NHS Shetland

Shetland Islands Council

Shetland Islands Health and Social Care Partnership

Integration Scheme

March 2021

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Contents

1. Introduction

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. For this to be effective there must be a clear plan and structure as to how the integration will work. **Shetland Islands Health and Social Care Partnership Integration Scheme** (the Integration Scheme) sets out the detail as to how Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board) integrate services.

This Integration Scheme came into effect on 27th June 2015 when the Integration Joint Board (IJB) was formally established by Parliamentary Order. The Scheme of Integration is required to be reviewed every 5 years to identify whether any changes are necessary or desirable – this review will include consultation with relevant and appropriate parties.

2. Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities and Health Boards to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other additional adult health and social care services beyond the minimum prescribed by Ministers, and children's health and social care services. The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved. The integration scheme must include the matters prescribed in Regulations.

The Integration Scheme and Supplementary Documentation to the Integration Scheme, together with Shetland's Joint Strategic (Commissioning) Plan for Health and Social Care Services, replaces previous arrangements for health and social care integration in Shetland which were set out in Shetland's Joint Commissioning Strategy and Integration Plan 2014/2015.

The Integration Scheme follows the integration scheme format (the "model integration scheme") issued by the Scottish Government which is designed to be followed where the "body corporate" model for integration is being adopted. The body corporate model is set out in s1(4)(a) of the Act. Additional information and background papers are included in Supplementary Documentation to the Integration Scheme which is available separately.

The Integration Scheme must be submitted jointly by the Council and the Health Board before 1 April 2015 for approval by Scottish Ministers.

Once the Integration Scheme has been approved by the Scottish Ministers, the Integration Joint Board for Shetland (the IJB), which will have distinct legal personality, will be established by Order of the Scottish Ministers. The IJB will be known as the Shetland Islands Health and Social Care Partnership.

As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the IJB requires that its voting members are appointed by the Council and the Health Board and is made up of councillors, NHS non-executive directors, and other members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the IJB its members carry out their functions under the Act on behalf of the IJB itself, and not as delegates of the Council and the Health Board. Because the same individuals will sit on the IJB and also on either the Council or the Health Board, accurate record-keeping and minute-taking will be essential for transparency and accountability purposes.

The IJB is responsible for the strategic planning of the functions delegated to it by the Council and the Health Board and for the preparation of the Strategic Plan. The Strategic Plan specifies the services to be delivered by the Parties. The IJB is responsible for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Integration Scheme in Section 4.

The Act gives the Council and the Health Board, acting jointly, the ability to require that the IJB replaces its Strategic Plan in certain circumstances. In these ways, the Council and the Health Board together have significant influence over the IJB, and they are jointly accountable for its actions.

The practical application of the Integration Scheme will be managed and administered in accordance with the Financial Regulations, Standing Orders and Schemes of Delegation of the Parties as amended to meet the requirements of the Act.

The Financial Regulations, Standing Orders and Schemes of Delegation of the IJB will be developed by the IJB once it has been established, and as far as they impact on the Parties will be agreed with them.

3. Aims and Outcomes of the Integration Scheme

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:

National Health and Wellbeing Outcomes

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. 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.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care

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Shetland Islands Health and Social Care Partnership Vision, Mission and Aims

Our Vision

Our Vision is that by 2025 everyone is supported in their community to live longer, healthier lives and we will have reduced health inequalities.

Our Mission

To work together to deliver a range of quality support services, which are:

- based in local communities
- designed in partnership with our citizens
- based on assessed needs and strengths of individuals and communities.

Our Aims

To work together to achieve the National Health and Wellbeing Outcomes in a way that works for Shetland.

We will have:

- More flexible, better quality services.
- Services integrated and designed around the needs of our customers.
- Resources targeted at areas of greatest priority, based on clearly defined evidence of need.
- The balance of activity/spend will have moved towards community based services, with home delivered services or services delivered in a homely environment where it is appropriate and value for money to do so.

We will achieve this by:

- Listening and responding to community needs and aspirations by actively engaging with people and their carers.
- Improved joint strategic and operational planning.
- Having robust quality and performance management and improvement processes.

In Shetland 'Better Services' will be:

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Fair, accessible, easy to use		Meet the needs of citizens		Flexible and accountable		Good value	
Equality of access Everyone will be able to access services to meet their needs irrespective of their race, religion, sexual orientation, age, ability, gender or socioeconomic background.	**Flexibility** Services will offer more choice, and be person-centred, respecting that each individual is the expert in their own experience – if someone needs more support they'll have a clear contact to help them navigate services.	**Joint planning, shared priorities** Organisations will have a single planning and design process with clarity in what they are trying to achieve in the short, medium and longer term.	**Information + communication** Organisations will appropriately share knowledge of customer and community needs and aspirations, share priorities and service objectives and clearly communicate these to staff and our customers.	**Performance reporting** Information will be available to everyone in Shetland which explains what service standards they can expect and how each organisation is performing through an effective **public performance reporting** regime	**Consultation + feedback** Service planning, design and review will be done in partnership with customers and the general public. We will have a joint framework for handling complaints and feedback, so that the investigation and response is coordinated.	**Remove duplication** Unnecessary duplication, bureaucracy, managerial and administrative overheads will be removed from the system. This will save time, effort and money, bringing clarity and accountability.	**Workforce** Our workforce, along with our community, are our greatest asset. We will, encourage joint training, secondment opportunities, and multi-disciplinary working to make services more robust, and to meet the needs of the community.
Shared Eligibility criteria Service delivery won't be restricted by organisational or professional boundaries, eligibility for services will only need to be assessed by one suitable member of staff.	**Ease of access** There will be clear, easy to find information about who to contact and where to go if you need support. Where services can't be provided more locally, there will be better transport arrangements in place.	**Fair distribution of resources** Services will be provided based on evidence of need, and will be responsive to changing needs in different areas, using best evidence to see where improvements need to be made.	**Collaborative Planning + Design** Services will be planned jointly with service users, communities and other agencies to better understand the needs and strengths of communities, and how services can support and complement these.	**Culture of Performance + Improvement** Services will be supported and encouraged to be innovative, and use feedback and evidence to improve their services for the better of their community.	**Streamlined Management Arrangements** Each service area will have a publicly recognised manager, who is responsible for improvement in that area. Managers will work together to ensure their services work well together for their community.	**Property + Equipment** Public and voluntary sector buildings, and a shared bank of equipment will be accessible and available for multi-use by all agencies to ensure that community resources are maximised.	**Value for Money** Services will be delivered to the best possible standard and quality at the best possible price. There will be clear accountability for spending decisions, which will be made based on best available evidence.

The Integration Scheme

The Parties:

Shetland Islands Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at 8 North Ness, Lerwick, Shetland, ZE1 0LZ ("**the Council**");

And

Shetland Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as Shetland NHS Board) and having its principal offices at Montfield, Lerwick ("**NHS Shetland**" or "**the Health Board" -** *these terms are used inter-changeably in this context*)

(together referred to as "**the Parties**")

1. Definitions and Interpretation

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

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

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

"**The Integration Joint Board**" **(IJB)** means the Integration Joint Board established by Order under section 9 of the Act as a body corporate.
"**Outcomes**" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.

"**The Integration Scheme**" means this Integration Scheme, which is the Integration Scheme for the Shetland Islands Health and Social Care Partnership.

