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Agenda Item: 7

Integration Joint Board

Date of Meeting: 15 December 2021.

Subject: Integration Scheme.

1. Summary

1.1. 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. Purpose

2.1. To provide Members with the Revised Integration Scheme.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. That, on 30 September 2020, when considering the process for review of the Integration Scheme, the Board noted:

- The outcome of the 2020 review undertaken in line with Scottish Government guidance due to the impact of COVID-19, as set out in section 5 of the report circulated.
- That, if following the detailed review, Orkney Islands Council or NHS Orkney sought to change the current Integration Scheme, the Interim Chief Officer and the Chief Executives of Orkney Islands Council and NHS Orkney would work with the Joint Discussion Forum to agree a common approach and consult formally with the public, following which Orkney Islands Council and NHS Orkney must decide whether any changes to the Integration Scheme are necessary or desirable.

3.2. That the Board thereafter agreed that a more detailed review of the Integration Scheme be commenced by March 2021.

3.3. That, on 9 December 2020, the Joint Discussion Forum agreed there would be no amendments to the delegated functions, although subsequent discussions suggested that maternity services should be removed.

3.4. That key officers from Orkney Islands Council and NHS Orkney have updated sections of the Integration Scheme to reflect more contemporary language, and to ensure the document better captures current policies and procedures.

3.5. That, on 28 April 2021, the proposed amendments to the Integration Scheme were submitted informally to Scottish Government.

3.6. That, on 3 August 2021, representatives from Orkney Islands Council and NHS Orkney met with Scottish Government officials to review the proposed scheme and agree some minor amendments.

3.7. That, as the proposed revisions to the Integration Scheme are relatively minor and removal of maternity services from the list of delegated services represents a managerial change that will present no alteration to the public experience of the service, it is considered that full public consultation is not necessary.

3.8. That, on 28 October 2021 and 7 December 2021 respectively, NHS Orkney and Orkney Islands Council approved the amendments to the Integration Scheme for submission to Scottish Government.

3.9. That the revised Integration Scheme, attached as Appendix 1 to this report, was submitted to Scottish Government on 8 December 2021.

4. Background

4.1. On 30 September 2020, the Integration Joint Board was advised of arrangements for a detailed review of the Integration Scheme. The following points were noted:

- That, in March 2015, following a period of consultation, the Council approved the Integration Scheme for submission to the Scottish Government by 1 April 2015.
- That Orkney's Integration Joint Board was approved by Scottish Ministers, in terms of the Public Bodies (Joint Working) (Scotland) Act 2014, on 6 February 2016.
- That section 44 of The Public Bodies (Joint Working) (Scotland) Act 2014 required the local authority and the health board to carry out a review of the integration scheme before the expiry of a period of five years, beginning with the day on which the scheme was approved by the Scottish Ministers, for the purpose of identifying whether any changes to the scheme are necessary or desirable.
- That the statutory review of the Integration Scheme, referred to above, was therefore due no later than 5 February 2021.
- The outcome of the review of the Integration Scheme, undertaken in line with Scottish Government guidance due to the impact of COVID-19, namely that there were currently no areas requiring immediate attention.
- The proposal for a further, more detailed, review of the Integration Scheme.

- That, following the detailed review, should NHS Orkney and/or the Council seek to amend the current Integration Scheme, the Interim Chief Officer and the Chief Executives of the Council and NHS Orkney would work with the Joint Discussion Forum, comprising Chairs of relevant groups and senior officers from both organisations, to agree a common approach and consult formally with the public.
- That, following consultation, the Council and NHS Orkney, must thereafter decide whether any changes to the Integration Scheme were necessary or desirable.

4.2. The Board subsequently agreed that a more detailed review of the Integration Scheme be commenced by March 2021.

5. Summary of Key Changes

5.1. At the meeting of the Joint Discussion Forum held on 9 December 2020, it was agreed that no amendments were required in respect of the delegated functions. Subsequent discussions have, however, taken place with specific reference to the delegation of maternity services. Whilst there is an obvious synergy between community midwifery and health visiting, there is also a natural alignment to gynaecology and obstetrics.

5.1.1. As the service moves to further join up health visiting, school nursing and social work with the wider children's services, maternity services seem increasingly best placed to sit within the NHS and not delegated to the Integration Joint Board. Both Chief Executives are in agreement with this proposed change. This is the only proposed change to the delegated services contained within the updated Integration Scheme.

5.2. Key officers from Orkney Islands Council and NHS Orkney have updated sections of the Integration Scheme to reflect more contemporary language, and to ensure the document better captures current policies and procedures.

5.3. The key changes to the Integration Scheme are as follows:

- Unless highlighted in this summary, all amendments take account of changes in policy or procedure, or factual changes, over the last five years.
- There are no proposed changes to membership of the Integration Joint Board, and only one proposed change to the delegated functions, namely the removal of maternity services.
- In section 1.2, the purpose of the Integration Joint Board is moved to 1.2.2 as this links better to the Foreword.
- Within section 1.3, the Vision and Values have been updated to show the 'golden thread' linking the Parties and the Integration Joint Board to the overall vision and values of the Orkney Community Planning Partnership.
- Section 5 reflects the fact that NHS Orkney and the Integration Joint Board share a Joint Clinical and Care Governance Committee with updated Terms of References.

- Section 8.5 – change made to address the fact that this section has been highlighted in External Audit reports as requiring amendment ‘to ensure there is a shared understanding between partners that it is undesirable to cut subsequent years’ funding allocations by the current year’s additional funding (in the event of a deficit) as this will compound any funding gap’.
- Section 9.1 – the consultation will take place once informal feedback from Scottish Government colleagues is received.

5.4. Informal feedback from Scottish Government was received on 22 July 2021. Following receipt of this feedback a meeting was held on 3 August 2021 with Scottish Government. Only minor changes were required to ensure consistency with updated legislation relating to delegated children’s services.

5.5. Given that the revisions to the Scheme are relatively minor and that removal of maternity services from the list of delegated services represents a managerial change that will present no alteration to the public experience of the service, full public consultation is not considered necessary. The Integration Joint Board will be consulting on its new strategic plan over the coming months and all of children’s services will be included in those discussions.

6. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

7. Resource implications and identified source of funding

7.1. The cost of undertaking the review of the Integration Scheme was predominantly incurred on staff time and will be accommodated within the approved budget for 2021/22.

7.2. It has been agreed that there should be a three-year savings target established for the Integration Joint Board which would give a set figure to work towards over that period. The savings target of £4.2 million was to be achieved by the end of 2022/23. To date £258,000 has been identified as recurring savings.

Partner Savings

NHS Orkney	Orkney Islands Council	Total
£000	£000	£000
2,400	1,800	4,200

7.3. With the recommended removal of Maternity Services from the Integration Scheme and an associated budget of just under £1.2 million, it would be appropriate for the Integration Joint Board to consider if the above savings targets also require to be reviewed.

8. Risk and Equality assessment

8.1. The Integration Joint Board is a body corporate, established by the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014.

8.2. Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires the local authority and the Health Board to carry out a review of the Integration Scheme before the expiry of the period of 5 years beginning with the day on which the scheme was approved by the Scottish Ministers, for the purpose of identifying whether any changes to the scheme are necessary or desirable.

