the Parties is:

8.1 The Parties agree that patients and service users are the primary priority in everything that the Argyll & Bute Integration Joint Board plans and does and that, within available resources they will receive effective care that takes account of their expressed personal outcomes. Unpaid/family carers are recognised as central to achievement of the Argyll and Bute vision and will receive support within available resources. Services will be delivered by compassionate and committed staff, working within a common organisational culture and who are protected from avoidable risk of harm and any deprivation of their basic rights.

8.2 Clinical and care governance is the organisational framework through which the Argyll & Bute Integration Joint Board is responsible and accountable for the continuous improvement of the quality of the delegated functions (see annex 4). The process of clinical and care governance will safeguard quality standards by creating and maintaining an environment where excellence is expected. The Health and Care Sub Committee will agree the approach to measuring quality of service delivery; addressing organisation and individual care risks; promoting continuous improvement and ensuring that all professional and clinical standards, legislation and guidance are met.

8.3 The Argyll & Bute Integration Joint Board will establish a clinical and care governance framework which will cover all health and social work services and encompass the following:

8.3.1 Quality and Safety

8.3.2 Standards and Guidelines

8.3.3 Incident and Risk Management

8.3.4 Audit and Self Evaluation

8.3.5 Inspections

8.3.6 Feedback and Complaints

8.3.7 Learning Organisation

8.3.8 Research and Development

8.3.9 Professional Leadership and Accountability (including regulation and registration).

8.4 The Chief Officer is accountable to the Argyll & Bute Integration Joint Board for clinical and care governance in relation to the staff and resources that constitute the delegated functions of the Partnership. The Chief Officer will be formally supported in this by staff in senior management and lead professional roles, employed by either of the Parties.

8.5 The Argyll & Bute Integration Joint Board will establish a Health and Care Governance Sub Committee. The Integration Joint Board will appoint a number of its voting members to serve on this Committee. It will be advised by the Chief Officer, the Clinical Director, Lead Nurse and Chief Social Work Officer and other appropriate representatives. These nominated professionals will continue to be the

lead and accountable professional for their profession and will be professionally accountable to the Medical Director or Nurse Director of NHS Highland.

8.6 The Health and Care Governance Sub Committee will be chaired by the Chief Officer who will ensure that its membership includes appropriate senior managers and lead professionals. The Parties will ensure that the Health and Care Governance Sub Committee is able to call upon technical support in relation to its remit.

8.7 The professional leads of NHS Highland will be enabled to raise issues directly with the Integration Joint Board, in writing, or through the representatives who Board members. The Chief Social Work Officer as a member of the Integration Joint Board will be enabled to directly raise issues as appropriate.

8.8 This Scheme accepts that the Chief Officer and the Chief Social Work Officer is not the same individual. The two roles will have a non-hierarchical, mutually supportive relationship, with the Chief Social Work Officer continuing to discharge a statutory duty to Argyll and Bute Council. The Chief Social Work Officer shall also be obliged to support the Chief Officer and the Argyll & Bute Integration Joint Board. The Chief Social Work Officer will be a non-voting member of the Argyll & Bute Integration Joint Board (as per the Act) and a member of the Health and Care Sub Committee.

8.9 The relevant Corporate Directors/Lead Professionals of the NHS Highland Board (i.e. The Clinical Director, Lead Nurse, and Lead Allied Health Professionals) will support the Chief Officer and the Argyll & Bute Integration Joint Board. They will be non-voting members of the Argyll & Bute Integration Joint Board. They may agree with the Chief Officer for appropriately qualified and specified members of Health Board staff to act as a proxy for them, in their advisory role. The identified and agreed individuals will attend the Health and Care Sub Committee in an advisory capacity and provide professional support to the development of the Strategic Plan and within locality planning.

8.10 The Chief Social Work Officer will formally present his/her annual report to the Argyll & Bute Integration Joint Board, as well as presenting it to Argyll and Bute Council and NHS Highland.

8.11 Representatives from General Practice and other external NHS contractors will be encouraged to work as an integral part of the Partnership, to support the development of multi-professional locality planning. Annual priorities for development will be identified for each locality and agreed by the Argyll & Bute Integration Joint Board, who will monitor progress.

9. Chief Officer

9.1 The Argyll & Bute Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act, who by virtue of that appointment shall also be the Chief Officer of the Partnership. This Scheme does not allow for the Chief Officer to be the same individual as the Chief Social Work Officer.

9.2 The Chief Officer has both strategic and operational responsibility for all delegated functions. The post holder is directly responsible to and line-managed by the Chief Executive Officers of both Parties and via the Chief Executive Officers is responsible to the NHS Highland Board and Argyll and Bute Council. The Chief Officer is also accountable to the Argyll & Bute Integration Joint Board. The Chief Officer's contract of employment will be with one of the Parties, who will then second the Chief Officer to the Argyll & Bute Health and Social Care Partnership.

9.3 The Chief Officer will be accountable directly to the Argyll & Bute Integration Joint Board for the preparation, implementation of and reporting on the 3 Year Strategic Plan. The Chief Officer will also be responsible for operational delivery of services and the appropriate management of staff and resources.