"**Supplementary Documentation to the Integration Scheme**" means the detailed records, action plans and background information that are referred to in the Integration Scheme which are not part of the Integration Scheme itself.

"**The Strategic Plan**" means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

"**The Shetland Community Planning Partnership**" means the Community Planning Partnership for the Shetland Islands Local Authority area.

"**The Shetland Plan**" means the strategic plan of the Shetland Community Planning Partnership.

"**Budget Responsible Officers (BROs)"** means members of staff of the Council and the Health Board who have authority delegated to them for the administration of one or more budget headings including authorising expenditure of the approved budget allocations.

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

In accordance with section 1(2) of the Act, the Parties agreed that the integration model set out in sections 1(4)(a) of the Act would be put in place for Shetland Islands Health and Social Care Partnership, namely the delegation of functions by the Parties to a body corporate that was then established by Order under section 9 of the Act. This Integration Scheme came into effect on 27th June 2015 when the Parliamentary Order to establish the Integration Joint Board came into force.

2. Local Governance Arrangements

Having regard to the requirements contained in the Integration Scheme Regulations, the Parties require to supply the detail of the voting membership and the Chair and Vice Chair of the Integration Joint Board (IJB).

The IJB, and the Parties must communicate with each other and interact in order to contribute to the Outcomes, however the IJB does have distinct legal personality and the consequent autonomy to manage itself.

There is no role for either the Council or the Health Board to independently sanction or veto decisions of the IJB.

The Integration Joint Board (IJB)

- Voting Members
    - Three Elected Members of the Council and
    - Three Non-Executive Directors of the Health Board

- Co-opted Non-voting Members
    - The Chief Officer of the IJB
    - The Chief Financial Officer of the IJB
    - Senior clinicians including a GP, a consultant working in the acute sector locally and a senior nurse
    - The Council's Chief Social Work Officer
    - A patient/service user representative
    - A carers' representative
    - A representative of the third sector
    - A staff representative from each of the Parties
    - A Public Health Representative
    - An Allied Health Professional Representative
    - A Pharmacy Representative

- Chair and Vice-chair
    - An Elected Member of the Council will be appointed for the role of Chair / Vice Chair by the Council and be from among their number on the IJB.
    - A Non-Executive Member of the Health Board will be appointed for the role of Chair / Vice Chair by the Health Board and be one of the Non- Executive Health Board Members on the IJB.

- Terms of Office

  - The Chair and Vice Chair roles will rotate every 3 years.
  - All IJB appointments with the exception of the Chief Officer of the IJB, the Chief Financial Officer of the IJB and the Council's Chief Social Work Officer, who are members of the IJB by virtue of the Integration Joint Board Order and the post they hold will be for a period of 3 years.
  - In addition, individual IJB appointments will be made as required when a position becomes vacant for any reason.
  - Any member of the IJB can be appointed for a further term. There is no limit on the number of terms that any individual can serve as a member of the IJB.

3. Delegation of Functions

The functions that are delegated by the Health Board to the IJB are set out in Part 1 of Annex 1. The services to which these functions relate, which were provided by NHS Shetland and are now 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. For both Part 1 and Part 2, services relate to those for Adults unless stated otherwise in the Annex. For services delivered in hospital, delegation only relates to the care and treatment provided as part of that service by health professionals.

The functions that are delegated by the Council to the IJB are set out in Part 1 of Annex 2. The services to which these functions relate, which were provided by the Council and which are now integrated, are set out in Part 2 of Annex 2. For both Part 1 and Part 2, services relate to those for Adults unless stated otherwise in the Annex.

In exercising its functions, the IJB must take into account the Parties' requirement to meet their respective statutory obligations, including those that pertain to the functions delegated by virtue of this Integration Scheme.

With regard to their respective functions that are not delegated by virtue of this Integration Scheme, the Parties retain their distinct statutory responsibilities and their formal decision-making roles.

4. Local Operational Delivery Arrangements

Responsibilities of the IJB on Behalf of the Parties:

The local operational arrangements agreed by the Parties are:-

- The IJB has responsibility for the planning of the Integrated Services. This will be achieved through the Strategic Plan.
- The IJB is responsible for the operational oversight and governance arrangements of Integrated Services and through the Chief Officer will be responsible for the operational management of Integrated Services.
- The IJB will be responsible for the planning of Acute Hospital services delegated to it but the Health Board will be responsible for the operational oversight of Acute Services and through a responsible Director for the operational management of all Acute Services. The Health Board will provide information on a regular basis to the Chief Officer and the IJB on the operational delivery of Acute Services.
- The Chief Officer and Director responsible for Acute Services will maintain joint arrangements to ensure effective working relationships across the whole Health & Care system. These are built on the existing joint working arrangements including joint acute and community strategic meetings and co-location of senior managers from acute and community services.
- The detailed commissioning and operational delivery arrangements will be set out in the Strategic Plan.
- The Parties will support the IJB to work closely with Shetland's Community Planning Partnership as required by the Scottish Government.
- The IJB will be responsible for the development and maintenance of a set of performance measures including the Outcomes, national targets, the national inspection processes and locally developed targets.
- The IJB will establish a Strategic Planning Group which will develop the Strategic Plan for the IJB.
- The Strategic Plan will include the nationally determined performance measures and targets to meet the Outcomes, other national targets and local targets relating to the integrated functions. These will be developed and articulated through the process of preparing the Strategic Plan.
- The IJB will maintain and develop the Strategic Plan, updating the Plan at least every three years as required by the legislation.
- The IJB will prepare and publish an Annual Report as required by the legislation.

Performance Targets, Improvement Measures and Reporting Arrangements

The Parties will identify a core set of indicators that relate to health and social care services. These will be derived from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures that relate to the integration functions will be collated into a single suite of performance measures. This will be known as the Performance Framework.

The Performance Framework will be supported by information on the data gathering and reporting requirements for performance targets and improvement measures.

The Parties will share all performance information, targets and indicators and the supporting information with the IJB. The improvement measures will be a combination of existing and new measures that will allow assessment at local levels. The performance targets and improvement measures will be linked to the national and local Outcomes to assess the timeframe and the scope of change.

The Performance Framework will state where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or the Council this will be taken into account by the IJB when preparing the Strategic Plan.

The Performance Framework will be used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken into account by the IJB when preparing the Strategic Plan.

The Parties will provide support to the IJB for the Performance Framework and its development and the effective monitoring and reporting of targets and measures. The Performance Framework will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.

The Parties will provide the IJB with performance monitoring reports at least quarterly. These will include:

- Budget monitoring reports.
- Performance monitoring against the Outcomes, National Performance Targets, Key Performance Indicators and Local Improvement Targets.
- Monitoring reports for service development priorities set out in the Strategic Plan
- Risk management reports.
- Quality assurance including details of inspections and reviews of service delivery
- A summary of complaints handling and lessons learned.
- An Organisational Development summary report including information on key activities in the Integrated Workforce Plan and related Action Plans.

All performance reports relating to the integrated functions will be published by the IJB as required by legislation subject to the requirements of good information governance including compliance with Data Protection and Freedom of Information legislation.

Support for Strategic Planning

The Parties will provide support for strategic planning through their respective strategic planning and corporate services support systems. The detail of this will be set out in the Supplementary Documentation to the Integration Scheme.