8.3. As the Integration Scheme was approved by Scottish Ministers on 6 February 2016, the requirement is due. Once Council and NHS Orkney have approved the revised scheme, this will be submitted to Scottish Government for final review and laying before Parliament.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

11. Author

11.1. Stephen Brown (Chief Officer), Integration Joint Board.

12. Contact details

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13. Supporting document

13.1. Appendix 1: Integration Scheme.



Orkney Integration Scheme

Between

Orkney Islands Council

And

NHS Orkney

Date.	Issue.	Sections revised.	Status.	Distribution.
02.02.15.	V1.		Consultation.	Public Consultation.
16.03.15.	V2.		Final draft.	Integrated Programme Board.
24.03.15.	V3.		Consultation feedback.	Orkney Islands Council.
26.03.15.	V3.		Consultation feedback.	NHS Orkney.
31.03.15.	V4.		OIC/NHSO amendments.	OIC/NHSO.
15.05.15.	V5.		Amendments (GM) following feedback from Scot Gov.	OIC/NHSO.
23.07.15.	V6.		Amendments (CC) to update outstanding text and to redraft care and clinical governance section.	OIC/NHSO.
27.07.15.	V7.		Review of draft (GM, CG, CS and CC) presented to Integration Programme Board (23.7.15).	OIC/NHSO.
30.07.15.	V8.		Final updated draft (CC).	GM/JT/CG/CS/LW.
10.08.15.	V8(2).		Version with proposed amendment from AB at 9.3.	GM/AB/CC/CS (not yet agreed by NHS Orkney).
16.09.15.	V9.		Version with added finance (acute set aside) budget.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
29.09.15.	V10.		Version with amendments received from Govt colleagues.	CC (to be agreed by OIC delegated to Convener and CEO and to be agreed by NHS Orkney).
13.10.15.	V11.		Updated.	CC (to be agreed by OIC delegated to Convener

Date.	Issue.	Sections revised.	Status.	Distribution.
				and CEO and to be agreed by NHS Orkney).
19.10.15.	V12.		Updated.	CC and GM (agreed by both OIC and NHS Orkney).
12.01.18.	V13.	Annex 1 and Annex 2.	Updated.	CEO NHS Orkney and CEO OIC.
12.04.21.	V14.	5 year statutory review – general revision.	Updated.	All NHS Orkney / OIC leads.
27.04.21.	V15.	Track-changed version for informal consultation with the Scottish Government.	Updated.	Paul Richardson, Iain MacAllister, Glen Deakin. (Scottish Government).
17.08.21.	V16.	Changes following consultation with the Scottish Government.	Updated.	OIC/NHSO.

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1. Introduction and Background

1.1. Foreword

1.1.1. The Public Bodies (Joint Working) (Scotland) Act 2014 requires health boards (constituted under section 2(1)(a) of the National Health Service (Scotland) Act 1978) and local authorities to integrate planning for, and delivery of certain adult health and social care services. These parties can also choose to integrate planning and delivery of other services including additional adult health and social care services beyond the minimum prescribed by Scottish Ministers and children's health and social care services.

1.1.2. The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") requires health boards and local authorities to prepare, agree and consult on 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 (both as defined in section 1.2 below) delegate the responsibility for planning, resourcing and operational oversight of integrated health and social care services to a third body called an integration authority or integration joint board under section 1(4) (a) of the Act. This integration model is commonly referred to as a body corporate arrangement.
- The Health Board or local authority takes the lead responsibility for planning, resourcing and delivery of integrated health and social care services (under section 1 (4) (b) (c) and (d) of the Act. This integration model is commonly referred to as a lead agency arrangement.

1.1.3. In Orkney, NHS Orkney and Orkney Islands Council have opted to delegate functions to an integration joint board. This board is a separate legal entity.

1.1.4. The original Scheme as defined in section 1.2 below was approved by the Scottish Ministers in February 2016 and the Board (which has a distinct legal personality) was established by an Integration Joint Board Order of the Scottish Ministers as defined in section 1.2.

1.1.5. As a separate legal entity, an integration joint board has full autonomy to act on its own behalf and can accordingly make decisions in regard to its responsibilities and functions as it sees fit. However, the legislation that underpins the board requires that its voting members are appointed by the Health Board and Local Authority and whilst serving on the integration joint board its members must carry out their functions under the Act on behalf of the integration joint board itself, and not as members of the Health Board or Local Authority. It is therefore important that because the same individuals sit on the Integration Joint Board and the Health Board or Local Authority, accurate recording keeping and minute taking are essential for transparency and accountability purposes.

1.1.6. The Integration Joint Board is responsible for the strategic planning and oversight of functions delegated to it and for ensuring the delivery of these functions through its chief officer and Local Operational Delivery Arrangements as set out within section 3 of this Scheme. However, the Act provides that the Health Board and the Local Authority, acting jointly, can require an Integration Joint Board to

replace their Strategic Plan (as defined in section 1.2) in certain circumstances on the basis that they are jointly accountable for the delivery of improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable service for Orkney in the long term.

1.2. Definitions and Interpretation

1.2.1. In this Scheme, the following terms shall have the following meanings:

- "Board" means the Integration Joint Board as established by Order under section 9 of the Act.
- "Chair" means the Chair of the Integration Joint Board.
- "Chief Finance Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs appointed under section 95 of the Local Government (Scotland) Act 1973.
- "Chief Officer" means the Chief Officer of the Integration Joint Board whose role is defined in section 6 of this Integration Scheme.
- "Health Board" means the Orkney Health Board established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its offices at The Balfour, Forelands Road, Kirkwall, Orkney, KW15 1NZ.
- "Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- "Integrated Services" means those services listed in both Annex 1 Part 2 and Annex 2 Part 2.
- "Local Authority" means Orkney Islands Council established under the Local Government (Scotland) Act 1994 and having its offices at School Place, Kirkwall, Orkney KW15 1NY.
- "Outcomes" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.
- "Parties" means Orkney Islands Council and Orkney Health Board (which may also be referred to as NHS Orkney).
- "Scheme" means this integration scheme.
- "Strategic Plan" means the plan which the Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act.

1.3 Aims and Outcomes of the Integration Scheme

1.3.1. This Scheme is a legally binding contract between the Local Authority and the Health Board. This Scheme has established a body corporate arrangement as set out in section 1(4)(a) of the Act.

1.3.2. The purpose of the Board is to plan, resource and oversee the delivery of high quality health and social care services for and with the people of Orkney.

1.3.3. The main purpose of integration is to improve the health and 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. This Scheme is intended to achieve the Outcomes, 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 to reduce 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.

1.3.4. The national outcome for children is:

- We grow up loved, safe and respected so that we realise our full potential.

1.3.5. The national outcomes and standards for social work services in the criminal justice system are:

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

1.4. Our Vision and Values

1.4.1. Community Planning Vision and Values

1.4.1.1. The Local Authority, the Health Board and the Board are all members of the Partnership Board of Orkney's Community Planning Partnership and share the same values.

“To strengthen and support Orkney's communities by enabling those developments which will have a positive and substantiable socio-economic impact, and utilise locally-available resources, whilst striving to preserve and enhance the rich natural and cultural heritage assets upon which Orkney's economy and society depends”.

1.4.1.2. The shared mission is: “Working together for a better Orkney” and the seven key values are:

- Resilience.

- Enterprise.
- Equality.
- Fairness.
- Innovation.
- Leadership.
- Sustainability.

The Orkney Partnership focuses its collective resources of the Partnership on a small number of strategic priorities at one time. At present, the strategic priorities are strong communities, living well and a vibrant economy.

The Board contributes to all of these priorities.

1.4.1.3. The Orkney Health and Care Partnership – the delivery arm of the Board, agreed its own mission statement in the first year of the formation of the Board. It is: “Working together to make a real difference”.