9.4 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 3 Year Strategic Plan. Relevant individuals and sub groups of

the Senior Management Team will be tasked with specific strategic or operational tasks.

9.5 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 a suitably qualified and experienced senior officer to carry out the functions of the Chief Officer, for the duration of the interim period and submit the said nominations for approval by the Argyll & Bute Integration Joint Board's Chair and Vice Chair.

9.6 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 the Argyll & Bute Integration Joint Board.

9.7 Subject to the prior written consent of the other Party (acting reasonably) and with the consent of the Chair and Vice Chair of the Argyll & Bute Integration Joint Board, the Chief Executive Officer of either Party may direct the Chief Officer to be managerially responsible for functions or services which are not delegated under this Scheme. The Chief Officer's accountability for such services shall be directly to the Chief Executive Officer of the Party making the request. That Party shall be entitled to revoke the direction, upon giving 12 weeks written notice to the Chief Officer.

9.8 The Chief Officer will be a full member of both the Council and Health Board's corporate management teams, as well a non-voting member of the Argyll & Bute Integration Joint Board.

9.9 The Chief Officer will chair the Health and Care Sub Committee.

9.10 The Chief Officer will jointly chair the Staff Partnership Forum with the trades unions, or will nominate a Lead Officer to whom this responsibility will be delegated.

9.11 The Chief Officer will ensure the maintenance of up to date strategic risk register in respect of all functions delegated to the Argyll & Bute Integration Joint Board.

9.12 The Chief Officer will routinely liaise with appropriate officers of the Health Board in respect of the Argyll & Bute Integration Joint Board's role in informing and 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.

9.13 The Chief Officer will routinely liaise with the relevant Executive Director(s) of the Council in respect of the Argyll & Bute Integration Joint Board's role in informing strategic planning for local housing and the delivery of housing support services.

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

9.15 The Chief Officer will establish and maintain effective relationships with a range of key stakeholders across, the Scottish Government, Health, Council, Independent and Third sectors, service users, Trades Unions and professional organisations.

10. Workforce

The arrangements in relation to their respective workforces agreed by the Parties are:

10.1 The Chief Officer will appoint a Senior Management Team whose portfolios reflect the full range of the Argyll & Bute Integration Joint Board's delegated functions and responsibilities for Strategic Planning and delivery of services, as well as any agreed corporate roles and/or hosted service responsibilities. The members of the Partnership's Senior Management Team will all be contracted employees of one of the Parties and by inference will have a responsibility to both of the Parties, in respect of the Partnership.

10.2 Staff directly managed within the Partnership will either be employees of NHS Highland or Argyll and Bute Council and will be subject to the relevant terms and

conditions specified within their contract of employment (including adherence to the corporate policies of their employing organisation). Staff working within the delegated functions of the Partnership will be solely line managed within its structures and ultimately accountable to the Chief Officer for the discharge of their responsibilities. No member of staff will be required to transfer their contract of employment to the other Party as a result of the establishment of the Argyll & Bute Health and Social Care Partnership.

10.3 The Argyll & Bute Integration Joint Board will establish a standing Staff Partnership Forum to focus on applying the principles of staff governance across services. This will be jointly chaired by the Chief Officer or a nominated Lead Officer and a nominated officer of the Trades Unions.

10.4 The Staff Partnership Forum will provide the collaborative vehicle by which the Partnership's Integrated Workforce and Organisational Development Strategy will be agreed with staff and the Trades Unions, before incorporation into the Strategic Plan. It is envisaged that as far as possible Independent and Third Sector workforces will also be included in the plan, although they are not employees of the Partnership.

10.5 Workforce and organisational development will be key elements of the first 3 year Strategic Plan presented to the Argyll & Bute Integration Joint Board for approval.

10.6 The partnership is fully committed to providing continuous professional development for all members of staff and to engaging staff members in a robust and healthy organisational culture, where change and growth can flourish. This will be fully reflected in the 3 year Strategic Plan, produced during 2015.

10.7 The partnerships transitional Organisational Development Plan will evolve into a full Organisational Development Strategy agreed by the Argyll & Bute Integration Joint Board. This will set out priorities and arrangements for involvement and on-going support for staff and user/public members of the Argyll & Bute Integration Joint Board.

10.8 Any future changes within the workforce, or changes to working practices will be developed and agreed on a planned and co-ordinated basis, in accordance with established policies and procedures. Trades Unions and staff affected by any proposed changes will be fully involved.

10.9 Argyll and Bute Council and NHS Highland will make arrangements regarding any future jointly appointed positions. The recruitment process may be run jointly; 'hosted' by either Party using their normal recruitment procedures or via new processes agreed by the Partnership. Representation on appointment panels will be agreed by the Argyll & Bute Integration Joint Board.

10.10 The Partnership will design and agree an integrated management structure for the future. It is recognised that integrated teams may have individuals reporting through a person employed by the other Party. The Parties agree to this as a proposed option and are both strongly committed to ensuring that clear lines of professional leadership and strong professional governance will be maintained within all integrated management structures.