The Parties will support the IJB to take account of the impact of its Strategic Plan on the arrangements set out in strategic plans of other IJBs.

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 data for the planned use of services by other Local Authorities for strategic planning purposes.

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

The Parties will co-ordinate support for the IJB with the strategic planning processes for the Council, the Health Board and Shetland Community Planning Partnership.

Corporate Services Support

The Parties will provide appropriate corporate services support to the IJB as required and negotiated between the IJB and the Parties. The detail of the agreement between the Parties and the IJB in this regard is set out in the Supplementary Documentation to the Integration Scheme.

The agreement will include, but not be limited to the following service areas:

- Finance
- HR
- ICT
- Capital programmes
- Administrative support
- Committee services
- Internal audit
- Performance management
- Risk
- Insurance.

A Support Services Action Plan will be maintained as part of the Supplementary Documentation to the Integration Scheme.

Corporate Services Support arrangements will be reviewed periodically as part of the budget setting and review processes for the IJB.

5. Clinical and Care Governance

This section of the Scheme sets out the arrangements which will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place.

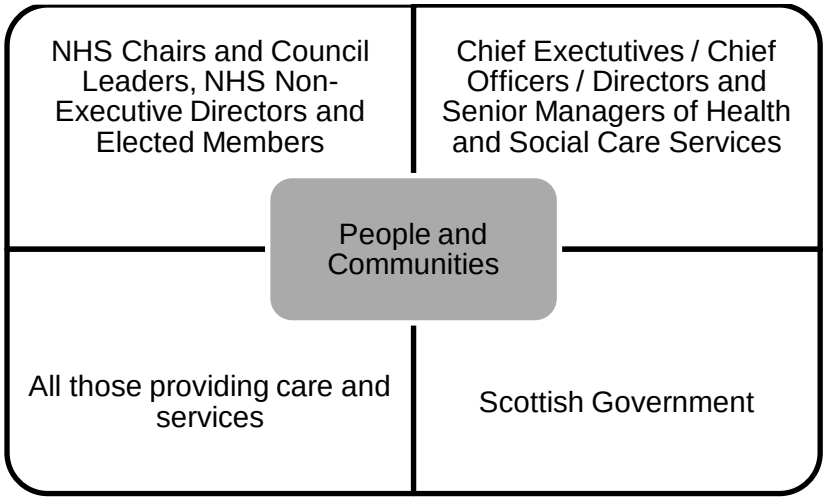
Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It creates a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone - built upon partnership and collaboration within teams and between health and social care professionals and managers.

The Parties have well established governance systems to provide governance oversight in terms of clinical and care governance, as well as assurance for professional accountabilities. These cover service responsibilities, staff governance and service user considerations and their scope will support the IJB in fulfilling its clinical and care governance responsibilities.

To deliver on the outcomes and principles, all staff will need to work in an integrated way to ensure that the different skills, experience, knowledge and perspectives they bring are best used and aligned to support the outcomes that individuals seek from the care and support they receive. This will be delivered through a clinical and care governance framework within which professionals and the wider workforce will operate and a clear understanding of the contributions and responsibilities of each person.

Established mechanisms are already in place for each professional group of staff and these will continue. The Integration Scheme's Clinical and Care Governance arrangements support staff to work together to deliver on shared priorities and objectives, where this requires co-ordination across a range of services, including the third sector.

This places people and communities at the centre of all activity in relation to the governance of clinical and care services, as shown in the diagram below.



Clinical and care governance arrangements will ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and care governance will provide assurance to patients, service users, clinical and care staff and managers, that:

- the quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services;
- the planning and delivery of services take full account of the perspective of patients and service users; and
- unacceptable clinical and care practice will be detected and addressed.

A key purpose of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that, wherever possible, poor performance is identified and addressed. All health and social care professionals will remain accountable for their individual clinical and care decisions.

Arrangements will ensure that the steps to support clinical and care governance and assurance are in place:

1. Information on the safety and quality of care is received.
2. Information is scrutinised to identify areas for action.
3. Actions arising from scrutiny and review of information are documented.
4. The impact of actions is monitored, measured and reported.
5. Information on impact is reported against agreed priorities.

The Parties will establish an agreed assurance framework and forum(s), based upon the governance and assurances processes that rest with each organisation and in line with the Scottish Government's Statutory Guidance, "Clinical and Care Governance Framework".

Details of the arrangements will be included in the Supplementary Documentation to the Integration Scheme and reviewed on a regular basis.

If at any time the IJB is not satisfied with the information or assurance that it receives from the Parties, or with the effectiveness of the arrangements, it may address the issues of concern by requesting a Party to take appropriate steps to revise its clinical and care governance systems, or by revising its own clinical and care governance systems.

6. The Chief Officer of the IJB

The IJB 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:

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

- 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 the Supplementary Documentation to the Integration Scheme. The management structure and levels of authority including the management of services in localities is summarised in the Supplementary Documentation to the Integration Scheme.

- The Chief Executives of the Council and the Health Board, at the request of the IJB and in conjunction with the Chief Officer where appropriate, will be 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.

- The Chief Officer and the Director for Acute Services will both sit on the Health Board Senior Management Team, and will establish joint arrangements to ensure effective working relationships across the whole health and care system.

7. Workforce

The Parties will 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 Membership and Terms of Reference of the Joint Staff Forum are set out in the Supplementary Documentation.

Workforce Planning and Development

The parties will continue to work together to produce an Integrated Workforce Plan in line with Scottish Government guidance which includes a 1 year plan for 2021-22, with a 3 year plan for the period 2022-25, and reviewed periodically thereafter.

A rolling programme of training and development is provided by the Parties to support the delivery of integrated services, taking a joint approach taken wherever possible. It is designed to be responsive to emerging training, learning and development needs and opportunities. Training is delivered both face to face where required with an increasing focus on developing and delivering eLearning to widen accessibility and availability.

A joint Health and Social Care Health and Safety Forum is chaired by the Chief Officer to monitor the performance of health and safety management of both Parties through regular reporting and analysis.

The Integrated Workforce Plan will form part of the Supplementary Documentation.

8. Finance

The detailed IJB Financial Regulations are an integral part of the Supplementary Documentation to the Integration Scheme. The Financial Regulations will be maintained in line with the latest legislation and guidance.

The Financial Regulations will be kept under review and updated annually. Work in this regard will be managed by a Local Partnership Finance Team (LPFT) as part of the Corporate Services Support arrangements for the IJB. The membership and terms of reference of the LPFT is included in the Financial Regulations.

The LPFT will support the Chief Officer and Chief Financial Officer of the IJB with all financial matters and processes including:

- Budget setting taking account of activity changes, cost inflation, savings, efficiencies and resource allocations both national and local and actual expenditure in previous years;
- The arrangements for over/under spends, virements, redeterminations and carry-forwards;
- Budget monitoring and management accounts reports;
- The arrangements for determining liability for IJB administration costs;
- The Internal Audit arrangements; and
- The use and treatment of assets.

Financial Management of the IJB

Both the Council and the Health Board will maintain financial ledgers for the services that the IJB has directed them to undertake. Their respective accounting systems will record all financial transactions that have been undertaken by their organisation in line with their respective Financial Regulations and Standing Orders. The Chief Executive of the Health Board, through its Director of Finance, and the Section 95 Officer of the Council will have ultimate responsibility for the financial management of these transactions.