1.4.2. Board Vision and Values

1.4.2.1. The Board approved its Strategic Plan 2019 – 2022 in 2019, which sets out the Board’s visions as “Getting it right for Orkney” and the Board’s values as ‘person-centred, enabling, caring and empowering’.

2. Integration Scheme

2.1. The Parties

2.1.1.

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

2.1.1.1. In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place for Orkney, 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 ‘an integration joint board’. This Scheme came into effect in April 2016, as set out in the Integration Joint Board Order which established the Board.

2.2. Local Governance Arrangements

2.2.1. In accordance with the Act, the Board has a legal personality distinct from the Parties, and the consequent authority to manage itself to:

- Prepare and implement a Strategic Plan in relation to the provision of health and social care services in accordance with the Act.
- Oversee the delivery of services delegated by the Parties in pursuance of the Strategic Plan.
- Allocate and manage the delegated budget in accordance with the Strategic Plan.

2.2.2. There is no role for either Party to independently sanction or veto decisions of the Board. However, the Act provides for the Health Board and the Local Authority, acting jointly, to require the Board to replace their Strategic Plan in certain circumstances given the Parties are jointly accountable for the delivery of improvements in health and wellbeing, people's experience of services and achieving sustainable and affordable services for Orkney in the long term.

2.3. Membership of the Board

2.3.1. Voting Members

- Three elected members of the Local Authority.
- Three non-executive directors of the Health Board, although article 3(5) of the Integration Joint Board Order permits otherwise if necessary.

2.3.2. Co-opted Non-voting Members

- The Chief Officer of the Board.
- The Chief Finance Officer of the Board.
- Senior clinicians including:
 - A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under [section 17P](#) of the [National Health Service \(Scotland\) Act 1978](#).
 - A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
 - A registered medical practitioner employed by the Health Board and not providing primary medical services.
- The Local Authority's Chief Social Work Officer.
- A patient/service user representative.
- A carer's representative.
- A representative of the third sector.
- A staff representative from each of the Parties.

2.3.3. Chair and Vice-chair

2.3.3.1. An elected member of the Local Authority will be appointed to the role of Chair/Vice Chair by the Local Authority and be one of the elected members on the Board.

2.3.3.2. A non-executive member of the Health Board will be appointed to the role of the Chair/Vice Chair by the Health Board and be one of the non-executive Health Board members on the Board.

2.3.4. Period of Office

2.3.4.1. The Chair and Vice Chair rotate every two years in May, to enable the appointments of Chair and Vice Chair to rotate equally between the Local Authority and the Health Board. The Chair does not have a casting vote. All other appointments with the exception of the Chief Officer, Chief Finance Officer of the Board and the Chief Social Work Officer, who are members of the Board by virtue of the Regulations and the post they hold, will be for a period of two years.

2.3.4.2. In addition, individual Board appointments will be made as required when a position becomes vacant for any reason. Any member of the Board can be appointed for a further term.

2.3.4.3. The standing orders of the Board set out the dispute resolution mechanism to be used in the case of an equality of votes cast in relation to any decision put to a meeting of the Board.

2.4. Delegation of Functions

2.4.1. The functions that are delegated by the Health Board to the Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are delegated by the Health Board and which are to be integrated are set out in Part 2 of Annex 1. The functions in Part 1 are being delegated only to the extent that they relate to services listed in Part 2 of Annex 1.

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

2.4.3. Both adult and children's services are included within this Scheme.

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

3. Local Operational Delivery Arrangements

3.1. Responsibilities of the Board on behalf of the Parties

3.1.1. The Board has the responsibility for the planning of Integrated Services. This is achieved through the Strategic Plan.

3.1.2. The Board has responsibility for the operational oversight of Integrated Services.

3.1.3. In this regard the Health Board and the Local Authority will support the Board to fulfil its operational oversight role whilst remaining accountable for the operational delivery of health and care services which will be through the Chief Officer who in this regard is also responsible to the Board. The Chief Officer is line managed by the Chief Executives of both Parties.

3.1.4. The Board is responsible for the planning of those limited acute hospital services delegated to it. The Health Board is responsible for the operational delivery and management of all acute services. The Chief Officer and the senior manager responsible for the delivery and management of hospital services will ensure joint arrangements are in place to enable effective working relationships across the whole health and care system. The Health Board is responsible for providing information on a regular basis to the Board on the operational delivery of all acute services and associated spend.

3.1.5. The Chief Officer will continue to be a member of the senior management teams of both the Health Board and the Local Authority to ensure strategic links are maintained for the purposes of overall planning and policy development.

3.1.6. The Parties will continue to support the Board to work closely with Orkney's Community Planning Partnership Board to help contribute to the delivery of the wider community planning objectives notably addressing inequalities.

3.2 Corporate Support Services

3.2.1. The Parties will continue to provide appropriate corporate support to the Board as required and negotiated between the Board and the Parties. The detail of the agreement between the Parties and the Board in this regard will be set out in supplementary documentation to this Scheme. The agreement will include, but not be limited to the following service areas:

- Finance.
- HR/Personnel.
- IT.
- Administrative support.
- Performance reporting including risk management.
- Legal Services.
- Internal Audit.

3.2.2. Corporate Support Services arrangements will be reviewed annually as part of the budget setting and planning processes of the Parties and the Board. This will be achieved through discussion at the senior management teams of the Parties and through the regular accountability meetings with the Chief Executives and Chief Officer.

4. Strategic Plan

4.1. The Parties will continue to provide support for strategic planning through their respective strategic planning and Corporate Support Services systems. The Health Board will provide necessary activity and financial data for the planned use of services provided by other Health Boards for strategic planning purposes; and the Council will provide necessary activity and financial activity for the planned use by other Local Authorities for strategic planning purposes. This support to the Board will ensure compliance with its duty under s30(3) of the Act.

4.2. The Parties will inform the Board where they intend to make a change to service provision which may have an impact on the delivery of the Strategic Plan.

4.3. When preparing the Strategic Plan, the Board must ensure that it is consistent with the need to operate within the Board budget and determine and allocate a budget amount to each function that is to be carried out by one or both Parties.

4.4. Performance Targets, Improvement Measures and Reporting Arrangements

4.4.1. The Parties will identify a core set of indicators that relate to Integrated Services delegated to the Board as listed in Annexes 1 and 2 including the national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions will be collated in an 'integration dashboard' known as the performance system.

4.4.2. The Parties will be responsible for sharing all performance information, targets and indicators with the Board. The improvement measures will be a combination of existing and new measures to allow assessment at a local level. The performance targets and improvement measures will be linked to the national and local Outcomes and will provide analysis to inform change and chart performance.

4.4.3. The dashboard/performance system once established will state where the responsibility for each measure lies. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or the Local Authority this will be taken into account by the Board when preparing the Strategic Plan.

4.4.4. The Parties are obliged to meet targets for functions which are not delegated to the Board but which are affected by the performance and funding of integration functions. The Parties also set a number of local targets which may similarly be affected. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details provided to the Board for consideration when preparing the Strategic Plan. These targets are currently available and set out in the Local Authority's Council Plan monitoring report and the Health Board's Annual Operational Plan and in Performance Management Reports both to the Local Authority and to the Health Board.

4.4.5. Community Planning Outcome Targets are set out in the Local Outcomes Improvement Plan (LOIP).

5. Clinical and Care Governance

5.1. The detailed clinical and care governance arrangements have been approved taking account of the Scottish Government's Clinical and Care Governance Framework published in December 2014. These arrangements are set out below.