10.11 There will be a jointly developed Organisational Development strategy, which includes engagement, leadership and workforce development for the integrated workforce. The strategy will continue to evolve and will regularly be reviewed in partnership with the stakeholders as the integration of Health and Social Care progresses. The strategy will be agreed by the Integration Joint Board.

10.12 NHS Highland and Argyll and Bute Council are committed to the continued development of positive and constructive relationships with recognised Trade Unions and professional organisations involved in Health and Social Care integration. Representatives of Trades Unions and professional organisations are and will continue to be fully involved in the process of Health and Social Care integration at all levels. They are represented on the Argyll & Bute Integration Joint Board.

11. Finance

11.1 General Principles

11.1.1 The Argyll and Bute Integration Joint Board will determine its own internal financial governance arrangements, and the Chief Financial Officer will be responsive to the decisions of Argyll and Bute Integration Joint Board and the principles of financial governance that have been set out in this Integration Scheme.

11.1.2 Argyll and Bute Council and NHS Highland recognise that they each have continuing financial governance responsibilities, and have agreed to establish the Partnership as a "joint operation" as defined by IFRS 11.

11.1.3 Argyll and Bute Council and NHS Highland will work together in the spirit of openness and transparency.

11.1.4 Argyll and Bute Council and NHS Highland will ensure their payments to the Integration Joint Board are sufficient to fund the delegated functions. The Council and NHS agree to the establishment of an integrated budget for the Integration Joint Board that will be managed by the Chief Officer. Both Partners agree to make a revenue contribution to the Integration Joint Board representing the level of resources available for the service areas delegated to the Partnership.

11.1.5 Argyll and Bute Council and NHS Highland payments to the 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. Argyll and Bute Council and NHS Highland will prepare and maintain a record of what those commitments are and provide this to the Integration Joint Board.

11.1.6 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. Argyll and Bute Integration Joint Board, Argyll and Bute 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.

11.1.7 Argyll and Bute Integration Joint Board will develop its own financial regulations. These will be reviewed periodically by the Chief Financial Officer and with a report on the review and proposed changes submitted to the board.

11.1.8 The existing financial regulations of Argyll and Bute Council and NHS Highland will apply to resources transferred from Argyll and Bute Integration Joint Board.

11.1.9 Argyll and Bute Integration Joint Board will comply with finance guidance in relation to health and social care integration issued by Scottish Government.

11.2 Chief Financial Officer

11.2.1 Argyll and Bute Integration Joint Board will make arrangements for the proper administration of its financial affairs and appoint a Chief Finance Officer with this responsibility. The Chief Financial Officer will be expected to work closely with the Chief Officer of the Partnership, the Section 95 Officer of the Council, Director of Finance of NHS Highland, the Board and the Audit Committee to ensure effective management of the financial resources of Argyll and Bute Integration Joint Board. The Chief Financial Officer will be employed by the Council or NHS Highland and seconded to Argyll and Bute Integration Joint Board. The post of Chief Financial Officer cannot be held by the same person as the Chief Officer.

11.2.2 Argyll and Bute Integration Joint Board will have regard to the current CIPFA guidance on the role of the Chief Financial Officer in Local

Government and any Scottish Government or professional guidance in the operating parameters of the Chief Financial Officer and also in the appointment of a Chief Financial Officer. A job description will set out the requirements of the post.

11.3 Roles and Responsibilities - Finance

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

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

11.3.3 The Chief Financial Officer is accountable for financial management of delegated budgets in Argyll and Bute Integration Joint Board.

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

11.3.5 The Chief Financial Officer will work with the Argyll and Bute 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.

11.4 Management of Revenue Budget

11.4.1 The Argyll and Bute Integration Joint Board's 3 Year Strategic Plan will incorporate a medium term financial plan for its resources. On an annual basis a financial statement will be prepared setting out the amount the Integration Joint Board intends to spend to implement its 3 Year Strategic

Plan. This will be known as the annual budget. The medium term financial strategy will be prepared for the Integration Joint Board following discussions with Argyll and Bute 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.

11.4.2 Argyll and Bute Integration Joint Board is able to hold reserves. There is an expectation that they will achieve a break-even position each year unless there are clear plans to utilise reserves. The Board cannot budget a position which would result in the reserves moving into a deficit.

11.4.3 The term payment is used to maintain consistency with Legislation and does not represent physical cash transfer. As the Partnership does not operate a bank account, the net difference between payments into and out of the Integrated Joint Board will result in a balancing cash payment between the Council and the NHS. 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.

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

11.4.5 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.

11.4.6 Information will be provided by Argyll and Bute Council and NHS Highland 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.

11.4.7 Argyll and Bute Council and NHS Highland will each prepare a schedule outlining the detail and total value of the proposed initial payment, the underlying assumptions behind that initial payment and the financial performance against budget for the delegated services in the shadow year for their respective areas. These schedules will 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 Argyll and Bute Council prior to submission to the Partnership.

11.4.8 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 then prepares a schedule that describes the agreed value of the payments. The Argyll and Bute Council 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.

11.4.9 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 Argyll and Bute Council and NHS Highland. The funding available to the Integration Joint Board will be dependent on the funding available to Argyll and Bute Council and NHS Highland and the corporate priorities of both. Both parties will provide indicative three year allocations to the 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 local authority funding.