The process for agreeing year end balances and in year transactions with regard to the delegated functions to allow the accounts for the Parties and the IJB to be completed on time is set out in the Supplementary Documentation to the Integration Scheme.

All financial transactions relating directly to the IJB itself, such as audit fees, will be recorded and maintained in the financial ledgers of the Council in a separate account set up for the IJB. The Chief Financial Officer of the IJB will have responsibility for the financial management of these transactions.

The preparation of the IJB's annual accounts will be undertaken each year by the Council in accordance with CIPFA's Code of Practice on Local Authority Accounting in the United Kingdom. The Chief Financial Officer of the IJB is responsible for ensuring that the accounts are prepared in line with statutory timetables, that they meet the requirements of section 39 of the Act and that they comply with proper accounting

practice.

The financial elements of the Strategic Plan and the reporting of financial matters relating to the IJB's activities will be the responsibility of the Chief Financial Officer, along with the Chief Officer. The Chief Executive of the Health Board and the Section 95 Officer of the Council will hold the Chief Financial Officer of the IJB to account for the use of the financial resources that have been allocated to the IJB for the delegated functions.

Payments to the IJB

The total budget for the delegated functions will be allocated to the IJB prior to the start of the financial year.

The IJB has a responsibility, with the local hospital, for planning services that are mostly used in an unscheduled way. The aim is to ensure that the IJB works across the health and care system to deliver the best, most effective care and support. Hospital services most commonly associated with unplanned care are therefore included in the IJB budget.

The budgets for the integrated services will be pooled by the IJB under the direction of the Chief Officer supported by the Chief Financial Officer of the IJB.

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 IJB in line with the agreed priorities set out in the Strategic Plan and any associated strategic planning documents. These detailed budget allocations will be contained in the legally binding Directions issued by the IJB to the Council and the Health Board.

Any incidental costs associated with the administration of the IJB will be met equally by the Council and the Health Board.

Financial Reporting to the IJB

Management accounts will be presented to the IJB Audit Committee and IJB at least quarterly subject to the agreement of the IJB to ensure that adequate financial monitoring can be performed. The Chief Financial Officer will be responsible for preparing and presenting the management accounts to the IJB. The content and format will be agreed between the IJB and the Parties.

Budget Setting

The Budget setting process will be undertaken in line with the IJB Financial Regulations.

Subject to any subsequent change in the funding allocation from the Scottish Government or other material change that would affect the budget, the Parties will set the budget that will be allocated to the IJB for the delegated functions by the end of the

calendar year prior to each new financial year due to start the following April.

The budget setting process will include the determination of the sum for acute services included in the Integration Scheme.

The budget setting process will include a due diligence process in line with the guidance issued by the Scottish Government in this regard. The process will be facilitated by the LPFT.

The final budget will be confirmed before the start of the relevant financial year subject to any constraints in this regard imposed by the budget allocation processes of the Scottish Government.

The Parties will each set the budget for the functions that are delegated by them respectively to the IJB taking account of inflation, efficiency/savings targets, local and national funding allocations, the Party's financial plans and strategies, demographic changes, the Strategic Plan, locality plans, actual expenditure in previous years and cost data.

Any further specific funding allocations with regard to the delegated functions that are made in year will be allocated to the IJB when they become available.

The annual planning cycles of the Health Board and the Council have been aligned for the purposes of the Act and are set out in the Supplementary Documentation.
This process includes the preparation of medium term service projections and financial plans.

Annual budgets are prepared by the Health Board and the Council as an integral part of this process.

The Council and the Health Board will each establish its own Budget Strategy for the short (one year), medium (three years) and longer term to reflect their service planning objectives and priorities; financial circumstances, inflation, spending forecasts and the allocation of resources from national and local sources.

The IJB will be advised of the Parties' Budget Strategies, the financial targets including savings plans and of the total budget allocation for the functions that are delegated by the Health Board and the Council to the IJB.

Detailed budget proposals will be prepared by the Parties' Budget Responsible Officers (BROs) in the relevant service areas in order to support the continuation of service delivery and the implementation of change management projects and / or service improvements as set out in the Strategic Plan and directed by the IJB.

The detailed budget proposals will be presented to the Strategic Planning Group and the IJB with recommendations with regard to the budget proposals in the context of the Strategic Plan and locality plans.

The IJB will be invited to make recommendations regarding the budget allocations for the delegated functions to the Council and the Health Board.

The Health Board and the Council will each set their budgets for the next financial year in line with the deadlines set out in the Integration Scheme having considered any recommendations made by the IJB.

The outcome of the formal budget setting process of the Council and the Health Board will be reported back to the IJB. The IJB will be asked to advise the Council and the Health Board of any changes that may be required to service plans and the Strategic Plan in light of the budget allocations approved by the Parties and any potential impact on the Outcomes.

Budgets and Localities

The budget allocations for each locality will be linked to locality plans as directed by the IJB and set out in the Strategic Plan.

Where appropriate, budgets for a range of community health and care services will be devolved to multi-disciplinary teams linked to the localities as directed by the IJB.

Budget Monitoring

The IJB budgets will be monitored through monthly reports for BROs and their managers and reports to the IJB Audit Committee and IJB at least quarterly or as agreed by the IJB.

Budget monitoring reports will include relevant background information and explanations of any material budgetary variances, over or under spends, end of year projections and details of any corrective action taken or recommended by the Parties.

Changes to IJB Budgets

The Chief Officer will deliver the Outcomes within the financial resources allocated for the delegated functions.

Changes to the budgets allocated for the delegated functions may be required due to, for example, a change in the funding allocation from the Scottish Government or a specific / ring-fenced funding allocation, variation or other material change to the budgets set by the Parties. Any proposal to change the budget allocated by the Parties for a delegated function must be reported to the IJB and the Parties as appropriate for their agreement.

The Chief Officer will be able to make any changes required within the allocated budgets for the integrated services managed by him/her in accordance with the appropriate Financial Regulations and Standing Orders in order to deliver the Outcomes as directed by the IJB. The Chief Financial Officer and the LPFT will provide support for the Chief Officer in this process.

Changes to the delegated hospital budgets will be made where there is an agreed planned change with detailed information regarding where additional funding is to be deployed and how funding will be released to fund the change. This will be determined through the strategic planning process involving all stakeholders including the hospital sector as set out in the Regulations and Integrated Resources Advisory Group (IRAG) Finance Guidance.

Over/ Under Spends

Any over/under spend affecting the budgets allocated for the delegated functions will be addressed initially by the BRO whose budget is directly affected in accordance with the relevant Party's Financial Regulations, Standing Orders and Scheme of Delegation having discussed the matter with the Chief Officer and the Chief Financial Officer of the IJB with regard to the budget allocations for the delegated functions.

The Chief Officer and Chief Financial Officer will be responsible for reporting on over and under spends to the IJB as required and determined by the IJB.

Over Spends

Where there is a forecast over spend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board will work with the LPFT and the appropriate finance officers of the Parties to agree a recovery plan to balance the overspending budget. The recovery plan shall be subject to the approval of the IJB.

If the recovery plan is not successful the Chief Officer and the Chief Financial Officer will work with the LPFT to develop options to address the overspend which may include the option of requesting one-off additional payments from the Council and/or Health Board. These additional payments may have to be repaid in future years and may therefore affect subsequent IJB funding allocations.