5.2. The Parties established a joint Clinical and Care Governance Committee ('CCGC') which replaced existing arrangements. The CCGC includes members of the Board and representatives of the relevant professional groups for all health and

social care professions. Details of the membership of the CCGC are set out in the terms of reference of the CCGC.

5.3. The CCGC will ensure that there is appropriate assurance for both the Board and the Health Board on the standards of health and care services provided.

5.4. The CCGC will fulfil the role with regard to the clinical governance arrangements of all the health services delivered or purchased by the Health Board as required by statute including health services delegated to the Board. The CCGC will also oversee the care governance arrangements for all social care services provided or purchased by the Local Authority delegated to the Board.

5.5. The CCGC will provide advice and information through direct reporting to the Parties and to the Board as necessary and required including input and advice from professional advisory groups, for example, Area Clinical Forum, Public Protection Committee and from professional lead officers working both in the Health Board and the Local Authority (social care services). The Chief Officers' Group (COG) will provide a report annually on the work of the Public Protection Committee and the implications for the local authority area to the CCGC.

5.6. Reports to the Parties and the Board will cover the quality of service delivery, continuous improvement, organisational and individual care risks, clinical and professional standards and the compliance with legislation and guidance.

5.7. The Board will be responsible for ensuring the Strategic Plan is consistent with good Clinical and Care Governance and is appropriately informed on the relevant clinical and care standards and will be guided on this by the CCGC.

5.8. The CCGC will provide advice as necessary to the Strategic Planning Group and localities.

5.9. The Parties, as the bodies employing the staff and being directed to provide the services, will be responsible for ensuring the clinical and care governance standards are delivered. This will apply to services provided directly by the Parties or purchased from other health boards, local authorities, and third and independent sector providers.

5.10. The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the third and independent sectors and ensure that the services are delivered in accordance with the Strategic Plan.

5.11. The Chief Officer manages the Integrated Services and is accountable for these through the Parties' Chief Executives. The Chief Officer is accountable for the care standards and safe delivery of these Integrated Services i.e. ensuring that they are person centred, effective and delivered to agreed clinical and care governance standards.

5.12. Working alongside the Chief Officer the Parties will ensure that staff working in integrated services have the necessary skills and knowledge to deliver the appropriate standards of care. Managers will manage teams of Health Board staff,

Local Authority staff or both and will promote best practice, cohesive working and provide guidance and development to their teams. This will include effective staff supervision and implementation of staff support policies.

5.13. The clinical and care governance arrangements require appropriate oversight of professional standards. A number of professional lead officer roles are in place across the Local Authority and the Health Board e.g. Medical Director, Director of Nursing, Midwifery and Allied Health Professions, Chief Social Work Officer (CSWO), Director of Public Health and Chief Pharmacist. The professional lead officers have statutory functions relating to professional regulatory bodies and a legal duty to their respective regulatory authorities to ensure that professional standards are maintained.

5.14. The professional lead officer can provide professional advice to, or raise issues directly with, the Board, in writing, or through the representatives on the Board. The Parties would expect the Board to respond in writing to issues raised in this way. In addition, the professional lead officers will be responsible for reporting directly to the Local Authority (CSWO) or the Health Board (Medical, Nurse, Dental, Pharmacy and Public Health Directors).

5.15. The Parties and the Board will continue to support the Chief Officer and the professional lead officers to liaise and communicate regularly to ensure that their respective roles in relation to professional standards are met.

5.16. The members of the Board will continue to actively promote through its planning and commissioning role an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

6. Chief Officer

6.1. The Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

6.2. The Chief Officer reports directly to both the Chief Executive of the Local Authority and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Local Authority and the Health Board.

6.3. The management structure for operational delivery of the Integrated Services managed by the Chief Officer is through a single hierarchical management structure illustrated in the detailed organisational structure diagram, which is included in supplementary documentation to the Scheme. The management structure and levels of authority including the management of services in localities are summarised in supplementary documentation to the Scheme.

6.4. The Chief Executives of the Local Authority and the Health Board, at the request of the Board and in conjunction with the Chief Officer where appropriate, are responsible for making cover arrangements through the appointment or nomination

of a suitable interim replacement or depute in the event that the Chief Officer is absent or otherwise unable to carry out their functions.

6.5. The Chief Officer and the senior manager for acute services both sit on the Health Board senior management team, and will continue with joint arrangements to ensure effective working relationships across the whole health and care system.

7. Workforce

7.1. The Parties will continue to ensure that there is an effective joint staff forum where staffing issues, professional issues and concerns relevant to joint working can be raised and discussed, where difficulties can be explored and resolved and where shared routes forward can be agreed. The structure and membership of groups are set out in supplementary documentation to the Scheme.

7.2. A workforce development strategy and action plan will continue to be maintained by the staff supporting the HR strategic management of the delivery of the Integrated Services that is under the direction of the Chief Officer including services delivered in localities.

7.3. A training plan agreed by the Parties and agreed with the Board will be maintained as part of the supplementary documentation to the Scheme. Training support functions will be provided by the Parties to the integrated services managed by the Chief Officer. The training plan will be refreshed annually.

8. Finance

8.1. General Principles – Financial Governance

8.1.1. The Board shall continue to determine its own internal financial governance arrangements in line with Scottish Government guidance. The Chief Finance Officer will continue to respond to the decisions of the Board and the principles of financial governance that have been set out in this Scheme.

8.1.2. The Board will continue to have no cash transactions and, until directed otherwise, will not directly engage or provide grants to third parties.

8.1.3. The Local Authority and the Health Board will ensure their payments to the Board are sufficient to fund the delegated functions. The Local Authority and the Health Board will continue to provide an integrated budget for the Board and the Chief Executives of the Health Board and the Local Authority through the Officer appointed pursuant to section 95 of the Local Government (Scotland) Act 1973 will continue to hold the Chief Finance Officer of the Board to account for the use of the financial resources allocated to the Board for the delegated functions that shall be managed by the Chief Officer. Both Partners agree to make a revenue contribution to the Board representing the level of resources available for the service areas delegated to the Partnership.

8.1.4. The Board will continue to monitor its financial position and make arrangements for the provision of regular, timely, reliable and relevant financial information on its financial position. The Board, the Local Authority and the Health Board will share financial information to ensure all Parties have a full understanding

of their current financial information and future financial challenges and funding streams.

8.1.5. The Board will maintain its own financial regulations. These will be reviewed periodically by the Chief Finance Officer and with a report on the review and proposed changes submitted to the Board.

8.2 Chief Finance Officer

8.2.1. The Board will continue to have regard to the current CIPFA guidance on the role of the Chief Finance Officer in local government and any Scottish Government or professional guidance on the operating parameters of the Chief Finance Officer and also on the appointment of a Chief Finance Officer.

8.3. Roles and Responsibilities – Finance

8.3.1. The Chief Finance Officer will continue to be responsible for preparing the Board accounts (including gaining the assurances required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial advice and support to the Chief Officer and the Board ensuring compliance with statutory reporting requirements as a body under the relevant legislation, including the Annual Financial Statement.

8.3.2. The officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and the Health Board's Accountable Officer (Chief Executive) are responsible for the resources that are allocated by the Board to their respective organisations for operational delivery.

8.3.3. The Chief Finance Officer will continue to work with the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and the Health Board's Director of Finance to ensure both organisations work together to develop systems which allow the recording and reporting of the Board's financial transactions.