11.4.10 A report should be submitted to Argyll and Bute Integration Joint Board each year setting out the process, timetable and key assumptions to be adopted in drafting the budget.

11.4.11 Each year the Chief Financial Officer and Chief Officer of the Partnership should prepare a draft budget for the Integration Joint Board based on the three year strategic plan and present this to Argyll and Bute Council and NHS Highland.

11.4.12 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.
- Legal requirements that result in additional and unavoidable expenditure commitments.
- Transfers to/from the set aside budget for hospital services set out in the 3 Year 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.

11.4.13 The Council and NHS will each prepare a schedule outlining the detail and total value of the proposed payment and the underlying assumptions behind that initial payment.

11.4.14 The Director of Finance of NHS Highland, the Section 95 Officer of Argyll and Bute 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.

11.4.15 Due diligence of Argyll and Bute 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 the Argyll and Bute Integration Joint Board Chief Officer, Argyll and Bute Council Section 95 Officer, NHS Highland Director of Finance to confirm their agreement.

11.4.16 The allocations made from Argyll and Bute Integration Joint Board to Argyll and Bute Council and NHS Highland for operational delivery of services will be approved by the Partnerships Board. The value of the payments will be as set out in the 3 Year Strategic Plan and supporting financial plan.

11.4.17 The direction from the Argyll and Bute Integration Joint Board to Argyll and Bute 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 3 Year 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.

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

11.4.19 Any potential deviation from a break even position should be reported to the board of Argyll and Bute Integration Joint Board and Argyll and Bute Council and NHS Highland at the earliest opportunity.

11.4.20 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 Argyll and Bute Council and Director of Finance of NHS Highland in preparing the recovery plan. The recovery plan should be approved by the board of Argyll and Bute Integration Joint Board.

11.4.21 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 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. Any recovery plan extending beyond in year will require approval of Argyll and Bute Council and NHS Highland in addition to Argyll and Bute Integration Joint Board.

11.4.22 Where are a recovery plan extends beyond the current year any shortfall (the amount recovered in later years) will be charged to reserves held by Argyll and Bute Integration Joint Board.

11.4.23 Where such recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the partners will be required to make additional payments to the Integrated Joint Board. Any additional payments by Argyll and Bute Council and NHS Highland will then be deducted from future years funding/payments.

11.4.24 Argyll and Bute Integration Joint Board may retain any underspend to build up its own reserves and the Chief Financial Officer will develop a reserves policy for Argyll and Bute Health and Social Care Partnership.

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

11.4.26 Redeterminations to payments made by Argyll and Bute 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 Health and Social Care Partnership. This would include in year allocations for NHS and redeterminations as part of the local government finance settlement. The payments Argyll and Bute Integration Joint Board should be adjusted to reflect the full amount of these as they relate to the delegated services. Partner bodies agree that an adjustment to the payment is required to reflect changes to demand and activity levels.

11.4.27 Where payments by Argyll and Bute Council and NHS Highland are agreed under paragraphs 11.4.3 to 11.4.21 above they should only be varied a result of the circumstances set out in paragraphs 11.4.23 to 11.4.31. 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 Argyll and Bute Council or NHS Highland requires a justification to be set out and the agreement of both parties.

11.5 Financial Systems

11.5.1 The Chief Financial Officer will work with the Section 95 Officer of Argyll and Bute 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 transactions.
- Maintain a record of the income expenditure, assets and liabilities of Argyll and Bute Health and Social Care Partnership.
- Enable reporting of the financial performance and position of Argyll and Bute Health and Social Care Partnership.
- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

11.6 Financial reporting to Argyll and Bute Integration Joint Board

11.6.1 Prior to the start of each financial year the Board of Argyll and Bute Integration Joint Board will consider a report setting out the budget proposals for the coming financial year. This report will also set out for consideration by the board the proposal to achieve any budgetary savings required.

11.6.2 Throughout the financial year the board of Argyll and Bute Integration Joint Board will receive comprehensive financial monitoring reports on at least a quarterly basis. 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.

11.6.3 The Chief Financial Officer will keep the board advised of key financial risks for Argyll and Bute Health and Social Care Partnership.

11.6.4 Following the end of the financial year the Chief Financial Officer will report to the board on actual outturn income and expenditure compared to budget for the preceding financial year with an explanation of significant variances.

11.6.5 The Board of Argyll and Bute Integration Joint Board will review at least annually the level of reserves and the policy in relation to reserves for the Partnership.

11.6.6 The Board will review at least annually a report setting out the medium and longer term financial position of Argyll and Bute Integration Joint Board and the implications for the strategic plan of the Partnership.

7.7 Financial Reporting to Chief Officer

7.7.1 The Chief Financial Officer will support the Chief Officer by providing financial information, advice and support, where appropriate liaising with the Section 95 Officer of Argyll and Bute Council and Director of Finance of NHS Highland. This will include information, support and guidance in relation to:

- Preparation and review of the 3 year strategic plan.
- Developing a medium and longer term financial strategy to support delivery of the 3 year strategic plan.
- Preparation and review of the annual budget.
- Collating and reviewing budget savings proposals.
- Information on actual income and expenditure.
- Information on forecast outturns and annual budget.
- Collating and reviewing explanations of significant variances.
- Collating and reviewing action required in response to significant variances.
- Identifying and analysing financial risks.
- Considering the proposals in relation to reserves.