Under Spends

Where there is a planned, forecast, under spend on an element of the operational budget due to agreed changes in line with the Strategic Plan, this will be retained by the IJB to either fund other service areas in-year in line with the Strategic Plan or be carried forward to fund services in subsequent years of the Strategic Plan.

Any windfall under spend will be returned to the Council and/or the Health Board in line with the original budget allocation unless otherwise agreed by all Parties.

Carry-Forwards

The Chief Officer and Chief Financial Officer will work with the LPFT on any proposals for carry-forwards with regard to year end balances for budgets allocated to the IJB. Proposed carry-forwards will be processed in line with the relevant Party's Financial Regulations, Standing Orders and policies and procedures on carry-forwards.

Virements

Virements will be processed by the Parties as required in accordance with their respective Financial Regulations and Standing Orders. The LPFT will provide support for the Chief Officer, the Chief Financial Officer and BROs in this process.

Capital Expenditure

Capital budgets are not delegated to the IJB but may be considered as part of the wider planning arrangements. Capital management remains the responsibility of the Council and Health Board but reports will be shared with the IJB where they are pertinent to the IJB Strategic Commissioning Plan.

Procurement

The procurement arrangements and processes for purchasing services to discharge the delegated functions together with details of all services outsourced with regard to the delegated functions are set out in the Joint Procurement Strategy which is included in the Supplementary Documentation to the Integration Scheme.

Formal procurement arrangements, contracts and SLAs will be entered into by either the Council or the Health Board using the appropriate Standing Orders and Financial Regulations.

Assets

Capital and assets will continue to sit with the Parties who will maintain inventories of all assets used to support and provide services that are under the direction of the IJB. The Parties will provide information to the IJB regarding the use of assets as required.

A protocol for the use of shared premises is included in the Supplementary Documentation to the Integration Scheme.

The IJB will be required to develop a Business Case for any planned investment or change in use of assets for consideration and agreement by the Parties, in line with national standards and best practice.

Internal Audit

Internal Audit functions for the work of the IJB will be provided through the Council's Internal Audit Service.

9. Participation and Engagement

Aim

The Parties agreed aim in this context is:-

> *"To listen and respond to community needs and aspirations; to share knowledge and information appropriately with all stakeholders in a timely manner."*

We will communicate and engage with stakeholders about the issues which do or may impact on them – our strategies, services, policies, intentions and decisions. This includes information on who we are, what we do and how people can get involved.

We will use a range of mechanisms, methods and approaches to inform, listen to and work with people and these will continue to be developed to ensure they meet the needs of our varied communities.

Communicating and engaging with people, empowering them to do more to improve their own health and wellbeing and actively involving them in decision making and in service planning, design and delivery, is central to enabling health and social care services to be more responsive in meeting the needs of our communities and to improving the quality of life of our citizens.

Among the benefits are:

- Increased awareness and understanding of services and how they operate;
- People are more active participants in managing their own health and wellbeing;
- People can build on existing skills and develop new ones by becoming involved, increasing confidence and self-esteem;
- People who use services receive new and better services that have changed and improved in response to their involvement;
- Increased community participation and capacity building;
- Improved reputation through recognition that service users will have a positive experience;
- Services will be more effective, more responsive, better targeted and received;
- Constructive working relationships between organisations and the public with decisions more likely to be seen positively by those who have had a stake in making them;
- Opportunities for collaborative commissioning and delivery of services;
- Staff who feel engaged in the work they do and so strive for continuous improvement.

Communication describes the channels, methods and messages we use to promote our work; manage our reputation as an organisation; raise awareness of and support engagement in our activities; and establish a two-way dialogue with our stakeholders.

Engagement is the term used to describe all the activities designed to gather, understand and act on the experiences, views, aspirations and priorities of stakeholders. It is the ongoing and informed joint working which gives people opportunities to contribute to and lead on local decision making, the implementation of change and improved service delivery.

Community engagement is used to describe: a geographical area; a community of interest which brings together people who share a particular interest or experience; or a community defined by how people identify themselves or how they may be identified by others such as those of protected characteristics including age, disability, race and religion.

There are a number of progressive levels of engagement. Each requires a different commitment from those involved. Stakeholders may want to engage at different levels and at different times. We recognise the importance of people having opportunities to engage in ways which suit them and to shift between the levels as they wish. For example, some people want to receive information and be kept informed, others want a means of sharing their thoughts and experiences with us, while some people want to be actively engaged in shaping new service models and decision making.

We strive to be as inclusive as possible in our reach to ensure that individuals or groups whose voices are not traditionally as strongly heard or represented are identified and involved so we do not miss out on their contribution.

We will use a variety of tools and mechanisms to do this, the detail of which will be included in a Communication and Engagement Strategy and Communications Plan which is part of the Supplementary Documentation and which will be subject to regular review.

The Parties agree to provide support to the IJB to facilitate ongoing engagement with key stakeholders, including patients and service users, carers and Third Sector representatives.

The Parties will support the IJB to undertake all consultation and engagement activities as required by the Act.

10. Information-Sharing and Data Handling.

Under the Public Records (Scotland) Act 2011, the IJB has an approved a Records Management Plan (RMP), which ensures compliance with the requirements of the Act, and gives assurance that the information management procedures of integrated services will be managed effectively by the Parties through their respective RMPs.

An agreed Shetland Data Sharing Policy provides a framework for the legitimate, secure and confidential sharing of personal data within and between Shetland's community planning partner organisations in Shetland (NHS Shetland, Shetland Islands Council, Police Scotland and Voluntary Action Shetland). The policy also applies where there is a need to share data with non-Partner Organisations. The Policy provides a template for producing Individual Sharing Procedures, and a number of such procedures are in place. Both Parties are signatories to the Shetland Data Sharing Policy.

The IJB RMP includes a commitment to developing further improvements relating to information governance, and the Parties continue to develop information technology systems and procedures to enable information to be shared appropriately and effectively.

The IJB Records Management Plan and the Shetland Data Sharing Policy form part of the Supplementary Documentation to the Integration Scheme.

11. Complaints

People who use services provided in pursuance of integration functions will continue to make complaints to either Party. Both organisations have in place well publicised, clearly explained and accessible complaints procedures that allow for timely recourse and signpost independent advocacy services, where relevant.

Complaints about the delivery of an integration function may be made to, and dealt with by, the Party which is required to deliver that function in pursuance of a direction issued by the IJB or (in a case where the direction is issued in respect of a given function to both constituent authorities jointly) to either of those constituent authorities.

The Parties will work with the Chief Officer to ensure the arrangements for complaints and feedback about integrated health and social care services are clear and integrated from the perspective of the service user and in line with best practice

The detail of the agreed joint arrangements between the Parties and the IJB in this respect are set out in the Supplementary Documentation to the Integration Scheme.

12. Claims Handling, Liability & Indemnity

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

The IJB, while having legal personality in its own right, has neither replaced nor assumed the rights of or the responsibilities of either the Council or the Health Board as the employers of the staff who are managed within Shetland Islands Health and Social Care Partnership; or for the operation of buildings or services under the operational remit of those staff.

The Parties will continue to indemnify, insure and accept responsibility for the Partnership staff that they each employ; their particular capital assets that the Partnership delivers services from or with; and the respective services themselves that each Party has delegated to the IJB.

The Parties will each remain separately responsible for any contracts entered into by them.