8.4. Resources Delegated to the Board

8.4.1. The Board's three year Strategic Plan will continue to incorporate a Medium Term Financial Plan for its resources. On an annual basis a financial statement will be prepared setting out the amount the Board intends to spend to implement its three year Strategic Plan. The Medium Term Financial Plan will be prepared for the Board following discussions with the Local Authority and the Health Board. The approved Plan will be supplied to the partner organisation in regard to plans on achieving efficiency savings and financial balance.

8.4.2. The Medium Term Financial Plan will be prepared to take account of 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 the Health Board.
- Legal requirements that result in additional and unavoidable expenditure commitments.
- Transfers to/from the set aside budget for hospital services.
- Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings.

8.4.3. The funding available to the Board will be dependent on the funding available to the Local Authority and the Health Board and the corporate priorities of both. Both Parties will provide indicative three year allocations to the 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.

8.4.4. The budgets for the integrated services will be pooled by the Board under the direction of the Chief Officer supported by the Chief Finance Officer. The pooled budget envelope for each theme in the Strategic Plan will be prioritised and detailed budget allocations will be made for the services to be delivered by the Parties under the direction of the Board in line with the agreed priorities set out in the Strategic Plan and any associated strategic planning document.

8.5. Financial Management of the Board

8.5.1. The 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 create/utilise reserves. The Board cannot budget for a position which would result in the reserves moving into a deficit.

8.5.2. The Local Authority will host the financial transactions specific to the Board.

8.5.3. The term payment is used to maintain consistency with legislation and does not represent physical cash transfer. As the Board does not operate a bank account, the net difference between payments into and out of the Board will result in a balancing cash payment between the Local Authority and the Health Board. Any cash transfer will take place between the Parties monthly in arrears based on the annual budgets set by the Parties and the directions from the Board. A final transfer will be made at the end of the financial year on closure of the annual accounts of the Board to reflect in-year budget adjustments agreed. An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated taking into account any additional payments in-year.

8.6. In Year Variations in the Spending of the Board

8.6.1. Any potential deviation from a break even position should be reported to the Board, the Local Authority and the Health Board at the earliest opportunity.

8.6.2. Where it is forecast that an overspend will arise then the Chief Officer and Chief Finance Officer of the Board will identify the cause of the forecast overspend

and in consultation with both Parties, 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 Finance Officer of the Board will consult the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973 and Director of Finance of the Health Board in preparing the recovery plan as part of a one system approach. The recovery plan shall be approved by the Board.

8.6.3. A recovery plan will aim to bring the forecast expenditure of the 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 the Local Authority and the Health Board in addition to the Board.

8.6.4 Where a recovery plan extends beyond the current year any shortfall (the amount recovered in later years) will be charged to reserves held by the Board.

8.6.5. 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 Board. Such arrangements should describe additional recovery plans and a clear formal agreement by the Board and the Parties to break even within a defined timescale.

8.6.6. Subject to there being no outstanding payments due to the partner bodies, the Board will retain any underspend to build up its own reserves and the Chief Finance Officer will update the reserves policy for the Board as and when required.

8.6.7. Redeterminations to payments made by the Local Authority and the Health Board to the Board would apply under the following circumstances:

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

8.6.8. Where payments by the Local Authority and the Health Board are agreed under paragraphs 8.4 to 8.6.7 above they should only be varied as a result of the circumstances set out in paragraph 8.6.7. Any proposal to amend the payments outwith the above, including any proposal to reduce payments as a result of changes in the financial circumstances of either the Local Authority or the Health Board requires a justification to be set out and the agreement of both Parties.

8.7. Financial Reporting to the Board

8.7.1. The responsibility for preparation of the annual accounts of the Board will continue to rest with the Chief Finance Officer of the Board. The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.

8.7.2. The 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 continue to require audited annual accounts to be prepared under 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). These will be proportionate to the limited number of transactions of the Board whilst complying with the requirements for transparency and true and fair reporting in the public sector.

8.7.3. The Chief Finance Officer of the Board will agree a timetable for the preparation of the annual accounts with the external auditors, Director of Finance of the Health Board and the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973. The timetable for production of the annual accounts of the Board will be set in accordance with guidance from the Scottish Government.

8.7.4. As part of the financial year-end procedures and in order to develop the year-end financial statements, the Chief Finance Officer of the Board will co-ordinate an exercise agreeing the value of balances and transactions with the Local Authority and the Health Board finance teams. Each of the Parties will submit to the Chief Finance Officer of the Board their recorded income, expenditure, receivable and payable balance with the Board. The Local Authority or Health Board respective finance representatives will then work to resolve any differences arising.

8.7.5. As part of the process of preparing the annual accounts of the Board the Chief Finance Officer will be responsible for agreeing balances between the Board, Local Authority and Health Board during the financial year. The Chief Finance Officer will also be responsible for provision of other information required by the Local Authority and the Health Board to complete their annual accounts including group accounts.

8.7.6. The Chief Finance Officer will 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 and expenditure of the Board.
- Enable reporting of the financial performance and position of the Board.
- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

8.7.7. Recording of all financial information in respect of the integrated services will be in the financial ledger of the Party which is delivering the services on behalf of the Board.

8.7.8. The Parties will provide the required financial administration to enable the transactions for delegated functions (e.g. payment of suppliers, payment of staff, raising of invoices etc.) to be administered and financial reports to be provided to the Chief Finance Officer.

8.7.9. Throughout the financial year the Board will receive comprehensive financial monitoring reports, including for the sum set aside. The format and frequency (on at least a quarterly basis) of the reports will be agreed by the Chief Officer and the Chief Finance Officer in conjunction with the Director of Finance of the Health Board and the officer appointed by the Local Authority pursuant to section 95 of the Local Government (Scotland) Act 1973. The reports will set out information on actual expenditure and budget for the year to date and forecast outturn against annual budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required.

8.7.10. Where any report to the Board has a significant financial implication for either of the Parties agreement of that Party is required before submission of the report to the Board.

8.8. Capital Expenditure and Non-Current Assets

8.8.1. The Board will not receive any capital allocations or grants nor will it own any property or other non-current assets. The Local Authority and the Health Board will:

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

8.8.2. The Strategic Plan will inform the financial strategy of the Board and will provide the basis for the Board to present proposals to the Local Authority and the Health Board to influence the Parties' financial five year Plans.

8.8.3. The Chief Officer will work with the relevant officers in the Local Authority and the Health Board to prepare a bid for capital funding for property and other non-current assets used by the Board. This will be approved by the Board.

8.9. VAT

8.9.1 The Board will not be required to be registered for VAT, on the basis that it is not delivering any supplies that fall within the scope of VAT. The actual delivery of functions delegated to the Board will continue to be the responsibility of the Local Authority and the Health Board.

9. Participation and Engagement

9.1. The review of the Scheme has involved consultation with the 'standard consultees' set out in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014, which apply to preparing an integration scheme or revised integration schemes. These consultees are set out below:

- Health professionals.

- Users of health care.
- Carers of users of health care.
- Commercial providers of health care (if operating within the area to which the Scheme applies).
- Non-commercial providers of health care.
- Social care professionals.
- Users of social care.
- Commercial providers of social care (if operating within the area to which the Scheme applies).
- Non-commercial of social care.
- Staff of the Health Board and Local Authority who are not health professionals or social care professionals.
- Non-commercial providers of social housing.
- Third sector bodies carrying out activities to health or social care.

9.2. In the support that the Parties provide to the Board they will ensure they adhere to a person centred approach, ensuring compassion, respect, equality and fairness. Community and staff involvement and engagement remain crucial to supporting the Board in planning and implementing effective service change and service development, as well as supporting the Board in its commitment to realising continuous improvement in quality, effectiveness and efficiency in service delivery and outcomes.