11.8 Financial Reporting to Management

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

- Managers are consulted in preparing the budget of Argyll and Bute Health and Social Care Partnership.
- 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.

11.9 Financial Statements

11.9.1 The legislation requires that Argyll and Bute Integration Joint Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973).

11.9.2 Unaudited financial statements will be prepared and circulated to members of the board in accordance with relevant legislation. The audit of financial statements will be completed and audited financial statements approved by the board and circulated to members of the board in accordance with legislative requirements and professional guidance.

11.9.3 Financial statements will be prepared to comply with Code of Practice on Local Authority Accounting and other relevant professional guidance.

11.9.4 The financial statements will be signed in line with the governance arrangements for the integrated joint boards and as specified in the Regulations under section 105 of the Local Government (Scotland) Act 1973.

11.9.5 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 Argyll and Bute Council and NHS Highland.

11.10 Audit Committee

11.10.1 Argyll and Bute Integration Joint Board will establish an Audit Committee to be responsible for overseeing the system of corporate governance and internal controls. The Audit Committee should operate in accordance with professional guidance for Audit Committees. The board of Argyll and Bute Integration Joint Board will approve a terms of reference for the Audit Committee. The Audit Committee will ensure effective liaison and co-ordination between internal and external audit activity.

11.11 Internal Audit

11.11.1 It is the responsibility of the Argyll and Bute Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources.

11.11.2 Argyll and Bute Integration Joint Board will appoint an Internal Audit Section to provide internal audit services to the board. The Chief Internal Auditor will fulfil the role of Chief Internal Auditor of Argyll and Bute Health and Social Care Partnership. The Chief Internal Auditor will report to both the Audit Committee and Chief Officer of Argyll and Bute Health and Social Care

Partnership. The Chief Internal Auditor of Argyll and Bute Integration Joint Board will liaise effectively with the Chief Internal Auditors of Argyll and Bute Council and NHS Highland to ensure effective delivery of internal audit that is risk based, proportionate and proportionate and avoids duplication of effort.

11.11.3 An annual internal audit programme will be prepared for approval by the Audit Committee. Progress against the internal audit plan, the outcome of each audit review and progress against implementation of audit recommendations will be reported to the Audit Committee.

11.11.4 The Chief Internal Auditor will liaise with the Chief Internal Auditors of Argyll and Bute Council and NHS Highland in relation to internal audits within the partners that have implications for Argyll and Bute Integration Joint Board and bring to the Audit Committee a summary of the relevant issues from these reports. It will be the responsibility of Argyll and Bute Council and NHS Highland to ensure an effective, risk based and proportionate internal audit of activities that fall within Argyll and Bute Integration Joint Board and which are delegated back to either Argyll and Bute Council or NHS Highland. The Chief Internal Auditor of Argyll and Bute Council and NHS Highland will liaise with the Chief Internal Auditor of Argyll and Bute Integration Joint Board in developing and delivery of their programmes of internal audit activity.

11.11.6 Following the end of the financial year the Chief Internal Auditor will report to the Audit Committee with an annual report on delivery of the plan including an overall audit opinion. The Audit Committee will prepare a report for submission to the board at the end of each financial year summarising the work of the Audit Committee during the year and the Audit Committees opinion on the effectiveness of Argyll and Bute Integration Joint Board internal controls. The annual reports of the Chief Internal Auditor and Audit Committee will be shared with both Argyll and Bute Council and NHS Highland.

11.12 External Audit

11.12.1 The Accounts Commission will appoint the external auditors to the Integrated Joint Board. The external auditor will submit an annual external audit plan to the Audit Committee prior to the start of each financial year. All reports prepared by the external auditor will be submitted to the Audit Committee.

11.13 Capital Expenditure and Non-Current Assets

11.13.1 The 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. Argyll and Bute Council and NHS Highland will:

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

11.13.2 The Chief Officer of Argyll and Bute Integration Joint Board will work with the relevant officers in Argyll and Bute Council and NHS Highland to prepare and maintain an asset register of property and noncurrent assets used by Argyll and Bute Health and Social Care Partnership.

11.13.3 The Chief Officer of Argyll and Bute Integration Joint Board will work with the relevant officers in Argyll and Bute Council and NHS Highland to prepare an asset management plan for Argyll and Bute Integration Joint Board to be approved by the board of Argyll and Bute Integration Joint Board within a timescale to be agreed annually by Argyll and Bute 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.

11.13.4 Alongside the asset management plan the Chief Officer of Argyll and Bute Integration Joint Board will work with the relevant officers in Argyll and Bute Council and NHS Highland to prepare a bid for capital funding for property and other non-current assets used by Argyll and Bute Health and Social Care Partnership. This should be approved by the board of Argyll and Bute Integration Joint Board within a timescale to be agreed annually with Argyll and Bute 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 the Integrated Joint Board and set out the associated revenue costs.