13. Risk Management

A shared risk management framework for the Parties and the IJB will be established.

The Risk Management arrangements will identify, assess and prioritise risks related to the delivery of the Strategic Plan.

In developing a shared risk management framework, the Parties and the IJB will work together, supported by the shared arrangements for the provision of Corporate Services, to enable the IJB to fully discharge its duties in relation to risk management.

The Parties through the Chief Officer will inform the IJB of any corporate risks of the Parties that are relevant to the IJB.

The Chief Officer will maintain the risk framework for all functions delegated by the Parties to the IJB and share risk information with the Parties.

The Chief Officer, with the Parties, will establish effective and efficient management systems and reporting arrangements for all aspects of risk management.

The Chief Officer will report regularly to the IJB on the Risk Register, the status of each of the risks and any mitigation measures required to manage the risks.

The detailed arrangements for Risk Management are contained in the Supplementary Documentation.

The Risk Management Strategy and associated action plans will be included in the Supplementary Documentation to the Integration Scheme.

14. Dispute resolution mechanism

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

(a) The Chief Executives of the Council and the Health Board will meet to resolve the issue.

(b) If unresolved, the Council and the Health Board will each prepare a written note of their position on the issue and exchange it with the other Party for its consideration within 10 working days of the date of the decision to proceed to this stage of written submissions.

(c) In the event that the issue remains unresolved following consideration of the written submissions by the Parties' Chief Executives, the Parties' Chief Executives, the Leader of the Council and the Chair of the Health Board will meet to appoint an independent mediator and the matter in dispute will proceed to mediation with a view to resolving the issue. Any costs of mediation will be shared in a proportion to be agreed between the Parties' Chief Executives.

Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached:

1. the Parties' Chief Executives will write a letter jointly to Scottish Ministers stating the issue(s) under dispute and requesting that the Scottish Ministers give directions with regard to the issue(s) in dispute; and
2. all documentation and a timeline showing the process followed to attempt to resolve the dispute locally will be sent to Scottish Ministers with the letter.

Effective relationships and problem solving are supported on an informal basis through the Liaison Group, where representatives and staff from each organisation can come together to address key issues, as they arise.

Annex 1
Part 1

Functions that are to be delegated by the Health Board to the IJB

Functions prescribed for the purposes of section 1(8) of the Act

Column A	***Column B***
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or or by virtue of— section 2(7) (Health Boards); section 9[1] (local consultative committees); section 17A[2] (NHS contracts); section 17C[3] (personal medical or dental services); section 17J[4] (Health Boards' power to enter into general medical services contracts); section 28A[5] (remuneration for Part II services); section 48[6] (residential and practice accommodation); section 57[7] (accommodation and services for private patients); section 64[8] (permission for use of facilities in private practice); section 79[9] (purchase of land and moveable property); section 86[10] (accounts of Health Boards and the Agency); section 88[11] (payment of allowances and remuneration to members of certain bodies connected with the health services); paragraphs 4, 5, 11A and 13 of Schedule 1[12] (Health Boards);
	and functions conferred by— The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000[13]; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001[14], The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004[15]; [The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018][16][17] The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006[18]; The National Health Service (Discipline Committees) (Scotland) Regulations 2006[19]; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009[20];

	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009[21]; and The National Health Service (General Dental Services) (Scotland) Regulations 2010[22].
Disabled Persons (Services, Consultation and Representation) Act 1986[23]	
Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by section 22 (approved medical practitioners).
Education (Additional Support for Learning) (Scotland) Act 2004	Section 23 (other agencies etc. to help in exercise of functions under this Act)
Public Health etc. (Scotland) Act 2008	Section 2 (duty of Health Boards to protect public health)
	Section 7 (joint public health protection plans)
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by— section 31 (Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.	
[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.	][24]
[Carers (Scotland) Act 2016	
Section 12	
(duty to prepare young carer statement)	
Section 31	
(duty to prepare local carer strategy)][25]	

Notes

1 As relevantly amended by the National Health Service and Community Care Act 1990 (c.19), section 29(5) and the Health Act 1999 (c.8), Schedule 4.

2 Section 17A was inserted by the National Health Service and Community Care Act 1990 (c.19) and was relevantly amended by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2; the Health Act 1999 (c.8), Schedules 4 and 5; the Health and Social Care (Community Health and Standards) Act 2003 (c.43), Schedule 14; the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 17; and the Health and Social Care Act 2012 (c.7), Schedule 21.

3 Section 17C was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 21 and relevantly amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 2.

4 Section 17J was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4.

5 Section 28A was inserted by the Health Act 1999 (c.8), section 57.

6 The functions of the Secretary of State under section 48 are conferred on Health Boards by virtue of S.I. 1991/570.

7 Section 57 was substituted by the Health and Medicines Act 1988 (c.49), section 7(11), and relevantly amended by the National Health Service and Community Care Act 1990 (c.19), Schedules 9 and 10. The functions of the Secretary of State under section 57 are conferred on Health Boards by virtue of S.I. 1991/570.

8 The functions of the Secretary of State under section 64 are conferred on Health Boards by virtue of S.I. 1991/570.

Notes

9 As relevantly amended by the Health and Social Services and Social Security Adjudications Act 1983 (c.41), Schedule 7. National Health Service and Community Care Act 1990 (c.19), Schedule 9, the Requirements of Writing (Scotland) Act 1995 (c.7), Schedule 5 and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1. The functions of the Secretary of State under section 79 are conferred on Health Boards by virtue of S.I.1991/570.

10 As relevantly amended by the National Health Service and Community Care Act 1990 (c.19), section 36(6) and the Public Finance and Accountability (Scotland) Act 2000 (asp 1), schedule 4.

11 The functions of the Secretary of State under section 88(1)(e) and (2)(d) are conferred on Health Boards by virtue of S.I. 1991/570. There are no amendments to section 88 relevant to the exercise of these functions by a Health Board.

12 Paragraph 4 of Schedule 4 was substituted by the Health Boards (Membership and Elections) (Scotland) Act 2009 (asp 5), schedule 1. Paragraph 5 of Schedule 1 was amended, and paragraph 11A of Schedule 1 inserted, by the Health Services Act 1980 (c.53), Schedule 6.

13 To which there are amendments not relevant to the exercise of a Health Board's functions .

14 To which there are amendments not relevant to the exercise of a Health Board's functions.

15 As relevantly amended by S.S.I. 2004/216;S.S.I. 2006/136; S.S.I. 2007/207 and S.S.I. 2011/392.

16 Words substituted by National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018/67 (Scottish SI) Sch.8 para.6(2) (April 1, 2018)

17 As relevantly amended by S.S.I. 2004/217; S.S.I. 2010/395; and S.S.I. 2011/55.

18 As relevantly amended by S.S.I. 2007/193; S.S.I. 2010/86; S.S.I. 2010/378 and S.S.I. 2013/355.

19 Amended by S.S.I 2009/183; S.S.I. 2009/308; S.S.I. 2010/226; S.I. 2010/231 and S.S.I. 2012/36.

20 To which there are amendments not relevant to the exercise of a Health Board's functions.

21 As relevantly amended by S.S.I. 2009/209; S.S.I. 2011/32; and S.S.I. 2014/148.

22 As relevantly amended by S.S.I. 2004/292 and S.S.I 2010/378.

23 Section 7 is relevantly amended by S.I. 2013/2341.

24 Entry inserted by Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2016/15 (Scottish SI) reg.2(2) (August 31, 2016)