9.3. The Parties will build on their existing solid foundations, to support the Board's approach to participation and engagement. Further, the Parties will support the Board by taking a coproduction approach within communities and localities.

9.4. To inform this, the Parties will take account of current Statutory Guidance CEL 4 (2010) Informing, Engaging and Consulting with People in Developing Health and Community Care Services and the 'National Standards for Community Engagement' as incorporated in the Orkney Community Planning Partnership's Consultation and Engagement Guidelines as adopted by the Local Authority and the Health Board.

9.5. The Parties, in supporting the Board, will establish a communications and engagement group. The group will be responsible for the development, implementation and monitoring of the communications and engagement strategy. The Group will be in place by September 2015 and the Strategy will be approved by March 2016. Feedback from communities and staff on their experiences of the Board's services will help inform the development of the Strategy.

9.6. Whilst formal arrangements are essential for the Board, they need not be constraining. There is a history in Orkney of involving community representatives on review and project groups and using the co-chair model to advantage. The aim is to maintain this inclusive approach, keeping communities at the heart of the process, within the framework of robust organisational arrangements. Ongoing positive relationships with Voluntary Action Orkney, Orkney's community councils, specialist organisations, care groups, independent care providers, and other health and social

care related community and voluntary groups will add richness to this inclusive approach.

10. Information Sharing and Confidentiality

10.1. The Chief Officer will ensure that the Information Sharing Protocol ('ISP') remains in place, and that the Scottish Accord on the Sharing of Personal Information ('SASPI') continues to be adopted. Information will continue to be shared in accordance with the Data Protection Act (2018) and Information Commissioner's Code of Practice on Data Sharing. The ISP will include procedures for the sharing of information and will be agreed with the Parties.

10.2. The ISP will remain focused on the purposes underlying the sharing of specific sets of information. It is intended for operational management and staff. It provides details of:

- The processes for sharing information.
- The specific purposes served.
- The people it impacts upon.
- The relevant legislative powers.
- What data is to be shared.
- The consent processes involved.
- Any required operational procedures and processes for review.

10.3. The ISP will be formally reviewed on a rolling three year basis unless changes in legislation or national policy indicate that this should be reviewed earlier.

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

10.5. All staff managed within Integrated Services are required to comply with the data protection policies of their employing organisations and the requirements of the ISP.

11. Complaints and compliments

11.1. Complaints provide valuable information which can be used to improve service provision and customer satisfaction. The set of applicable complaints handling procedures enable the Board and the delegated services to address a customer's dissatisfaction and may help to prevent the same problem from happening again, contributing to the continuous improvement of services. The three complaints procedures are: the Board's Complaint Handling Procedure 2021 which is for complaints about the Board as a governance body; the Social Work Complaints Handling Procedure, which is for service users and carers who receive social work and social care services; and the Health Board's Complaints Handling Procedure, which is for service users who receive health care services. The requirement for separate policies reflect distinct statutory requirements, although all three procedures are based on the Scottish Public Services Ombudsman's Model Complaints Handling Procedure. There will remain a single administrative point of

contact for complainants for each Party to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing prescribed elements of health and social work complaints processes are met. In the event that complaints are received by the Board or the Chief Officer, the Parties will work together to achieve, where possible a joint response identifying the lead Party in the process and confirming this to the individual raising the complaint.

11.2. All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services. The person making the complaint will always be informed which policies are being applied to their complaint. Both Parties are committed to ensuring that anyone making a complaint has a positive experience that takes account of the integrated arrangements. If the complaint remains unresolved by internal processes, the complainant may refer the matter to the Scottish Public Services Ombudsman through the relevant complaints handling procedure.

11.3. Compliments will also be recorded in line with the Parties' existing policies and processes.

11.4. Complaints management will be a standing item on the agenda of the Clinical and Care Governance Committee (referred to at 5.), the remit of which will include identifying learning from upheld complaints across all delegated functions. With the support of the Parties' complaints officers, the Chief Officer will report statistics on complaint outcomes and compliments to the Board and ensure information briefings are provided to staff so that integrated services are made aware of complaint findings and the learning for services.

12. Claims, Handling Liability and Indemnity

12.1. The Parties and the Board recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the Board.

12.2. The Parties agree to ensure that any such claims are progressed quickly and in a manner which is agreeable between them.

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

12.4. Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.

12.5. Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.

12.6. In the event of any claim against the Board or in respect of which it is not clear which party should assume responsibility, the Chief Officer will liaise with the Chief Executives of the Parties (or their representatives) and determine which party should assume responsibility for progressing the claim.

13. Risk Management

13.1. A shared risk management strategy will remain in place and will include risk monitoring and a reporting process for the Parties and the Board. In maintaining, reviewing and monitoring this shared risk management strategy the Chief Officer will review the corporate/strategic risk registers of the Parties and the Board which will provide a list of risks to be incorporated into the Partnership's risk register and service risk registers. The Chief Officer will utilise the system of one of the Parties to avoid duplication.

13.2. The Chief Officer will lead the review of risk management arrangements of the Board with support from the risk management functions of the Parties. The Board will be required to regularly update and agree its approach to risk management and how it communicates strategic risks to the Parties by the Chief Officer. The Board in this regard will pay due regard to the corporate risks of the Parties.

13.3. Any agreement on the sharing of risk management across the Parties and the Board for significant risks that impact on integrated service provision will be set out in the risk management strategy and Board risk register.

14. Dispute Resolution Mechanism

14.1. In the event of any dispute between the Parties in relation to any matter provided for in this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act ('Dispute'), the provision of this section 14 will apply.

14.2. Either Party will give to the other written notice of the Dispute, setting out its nature and full particulars (a Dispute Notice), together with relevant supporting documents. The party giving the Dispute Notice will provide a copy to the Chair of the Board. On service of the Dispute Notice, the Chief Executives of the Parties will meet and attempt in good faith to resolve the Dispute.

14.3. Where the matter remains unresolved within 21 days of the service of the Dispute Notice the Parties will inform the Chair of the Board and may proceed to mediation with a view to resolving the issues. Any mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of the Health Board and Leader of the Local Authority - costs will be met equally. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Leader of the Local Authority and Chair of the Health Board and notified to the Chair of the Board. 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.

14.4. The Chair of the Board will inform Scottish Ministers in writing of the Dispute and agreed timetable to conclude the mediation process. During this time both Parties will cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.

14.5. If the issue remains unresolved after following the steps outlined above, the Chair of the Board will inform Scottish Ministers in writing. Scottish Ministers may then advise the Parties how to proceed.

14.6. Nothing in the Scheme will prevent either Party from seeking legal remedy or from commencing or continuing court proceedings in relation to a Dispute.

Annex 1. (Part 1). Functions that are to be delegated by the Health Board to the Board.

Functions delegated under section 1(6) of the Act

The National Health Service (Scotland) Act 1978(a).	
<p>All functions of Health Boards conferred by, virtue of, the National Health Service (Scotland) Act 1978.</p>	<p>Except functions conferred by or by virtue of:</p> <ul style="list-style-type: none"> • Section 2(7) (Health Boards). • Section 9 (local consultative committees). • Section 17A (NHS contracts). • Section 17C (personal medical or dental services). • Section 17J (Health Boards' power to enter into general medical services contracts). • Section 28A (remuneration for Part II services). • Section 48 (residential and practice accommodation). • Section 57 (accommodation and services for private patients). • Section 64 (permission for use of facilities in private practice). • Section 79 (purchase of land and moveable property). • 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). • Paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act(Health Boards). <p>And functions conferred by —</p> <ul style="list-style-type: none"> • The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000. • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001.