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

11.13.6 The Argyll and Bute Health and Social Care Partnership, Argyll and Bute 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.

11.13.7 Legacy projects will be managed by the relevant partner – either Argyll and Bute Council or NHS Highland with reporting of progress as set out above.

11.13.8 Depreciation of property and other non-current assets used in the services within 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 Health and Social Care Partnership.

11.13.9 Revenue costs from property and other non-current assets used in the services within 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 Health and Social Care Partnership.

11.13.10 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 Argyll and Bute Council or NHS Highland and not charged to Argyll and Bute Health and Social Care Partnership.

11.13.11 Capital receipts will be retained by Argyll and Bute Council or NHS Highland.

11.14 VAT

11.14.1 The 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 Argyll and Bute Council and NHS Highland.

11.14.2 Both the Argyll and Bute 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 partner organisations (e.g. VAT leakage) taking specialist external VAT advice beforehand if necessary.

12. Participation and Engagement

12.1 The core value of the Argyll and Bute Health and Social Care Partnership is a person centred approach, ensuring compassion, respect, equality and fairness. Community and staff involvement and engagement remains crucial to planning and implementing effective service change and service development, as well as realising continuous improvement in quality, effectiveness and efficiency in service delivery and outcomes.

12.2 Building on the existing solid foundation, Argyll and Bute Health and Social Care Partnership's intent for participation and engagement is that it is part of our normal business is delivered via a coproduction approach, achieving a positive relationship with our communities, those who use our services but also the staff who provide them.

12.3 To inform this, the Argyll and Bute Integration Joint Board, will take account of current Statutory Guidance CEL 4 (2010) Informing, Engaging and Consulting with People in Developing Health and Community Care Services, other Participation Standard and National Standards for Community Engagement and any future guidance or standards as well as implementing its own best practice and direction from the Scottish Health Council.

12.4 The Argyll and Bute Health and Social Care Partnership will establish a Communications and Engagement Group to lead and govern its approach. Its membership will include Public Involvement and Communications staff, community representatives covering the geographical area, as well as representation from Trades Unions / Staff Side and the Third sector. The Group will be responsible for developing, implementation and monitoring of the Communications and Engagement Strategy.

12.5 In line with existing Statutory Guidance CEL 4 (2010) or any subsequent guidance, the Communications and Engagement Strategy will include media, public relations and marketing, participation / engagement methodologies for staff and communities (including seldom heard groups taking into account the Equalities Act 2010), feedback to communities and staff, how this has influenced developments / governance arrangements, and mechanisms to ensure community representatives receive the level of support they require to enable their full participation. This will be developed post April 2015 and will be an ongoing iterative strategy.

12.6 Feedback from our communities and staff on their experiences of our services is absolutely fundamental to the work of the Partnership. It is crucial to ensuring continuous improvements in quality, efficiency and effectiveness and is a key performance indicator for services. This will improve service delivery by ensuring patients/care users are at the centre of the process and equal partners in making decision about the care they receive. Of equal importance are the views of our staff, communities, service users and communities to contribute to policy and service review and development. 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.

12.7 The Argyll and Bute Public Partnership Forum (PPF), established in 2006' is recognised as an approach which has been effective to date. It is a "Hub and Spoke" model of Seven Locality PPFs, reporting to and feeding into local operational management in the NHS. They were developed to ensure local people could work with local staff to develop and improve local services. Localities are the engine room of integration and transformation of services and our intent is to continue, strengthen and develop locality PPFs to support this. Participation and involvement in the PPF is open to all members of the public across Argyll and Bute.

12.8 The elected Chair and Vice Chair of the Argyll and Bute Public Partnership Forum will be members of the Joint Integration Board.

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12.9 Whilst formal arrangements are essential for the Argyll and Bute Health and Social Care Partnership, they need not be constraining. There is a history in Argyll and Bute of involving community representatives on review and project groups and using the co-chair model to advantage. Our aim is to maintain this inclusive approach, keeping communities at the heart of the process, within the framework of robust organisational arrangements.

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12.10 Positive relationships with Argyll Voluntary Action, specialist organisations, care groups, independent care providers, and other health and social care related community and voluntary groups support the Partnership. This is crucial in facilitating improvements to and developments in services. The localities PPF work within existing arrangements with other public sector organisations e.g. Argyll and Bute Community Planning Partnership and Community Councils to strengthen and develop participation and engagement across all partners.

12.11 In involving the public and people as individuals, we will engage with our whole community and make sure that we reflect its diversity. We know that people living in the most deprived communities and those with disabilities, or from different ethnic backgrounds, faiths and sexual orientation, have specific health and care issues and may face additional barriers in accessing services. This will influence the process of community engagement. The Partnership will ensure that those who are vulnerable, disadvantaged or in a minority have equal opportunity to influence the shape of services or the provision of their own care and the Joint Integration Board will continue to work with the PPF and Scottish Health Council to put in place appropriate involvement mechanisms and processes which will be reflected in the Communications and Engagement Strategy.

12.12 The Parties will carry out Equality Impact Assessments (EQIAs) / Planning for Fairness Assessments (PFFs), in line with legislation, to ensure that services and policies do not disadvantage communities and staff.