25 Entry inserted by Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Amendment Regulations 2017/381 (Scottish SI) reg.2 (December 18, 2017)

Health; Local government; Social welfare

Column A	*Column B*	
The National Health Service (Scotland) Act 1978		
The National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB[1] (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I[2] (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38[3] (care of mothers and young children); section 38A[4] (breastfeeding); section 39[5] (medical and dental inspection, supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation); section 55[6] (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A[7] (remission and repayment of charges and payment of travelling expenses); section 75B[8] (reimbursement of the cost of services provided in another EEA state); section 75BA[9] (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);	

	section 79 (purchase of land and moveable property); section 82[10] use and administration of certain endowments and other property held by Health Boards); section 83[11] (power of Health Boards and local health councils to hold property on trust); section 84A[12] (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98[13] (charges in respect of nonresidents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);	
	and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989[14]; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; 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][15]; 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[16].	
Disabled Persons (Services, Consultation and Representation) Act 1986		
Section 7		
(persons discharged from hospital)		
Community Care and Health (Scotland) Act 2002		
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.		
Mental Health (Care and Treatment) (Scotland) Act 2003		

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: co-operation)[17]; section 38 (duties on hospital managers: examination, notification etc.)[18]; section 46 (hospital managers' duties: notification)[19]; section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281[20] (correspondence of certain persons detained in hospital);	
	and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005[21]; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005[22]; The Mental Health (Use of Telephones) (Scotland) Regulations 2005[22]; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008[22].	
Education (Additional Support for Learning) (Scotland) Act 2004		
Section 23		
(other agencies etc. to help in exercise of functions under this Act)		
Public Services Reform (Scotland) Act 2010		
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31 (public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).	
Patient Rights (Scotland) Act 2011		
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36[23].	

Notes

1 Section 2CB was inserted by S.S.I. 2010/283, regulation 3(2) (as section 2CA) and re-numbered as section 2CB by S.S.I. 2013/292, regulation 8(2).

2 Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the

Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

3 The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

4 Section 38A was inserted by the Breastfeeding etc. (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

5 Section 39 was relevantly amended by the Self Governing Schools etc. (Scotland) Act 1989 (c.39)Schedule 11; the Health and Medicines Act 1988 (c.49)section 10 and Schedule 3, and the Standards in Scotland's Schools etc. Act 2000 (asp 6), schedule 3.

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

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

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

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

10 Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 4), section 10(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

11 There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

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

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

14 As amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/445; S.S.I. 2005/572; S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

15 Words substituted by National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018/67 (Scottish SI) Sch.8 para.6(3) (April 1, 2018)

16 To which there are amendments not relevant to the exercise of a Health Board's functions.

17 There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

18 Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 ("the 2003 Act") provides a definition of "managers" relevant to the functions of Health Boards under that Act.

19 Section 46 is amended by S.S.I. 2005/465.

20 Section 281 is amended by S.S.I. 2011/211.

21 To which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

22 Section 329(1) of the 2003 Act provides a definition of "managers" relevant to the functions of Health Boards.

23 Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of *"relevant NHS body"* relevant to the exercise of a Health Board's functions.

Annex 1

PART 2

Services currently provided by NHS Shetland which are to be integrated

Interpretation of this Part 2 of Annex 1

In this part—

"Allied Health Professional" means a person registered as an allied health professional with the Health Professions Council;

"general medical practitioner" means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

"general medical services contract" means a contract under section 17J of the National Health Service (Scotland) Act 1978;

"hospital" has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

"inpatient hospital services" means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

"out of hours period" has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004([25]); and

"the public dental service" means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

Part 2A

Provision for people over the age of 18

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

a) the function is exercisable in relation to the persons of at least 18 years of age;

b) the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed at numbers 1 to 6 below; and

c) the function is exercisable in relation to the following health services:

1. Accident and Emergency services provided in a hospital.

2. Inpatient hospital services relating to the following branches of medicine—

([25]) S.S.I. 2004/115.

(a) general medicine;

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

3. Palliative care services provided in a hospital.

4. Inpatient hospital services provided by General Medical Practitioners.

5. Services provided in a hospital in relation to an addiction or dependence on any substance.

6. Mental health services provided in a hospital, except secure forensic mental health services.

7. District nursing services.

8. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

9. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

10. The public dental service.

11. 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([26]).

12. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([27]).

13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([28]).

14. 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([29]).

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(26) Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

(27) Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

(28) Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

(29) Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products:

15. Services providing primary medical services to patients during the out-of-hours period.

16. Services provided outwith a hospital in relation to geriatric medicine.

17. Palliative care services provided outwith a hospital.

18. Community learning disability services.

19. Mental health services provided outwith a hospital.

20. Continence services provided outwith a hospital.

21. Kidney dialysis services provided outwith a hospital.

22. Services provided by health professionals included in Part 2A that aim to promote public health.

Part 2B

NHS Shetland has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

Provision for people under the age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:
a) the function is exercisable in relation to persons of less than 18 years of age; and
b) the function is exercisable in relation to the following health services:

23. Primary Medical Services and General Medical Services (including GP Pharmaceutical services)

24. General Dental Services, Public Dental Services

25. General Ophthalmic Services

26. General Pharmaceutical Services

27. Out of Hours Primary Medical Services

28. Learning Disabilities

29. Allied Health Professional Services

30. Services provided by health professionals included in part 2B that aim to promote public health.

Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Annex 2
Part 1

Functions that are to be delegated by the Council to the IJB

Health; Local government; Social welfare

Column A	***Column B***
Enactment conferring function	***Limitation***
National Assistance Act 1948[1]	
Section 48	
(duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958[2]	
Section 3	
(provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968[3]	
Section 1	So far as it is exercisable in relation to another integration function.
(local authorities for the administration of the Act)	
Section 4	So far as it is exercisable in relation to another integration function.
(provisions relating to performance of functions by local authorities)	
Section 8	So far as it is exercisable in relation to another integration function.
(research)	
Section 10	So far as it is exercisable in relation to another integration function.
(financial and other assistance to voluntary organisations etc. for social work)	
Section 12	Except in so far as it is exercisable in relation to the provision of housing support services.
(general social welfare services of local authorities)	
Section 12A	So far as it is exercisable in relation to another integration function.
(duty of local authorities to assess needs)	
Section 12AZA	So far as it is exercisable in relation to another integration function.
(assessments under section 12A - assistance)	
[...][4]	
Section 13	
(power of local authorities to assist persons in need in disposal of produce of their work)	
Section 13ZA	So far as it is exercisable in relation to another integration function.
(provision of services to incapable adults)	
Section 13A	
(residential accommodation with nursing)	
Section 13B	
(provision of care or aftercare)	
Section 14	
(home help and laundry facilities)	
Section 28	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
(burial or cremation of the dead)	
Section 29	