	<ul style="list-style-type: none"> • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004. • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 . • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006. • The National Health Service (Discipline Committees) (Scotland) Regulations 2006. • The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009. • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. and • The National Health Service (General Dental Services) (Scotland) Regulations 2010.
<p>Disabled Persons (Services, Consultation and Representation) Act 1986. Section 7 (persons discharged from hospital).</p>	
<p>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.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003. All functions of Health Boards conferred by, or by virtue Except functions conferred by section 22 (approved of, the Mental Health (Care and Treatment) (Scotland) medical practitioners) Act 2003.</p>	
<p>Education (Additional Support for Learning) (Scotland) Act 2004. Section 23 (other agencies etc. to help in exercise of functions under this Act).</p>	
<p>Public Health, etc. (Scotland) Act 2008. Section 2 (duty of Health Boards to protect public health); Section 7 (joint public health protection plans).</p>	
<p>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).</p>	

Patient Rights (Scotland) Act 2011.

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

Children and Young People (Scotland) Act 2014

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

Carers (Scotland) Act 2016.

Section 12 (Duty to prepare young carer statement); Section 31 (Duty to prepare local carer strategy).

Functions delegated under section 1(8) of the Act

The [National Health Service \(Scotland\) Act 1978](#)

Except functions conferred by or by virtue of—

- [section 2\(7\)](#) (Health Boards);
- [section 2CB1](#) (functions of Health Boards outside Scotland);
- [section 9](#) (local consultative committees);
- [section 17A](#) (NHS contracts);
- [section 17C](#) (personal medical or dental services);
- [section 17I](#) (use of accommodation);
- [section 17J](#) (Health Boards' power to enter into general medical services contracts);
- [section 28A](#) (remuneration for [Part II](#) services);
- [section 38](#) (care of mothers and young children);
- [section 38A](#) (breastfeeding);
- [section 39](#) (medical and dental inspection, supervision and treatment of pupils and young persons);
- [section 48](#) (residential and practice accommodation);
- [section 55](#) (hospital accommodation on part payment);
- [section 57](#) (accommodation and services for private patients);

	<ul style="list-style-type: none"> • section 64 (permission for use of facilities in private practice); • section 75A (remission and repayment of charges and payment of travelling expenses); • section 75B (reimbursement of the cost of services provided in another EEA state); • section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); • section 79 (purchase of land and moveable property); • section 82 use and administration of certain endowments and other property held by Health Boards); • section 83 (power of Health Boards and local health councils to hold property on trust); • section 84A (power to raise money, etc., by appeals, collections etc.); • section 86 (accounts of Health Boards and the Agency); • section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); • section 98 (charges in respect of nonresidents); and • paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
	<p>and functions conferred by—</p> <ul style="list-style-type: none"> • The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; • The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; • The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;

	<ul style="list-style-type: none"> • The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; • The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018; • The National Health Service (Discipline Committees) (Scotland) Regulations 2006; • The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; • The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; • The National Health Service (General Dental Services) (Scotland) Regulations 2010; and • The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
<p>Disabled Persons (Services, Consultation and Representation) Act 1986</p> <p>Section 7 (Persons discharged from hospital)</p>	
<p>Community Care and Health (Scotland) Act 2002</p> <p>All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p>Mental Health (Care and Treatment) (Scotland) Act 2003</p>	
<p>All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by—</p> <ul style="list-style-type: none"> • section 22 (approved medical practitioners); • section 34 (inquiries under section 33: co-operation); • section 38 (duties on hospital managers: examination, notification etc.); • section 46 (hospital managers' duties: notification); • section 124 (transfer to other hospital); • section 228 (request for assessment of needs: duty on

	<p>local authorities and Health Boards);</p> <ul style="list-style-type: none"> • section 230 (appointment of patient's responsible medical officer); • section 260 (provision of information to patient); • section 264 (detention in conditions of excessive security: state hospitals); • section 267 (orders under sections 264 to 266: recall); • section 281 (correspondence of certain persons detained in hospital);
	<p>and functions conferred by—</p> <ul style="list-style-type: none"> • The Mental Health (Safety and Security) (Scotland) Regulations 2005; • The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; • The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and • The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
<p>Education (Additional Support for Learning) (Scotland) Act 2004</p>	
<p>Section 23 (other agencies etc to help in exercise of functions under this Act.</p>	
<p>Public Services Reform (Scotland) Act 2010</p>	
<p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>Except functions conferred by—</p> <ul style="list-style-type: none"> • 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).
<p>Patient Rights (Scotland) Act 2011</p>	

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/3623 .
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Annex 1 (Part 2). Services currently provided by Health Board which are to be integrated.

- Accident and emergency services provided in the Balfour Hospital for planning and operational oversight purposes with the Chief Officer working closely with Board staff responsible for operational management of hospital services.
- Inpatient hospital services/budgets provided within the Balfour Hospital and capacity in the delegated specialties used in other hospitals located in other Health Boards will form the set aside portion of the hospital budget.
- Macmillan palliative care services provided in the Balfour Hospital also includes cancer chemotherapy. It is proposed that the service is not split into hospital palliative and cancer care, however it is proposed to allocate a number of bed days (corresponding budget).
- Mental health services provided in a hospital – transfer bed budget to the IJB.
- Community mental health teams/service.
- Clinical Psychology Service.
- Substance misuse services (ADP budget).
- District nursing services.
- Health visiting.
- School nursing.
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978.
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
- Public Dental Services.
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
- Services providing primary medical services to patients during the out-of-hours period.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Continence services.
- Services provided by health professionals that aim to promote public health.
- Community Physiotherapy, speech and language, dietetic and OT services.
- Intermediate Care services.
- Family Health Service Prescribing.

- Resource Transfer, including Voluntary services.

Annex 2 (Part 1). Functions delegated by the Local Authority to the Board.

Set out below is the list of functions that must be delegated by the Local Authority to the Board, as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions, etc.) (Scotland) Regulations 2014. Following this, a second list of additional local authority functions is set out which are to be delegated by choice. These fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014.

Part 1.

Functions which must be delegated by the Local Authority to the Board for the purposes of section 1(7) of the Act.

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc).	
The Disabled Persons (Employment) Act 1958.	
Section 3 (Provision of sheltered employment by local authorities).	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act).	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities).	So far as it is exercisable in relation to another integration function.
Section 8 (Research).	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc for social work).	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities).	Except insofar as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs).	So far as it is exercisable in relation to another integration function.
Section 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.

Enactment conferring function.	Limitation.
Section 29 (power of local authority to defray expenses of parent, etc., visiting persons or attending funerals).	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision).	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly).	
Disabled Persons (Services, Consultation and Representation) Act 1986(5).	
Section 2 (Rights of authorised representatives of disabled persons).	
Section 3 (Assessment by local authorities of needs of disabled persons).	
Section 7 (Persons discharged from hospital).	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which 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.	
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.

Enactment conferring function.	Limitation.
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.
Section 45 (Appeal, revocation, etc.).	Only in relation to residents of establishments which are managed under integration functions.
The Housing (Scotland) Act 2001.	
Section 92 (Assistance for housing purposes).	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002.	
Section 5 (Local authority arrangements for 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.	
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).	