12.13 Ensuring local public and staff involvement and communication will be the specified responsibility of the locality senior managers and their teams. The Argyll and Bute Health and Social Care Partnership will provide leadership and support for

involvement / engagement / participation and communications by designated staff across the catchment area for example a Public Involvement and communications Manager. The Argyll and Bute Health and Social Care Partnership will also lead on formal consultation on major service change either within its catchment area or in support of service change out with its area where Argyll and Bute residents access services.

12.14 Effective public involvement and engagement requires skilled support and resources. The Argyll and Bute Health and Social Care Partnership will undertake an analysis to identify what kinds of skills and resources are needed, and how capability and capacity can be accessed and developed. This will include not only statutory agency resources but independent sector and voluntary sources including where necessary impartial support. Synergy and coproduction offer the greatest opportunity to make best use of skills and resources

12.15 The Argyll and Bute Health and Social Care Partnership recognises that designated financial and other resources are required to deliver its stated participation and engagement intent. Its current arrangements supporting volunteer involvement will remain with operational services i.e. repayment of volunteer's expenses, in accordance with current NHS Highland Expenses Policy for Volunteers. There will also remain dedicated management input by an Argyll and Bute based Public Involvement Manager to lead and promote participation and engagement, with a specified budget for development and administration. Specific resources for dedicated projects / initiatives will be assessed and identified on a case by case basis. The level of resourcing and impact of engagement and communication activities will be assessed by the Communications and Engagement group as part of its annual report of participation and engagement to the Joint Integration Board.

13. Information Sharing and Data Handling

13.1 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.

13.2 The Argyll & Bute Integration Joint Board will confirm their commitment to the Data Sharing Protocol and the Information Sharing Agreement and will be able to comment on the data and information sharing arrangements and associated procedures.

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

13.4 All staff managed within the Partnership will be contractually required to comply with the data confidentiality policies of their employing organisations and the requirements of the Data Sharing Protocol that is agreed by the Argyll & Bute Integration Joint Board.

13.5 The Parties will establish a Data and Information Group to agree a high-level information sharing agreement. The existing Data Sharing Agreement in place between NHS Highland and Argyll and Bute Council will be developed to reflect the new Integration Joint Board arrangements and be implemented by the 31st March 2015.

13.6 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 Partnership and with external agencies, where this is the case the Partnership will seek the consent of the service user for the sharing of data, unless a statutory requirement exists. In order to comply with the Data Protection Act 1998, the Partnership will always ensure that personal data it processes will be handled fairly, lawfully and within justification.

13.7 In order to comply with the Data Protection Act 1988, the Partnership 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.

14. Complaints

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

14.1 Both of the Parties will retain separate complaints policies reflecting distinct statutory requirements. The Patient Rights (Scotland) Act 2011 makes provision for patients to complain about NHS services and the Social Work (Scotland) Act 1968 makes provision for complaints about social work services.

14.1.1 There will be a single point of contact within the partnership to co-ordinate the complaints function specific to Partnership issues. This will ensure that the requirements of existing legal/prescribed elements of health and social work complaints processes are met (including SPSO). This will also enable the Partnership to develop consistent high standard processes to include investigation, response and learning measures.

14.1.2 Partnership staff 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 Partnership 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.

14.2 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.

14.3 If the complaint remains unresolved it will be passed to the SPSO for health or the complaints review committee and then the SPSO for social care.

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

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

14.6 Complaints management will be a standing item on the agenda of the Health and Care Sub Committee, whose remit will include identifying learning from upheld complaints across all delegated functions.

15. Claims Handling, Liability & Indemnity

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

15.1 The Argyll & Bute Integration Joint Board, whilst having a legal personality in its own right has neither assumed nor replaced the rights or responsibilities of either the Health Board or the Council as the employers of staff who are managed within the Partnership, or for the operation of buildings or services under the operational remit of those staff.

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

15.3 Liabilities arising from decisions taken by the Argyll & Bute Integration Joint Board will be equally shared between the Parties.

16. Risk Management

16.1 The Argyll & Bute Integration Joint Board will:

16.1.1 Establish risk monitoring and reporting as set out in the risk monitoring framework as developed by the Parties.

16.1.2 Maintain the risk information and share with the Parties within the timescales specified.

16.2 The Chief Officer will ensure that his/her work with the Partnership's Senior Management Team includes a focus on risk monitoring and risk management. The Chief Officer and the Partnership's Senior Management Team will undertake an annual review of the Partnership's integrated strategic risk register. This will identify, assess and prioritise risks related to the planning and delivery of delegated functions, particularly any which are likely to affect the delivery of the 3 Year Strategic Plan and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties.

16.3 A Strategic risk register will be presented to the Audit Committee for scrutiny and the Argyll & Bute Integration Joint Board for approval on an annual basis. The Chief Officer is responsible for bringing to the attention of the Argyll & Bute Integration Joint Board any substantive developments in-year that lead to a significant change to the strategic risk register, out with the routine review process.

16.4 The approved strategic risk register will be shared with both of the Parties on an annual basis to contribute to their individual risk management strategies.