(power of local authority to defray expenses of parent, etc., visiting persons or attending funerals)	
Section 59	So far as it is exercisable in relation to another integration function.
(provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)	
The Local Government and Planning (Scotland) Act 1982[5]	
Section 24(1)	
(The provision of gardening assistance for the disabled and the elderly)	
Disabled Persons (Services, Consultation and Representation) Act 1986[6]	
Section 2	
(rights of authorised representatives of disabled persons)	
Section 3	
(assessment by local authorities of needs of disabled persons)	
Section 7	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.
(persons discharged from hospital)	
Section 8	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.
(duty of local authority to take into account abilities of carer)	
The Adults with Incapacity (Scotland) Act 2000[7]	
Section 10	
(functions of local authorities)	
Section 12	
(investigations)	
Section 37	Only in relation to residents of establishments which are managed under integration functions.
(residents whose affairs may be managed)	
Section 39	Only in relation to residents of establishments which are managed under integration functions.
(matters which may be managed)	
Section 41	Only in relation to residents of establishments which are managed under integration functions.
(duties and functions of managers of authorised establishment)	
Section 42	Only in relation to residents of establishments which are managed under integration functions.
(authorisation of named manager to withdraw from resident's account)	
Section 43	Only in relation to residents of establishments which are managed under integration functions.
(statement of resident's affairs)	
Section 44	Only in relation to residents of establishments which are managed under integration functions.
(resident ceasing to be resident of authorised establishment)	
Section 45	Only in relation to residents of establishments which are managed under integration functions.
(appeal, revocation etc)	
The Housing (Scotland) Act 2001[8]	
Section 92	Only in so far as it relates to an aid or adaptation.
(assistance for housing purposes)	
The Community Care and Health (Scotland) Act 2002	
Section 5	
(local authority arrangements for residential accommodation outwith Scotland)	
Section 14	
(payments by local authorities towards expenditure by NHS bodies on prescribed functions)	
The Mental Health (Care and Treatment) (Scotland) Act 2003[9]	
Section 17	
(duties of Scottish Ministers, local authorities and others as respects Commission)	
Section 25	Except in so far as it is exercisable in relation to the provision of housing support services.
(care and support services etc)	

Section 26	Except in so far as it is exercisable in relation to the provision of housing support services.
(services designed to promote well-being and social development)	
Section 27	Except in so far as it is exercisable in relation to the provision of housing support services.
(assistance with travel)	
Section 33	
(duty to inquire)	
Section 34	
(inquiries under section 33: Co-operation)	
Section 228	(request for assessment of needs: duty on local authorities and Health Boards)
Section 259	(advocacy)
The Housing (Scotland) Act 2006[10].	
Section 71(1)(b)	Only in so far as it relates to an aid or adaptation.
(assistance for housing purposes)	
The Adult Support and Protection (Scotland) Act 2007[11]	
Section 4	
(council's duty to make inquiries)	
Section 5	
(co-operation)	
Section 6	
(duty to consider importance of providing advocacy and other services)	
Section 11	
(assessment Orders)	
Section 14	
(removal orders)	
Section 18	
(protection of moved persons property)	
Section 22	
(right to apply for a banning order)	
Section 40	
(urgent cases)	
Section 42	
(adult Protection Committees)	
Section 43	
(membership)	
Social Care (Self-directed Support) (Scotland) Act 2013	
[...][12]	
Section 5	
(choice of options: adults)	
Section 6	
(choice of options under section 5: assistances)	
Section 7	
(choice of options: adult carers)	
Section 9	
(provision of information about self-directed support)	
Section 11	
(local authority functions)	
Section 12	
(eligibility for direct payment: review)	
Section 13	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
(further choice of options on material change of circumstances)	
Section 16	
(misuse of direct payment: recovery)	
Section 16	
(misuse of direct payment: recovery)	
Section 19	
(promotion of options for self-directed support)	
[Carers (Scotland) Act 2016[14]	
[Section 6	
(duty to prepare adult carer support plan)	][15]

Section 21	
(duty to set local eligibility criteria)][13]	
[Section 24	
(duty to provide support)	
Section 25	
(provision of support to carers: breaks from caring)	
Section 31	
(duty to prepare local carer strategy)	
Section 34	
(information and advice service for carers)	
Section 35	
(short breaks services statements)	][15]

Notes

1 Section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10)schedule 2, paragraph 1.

2 Section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.29), schedule 15; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

3 Section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), Schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), Schedule 10; S.S.I. 2005/465 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), Schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 120(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), Schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), Schedule 10 and the 1990 Act, Schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, Schedule 4. Section 29 was amended by the 1995 Act, Schedule 4. Section 59 was amended by the 1990 Act, Schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

4 Words revoked by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg.3(2)(a) (April 1, 2018)

5 Section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13.

6 There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

7 Section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; and the Adult

Notes

Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

8 Section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

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

10 Section 71 was amended by the Housing (Scotland) Act 2010 (asp 17), section 151

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

12 Words revoked by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg.3(2)(b)(ii) (April 1, 2018)

13 Entry inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017/190 (Scottish SI) reg.2(2) (June 16, 2017)

14 Section 21 was inserted into the schedule of the Public Bodies (Joint Working) (Scotland) Act 2014 by paragraph 6 of the schedule of the Carers (Scotland) Act 2016 (asp 9).

15 Items inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017/449 (Scottish SI) reg.3(2)(c) (December 13, 2017)

Health; Local government; Social welfare

Column A	***Column B***
Enactment conferring function	***Limitation***
The Community Care and Health (Scotland) Act 2002	
Section 4[1]	
The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002[2]	

Notes

1 Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

2 As amended by S.S.I. 2005/445.

These Regulations prescribe certain functions of local authorities for the purpose of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act"), and make amendments to the schedule to the Act.

The Act requires Health Boards and local authorities to agree arrangements for joint working in their area in relation to certain of their statutory functions. This will have the effect that adult health and social care services, and certain other health and social care services, are provided, in all local authority areas, in a way which is integrated from the point of view of a person using those services. These joint working arrangements will involve the delegation of functions by a local authority, or by the Health Board, or both. Where a local authority is to delegate functions it must delegate the prescribed functions and may also delegate additional functions as provided for by section 1(5) of, and the schedule to, the Act.

Regulation 2(1) introduces the schedule to the Regulations, column A of which contains a list of functions which are prescribed for the purpose of section 1(7) of the Act. Section headings for each enactment conferring prescribed functions are given in brackets for illustrative purposes. Regulation 2(2) describes the effect of the limitations on the prescription of certain functions which are set out in column B of the schedule. The prescribed functions may be broadly described as relating to social care services provided by local authorities. The effect of prescribing these functions is that in every local authority area in Scotland, the statutory functions relating to adult social care services will be held by the same body as holds statutory functions relating to adult primary and community health services.

The social care services that are provided under the prescribed functions include social work services for adults, including adults with physical disabilities or learning disabilities, social work services for older people, mental health services, drug and alcohol support services, adult protection services, health improvement services and aspects of housing support services.

Regulation 3 makes amendments to remove certain enactments from the schedule to the Act. The effect of these amendments is that the functions conferred by enactments removed from the schedule, which relate to the setting of charges for social care services, will not be able to be delegated by a local authority as part of the joint working arrangements prepared under the Act.

Annex 2
Part 2

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

Social work services for adults and older people
Services and support for adults with physical disabilities and learning disabilities
Mental health services
Drug and alcohol services
Adult protection and domestic abuse
Carers support services
Community care assessment teams
Support services
Care home services
Adult placement services
Health improvement services
Housing support that is delivered as an integral part of the jointly managed services
Day services
Local area co-ordination
Respite provision
Occupational therapy services
Equipment, aids and adaptations
Re-ablement services, equipment and Telecare
Justice Social Work Services