Enactment conferring function.	Limitation.
Section 34 (Inquiries under section 33: Co-operation).	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards).	
Section 259 (Advocacy).	
The Housing (Scotland) Act 2006.	
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.	
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 person's 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.	
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).	

Enactment conferring function.	Limitation.
Section 13 (Further choice of options on material change of circumstances).	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery).	
Section 19 (Promotion of options for self-directed support).	
Carers (Scotland) Act 2016.	
Section 6 (Duty to prepare adult carer support plan).	
Section 21 (Duty to set local eligibility criteria).	
Section 24 (Duty to provide support).	
Section 25 (Provisions of support to carers: breaks from caring).	
Section 31 (Duty to prepare local carer strategy).	
Section 34 (Information and advice services for carers).	
Section 35 (Short breaks services statements).	

Part 2

Functions which are conferred by an enactment and are delegated by the Local Authority to the Board pursuant to section 1(5)(a) of the Act.

Enactment conferring function.	Limitation.
National Assistance Act 1948.	
Section 45 (Recovery in cases of misrepresentation or non-disclosure).	
Matrimonial Proceedings (Children) Act 1958.	
Section 11 (Reports as to arrangements for future care and upbringing of children).	
The Social Work (Scotland) Act 1968.	
Section 5 (Powers of Secretary of State).	

Enactment conferring function.	Limitation.
Section 6B (Local authority inquiries into matters affecting children.).	
Section 27 (Supervision and care of persons put on probation or released from prisons, etc.).	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred).	
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions).	
Section 81 (Provisions as to decrees for ailment).	
Section 83 (Variation of trusts).	
Section 86 (Adjustment between authority providing accommodation, etc. and authority of area of residence).	
The Children Act 1975.	
Section 34 (Access and maintenance).	
Section 39 (Reports by local authorities and probation officers).	
Section 40 (Notice of application to be given to local authority).	
Section 50 (Payments towards maintenance of children).	
Health and Social Services and Social Security Adjudications Act 1983.	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets).	
Section 22 (Arrears of contributions charged on interest in land in England and Wales).	
Section 23 (Arrears of contributions secured over interest in land in Scotland).	
Foster Children (Scotland) Act 1984.	
Section 3 (Local authorities to ensure well-being of and to visit foster children).	

Enactment conferring function.	Limitation.
Section 5 (Notification by persons maintaining or proposing to maintain foster children).	
Section 6 Notification by persons ceasing to maintain foster children).	
Section 8 (Power to inspect premises).	
Section 9 (Power to impose requirements as to the keeping of foster children).	
Section 10 (Power to prohibit the keeping of foster children).	
The Children (Scotland) Act 1995.	
Section 17 (Duty of local authority to child looked after by them).	
Section 20 (Publication of information about services for children).	
Section 21 (Co-operation between authorities).	
Section 22. (Promotion of welfare of children in need).	
Section 23 (Children affected by disability).	
Section 25 (Provision of accommodation for children, etc.).	
Section 26 (Manner of provision of accommodation to child looked after by local authority).	
Section 26A (Provision of continuing care: looked after children).	
Section 27 (Day care for pre-school and other children).	
Section 29 (Aftercare).	
Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures, etc.).	
Section 31 Review of case of child looked after by local authority).	

Enactment conferring function.	Limitation.
Section 32 (Removal of child from residential establishment).	
Section 36 (Welfare of certain children in hospitals and nursing homes, etc.).	
Section 38 (Short term refuges for children at risk of harm).	
Section 76 (Exclusion orders).	
Criminal Procedure (Scotland) Act 1995.	
Section 51 (Remand and committal of children and young persons).	
Section 203 (Reports).	
Section 234B (Drug treatment and testing order).	
Section 245A (Restriction of liberty orders).	
The Adults with Incapacity (Scotland) Act 2000.	
Section 40 (Supervisory bodies).	
The Community Care and Health (Scotland) Act 2002.	
Section 6 (Deferred payment of accommodation costs).	
Management of Offenders, etc. (Scotland) Act 2005.	
Sections 10 (Arrangements for assessing and managing risks posed by certain offenders).	
Section 11 (Review of arrangements).	
Adoption and Children (Scotland) Act 2007.	
Section 1 (Duty of local authority to provide adoption service).	
Section 5 (Guidance).	
Section 6 (Assistance in carrying out functions under sections 1 and 4).	
Section 9 (Assessment of needs for adoption support services).	
Section 10 (Provision of services).	
Section 11 (Urgent provision).	

Enactment conferring function.	Limitation.
Section 12 (Power to provide payment to person entitled to adoption support service).	
Section 19 (Notice under Section 18 local authorities duties).	
Section 26 (looked after children - adoption is not proceeding).	
Section 45 (Adoption support plans).	
Section 47 (Family member's right to require review of plan).	
Section 48 (Other cases where authority under duty to review plan).	
Section 49 (Re-assessment of needs for adoption support services).	
Section 51 (Guidance).	
Section 71 (Adoption allowance schemes).	
Section 80 (Permanence Orders).	
Section 90 (Precedence of certain other orders).	
Section 99 (Duty of local authority to apply for variation or revocation).	
Section 101 (Local authority to give notice of certain matters).	
Section 105 (Notification of proposed application for order.)	
The Adult Support and Protection (Scotland) Act 2007.	
Section 7 (Visits).	
Section 8 (Interviews).	
Section 9 (Medical examinations).	
Section 10 (Examination of records, etc.).	
Section 16 (Right to remove adult at risk)	
Children's Hearings (Scotland) Act 2011.	
Section 35 (Child assessment orders).	
Section 37 (Child protection orders).	

Enactment conferring function.	Limitation.
Section 42 (Parental responsibilities and rights directions).	
Section 44 (Obligations of local authority).	
Section 48 (Application for variation or termination).	
Section 49 (Notice of an application for variation or termination).	
Section 60 (Local authorities duty to provide information to Principal Reporter).	
Section 131 (Duty of implementation authority to require review).	
Section 144 (Implementation of a compulsory supervision order; general duties of implementation authority).	
Section 145 (Duty where order requires child to reside in a certain place).	
Section 166 (Review of requirement imposed on local authority).	
Section 167 (Appeal to Sheriff Principal: section 166).	
Section 180 (Sharing of information: panel members).	
Section 183 (Mutual Assistance).	
Section 184 (Enforcement of obligations of health board under section 183).	
Social Care (Self-directed Support) (Scotland) Act 2013.	
Section 8 (Choice of options; children and family members).	
Section 10 (Provision of information; children under 16).	
Carers (Scotland) Act 2016.	
Section 12 (duty to prepare a young carer statement).	

Part 2.

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(5)(b) of the Act.

Enactment conferring function	Limitation
The Community Care and Health (Scotland) Act 2002.	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002.	
The Children's Hearings (Scotland) Act 2011	
Section 153 (Secure accommodation: regulations).	

Annex 2 (Part 2). Services currently provided by Orkney Islands Council which are to be integrated

The functions listed in part 1 of this annex relate to the following services:

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

Additional services, delegated by choice:

- Social work services for children and young people.
- Child Care Assessment and Care Management.
- Looked After and Accommodated Children.
- Child Protection.
- Adoption and Fostering.
- Special Needs/Additional Support.
- Early Intervention.
- Through-care Services.
- Youth Justice Services.
- Social Work Criminal Justice Services.
- Services to Courts and Parole Board.
- Assessment of offenders.
- Diversions from Prosecution and Fiscal Work Orders.
- Supervision of offenders subject to a community based order.
- Through care and supervision of released prisoners.
- Multi Agency Public Protection Arrangements.