17. Dispute resolution mechanism

17.1 Where either of the Parties fails to agree with the other or with the Argyll & Bute Integration Joint Board on any issue related to this Scheme, then they will follow a process which comprises:

17.1.1 The Chief Executives of the Health Board and the Local Authority, and the Chief Officer, will meet to resolve the issue.

17.1.2 If unresolved, the Health Board, the Local Authority and the Argyll & Bute Integration Joint Board will each prepare a written note of their position on the issue and exchange it with the others.

17.1.3 In the event that the issue remains unresolved, representatives of the Health Board, the Local Authority and the Argyll & Bute Integration Joint Board will proceed to non-binding mediation with a view to resolving the issue.

17.2 With regard to the process of appointing a mediator, a representative of NHS Highland and a representative of Argyll and Bute 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.

17.3 Where an issue remains unresolved following the process of mediation, the Chief Executive Officers of NHS Highland and Argyll and Bute 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 the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodes (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

SCHEDULE 1 Regulation 3

Functions prescribed for the purposes of section 1(8) 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 2CA([1]) (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I([2]) (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38([3]) (care of mothers and young children);

([1]) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).
([2]) 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.
([3]) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

section 38A([4]) (breastfeeding);

section 39([5]) (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

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

section 57 (accommodation and services for private patients);
section 64 (permission for use of facilities in private practice);

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

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

section 75BA ([9])(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

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

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

([4]) Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.
([5]) Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.
([6]) 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.
([7]) 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.
([8]) Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.
([9]) Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).
([10]) 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.
([11]) There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

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

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

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 ([13]) (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ([14]);

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

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

([12]) Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

([13]) 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.

([14]) 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 National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55([15]).
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)([16]); section 38 (Duties on hospital managers: examination notification etc.)([17]); section 46 (Hospital managers' duties: notification)([18]); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients); section 264 (Detention in conditions of excessive security: state hospitals);

([15]) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.
([16]) There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.
([17]) Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.
([18]) Section 46 is amended by S.S.I. 2005/465.

	section 267 (Orders under sections 264 to 266: recall); section 281([19]) (Correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005([20]); The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005([21]); The Mental Health (Use of Telephones) (Scotland) Regulations 2005([22]); and The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008([23]).
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([24]).

([19]) Section 281 is amended by S.S.I. 2011/211.
([20]) S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([21]) S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([22]) S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([23]) S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([24]) 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 the Health Board which are to be integrated

Set out below is the list of services that the minimum list of delegable functions is exercisable in relation to. Further services can be added as they relate to the functions delegated.

- Hospital inpatient (scheduled and unscheduled)
- Rural General Hospitals
- Mental Health
- Paediatrics
- 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 Public Health Nursing School Nursing Learning Disability Nursing Child Protection Advisors Speech and Language Therapy Occupational Therapy Physiotherapy and Audiology, Specialist Child Health Doctors and Service, Community Paediatricians
- 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

SCHEDULE 2 Regulation 3

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Set out below is the list of functions that must be delegated by the local authority to the Integration Joint Board as set out in the Public Bodes (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014. Further local authority functions can be delegated as long as they fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014;

SCHEDULE Regulation 2

PART 1

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

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948([25])	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958([26])	
Section 3 (Provision of sheltered employment by local authorities)	

([25]) 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.

([26]) 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
The Social Work (Scotland) Act 1968([27])	
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.

([27]) 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982([28])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([29])	

([28]) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

([29]) 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
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([30])	
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

([30]) 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001([31])	
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([32])	
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([33])	
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.)	

([31]) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.
([32]) 2002 asp 5.
([33]) 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([34])	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007([35])	
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([36])	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.

([34]) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.
([35]) 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.
([36]) 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.)	

PART 2

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

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002	
Section 4([37]) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([38])	

Part 2

([37]) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).
([38]) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Services currently provided by the Local Authority which are to be integrated

Scottish Ministers have set out in guidance that the services set out below must be integrated. Further services can be added where they relate to delegated functions;

- Social Work Services for Adults and Older People
- Social Work Services for Children and Families including Criminal Justice
- Services and Support for Adults with Physical Disabilities and Learning Disabilities
- Mental Health Services
- Drug and Alcohol Services
- Adult Protection and Domestic Abuse
- Child Protection
- Carers Support Services
- Community Care Assessment Teams
- Support Services
- Care Home Services
- Adult Placement Services
- Health Improvement Services
- Aids and Adaptions
- Day Services
- Local Area Co-ordination
- Respite Provision
- Occupational Therapy Services
- Re-ablement Services, Equipment and Telecare

Annex 3

Hosted Services

Where a Health Board spans more than one Integration Joint Board, one of them might manage a service on behalf of the other(s). This Annex sets out those arrangements which the Parties wish to put in place. Such arrangements are subject to the approval of the Integration Joint Board but will not be subject to Ministerial approval.

This would include –

- The hosting of services by one Integration Authority on behalf of others within the same Health Board areas.
- The hosting of services by on Health Board on behalf of one or more Integration Authority.
- Additional duties or responsibilities of the Chief Officer.

ANNEX 4

Argyll and Bute Health and Social Care

System Governance Schematic