



Health and Social Care Integration

Integration Scheme between East Ayrshire Council and NHS Ayrshire & Arran

Introduction

Aims and Outcomes of the Integration Scheme Regulations

The main purpose of integration is to improve the wellbeing of families, our communities and 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.

In East Ayrshire integration is also intended to support the Community Planning Partnership in addressing the overall wellbeing agenda including tackling inequalities, and in particular health inequalities, as outlined below.

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 Public Bodies (Joint Working) (Scotland) Act 2014 (hereinafter referred to as “the Act”) namely:

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 services.

NHS Ayrshire and Arran and East Ayrshire Council have agreed that Children's and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included :

National Outcomes for Children are:-

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

National Outcomes and Standards for Social Work Services in the Criminal Justice System are:-

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

The vision for the integration of health and social care is to produce better outcomes for people through services that are planned and delivered seamlessly from the perspective of the patient, service user or carer. This is supported by the Integration Planning and Delivery Principles detailed in section 4 and section 31 of the Act which set out how services should be planned and delivered to achieve the National Outcomes. These Outcomes must be at the heart of planning for the population and embed a person centred approach, alongside anticipatory and preventative care planning. In this context, the vision for the East Ayrshire Health and Social Care

Partnership is:

- Working together with all of our Communities to improve and sustain well-being, care and promote equity

Integration Scheme

The Parties:

East Ayrshire Council, a local authority established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at London Road, Kilmarnock, KA3 7BU (hereinafter referred to as “the Council”).

And

Ayrshire and Arran Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (as amended) (operating as “NHS Ayrshire and Arran”) and having its principal office at Eglinton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB (hereinafter referred to as “NHS Board”) (together referred to as “the Parties”)

1 Definitions And Interpretation

- 1.1 “**The Act**” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “**Acute Services**” means the following services of the NHS Board delivered within the acute hospitals at University Hospital Ayr and University Hospital Crosshouse for which the Director for Acute Services of the NHS Board has operational management responsibility, namely accident and emergency; general medicine; geriatric medicine; rehabilitation medicine; respiratory medicine; and palliative care. These are the services in scope for the delegated acute functions and associated Set Aside budget;
- “**Appropriate Person**” means a member of the NHS Board, but does not include any person who is both a member of the NHS Board and a councillor;
- “**Chairperson**” means the Chairperson of the Integration Joint Board;
- “**The Chief Officer**” means the Chief Officer of the Integration Joint Board and is defined in Part 7 “Chief Officer”;
- “**The Chief Finance Officer**” means the Accountable Officer for financial

management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic and operational financial advice and support to the Integration Joint Board and Chief Officer;

“Data Dictionary” means a resource which provides a list of measures and indicators for use within a partnership performance framework;

“Health and Social Care Partnership” is the name given to the Parties' service delivery organisation for functions which have been delegated to the Integration Joint Board;

“Health Leads” means individuals who have the professional lead for their respective healthcare profession(s) within the Health and Social Care Partnership;

“HEAT” means Health Improvement, Efficiency, Access, Treatment – NHS National Targets and Measures;

“Independent Sector” means for profit non governmental or private agencies;

“Integration Joint Board”/“The Board” means the Integration Joint Board to be established by Order under section 9 of the Act;

“Integrated Services” means services of the Parties delivered in a Health and Social Care Partnership for which the Chief Officer has operational management responsibility;

“Lead Partner” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the NHS Board areas;

“Lead Partnership Services” means those services of the Parties more specifically detailed in clause 3.3 and Annex 3 hereof which, subject to consideration by the Ayrshire Integration Joint Boards through the Strategic Plan process, the Parties agree will be managed and delivered on a pan Ayrshire basis by a single Integration Joint Board;

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

“The Parties” means East Ayrshire Council and the NHS Board;

“Regional Services” means tertiary health care services that are delivered

to populations across the region, by one or more NHS Board on behalf of the all NHS Boards within that region;

“**Scheme**” means this Integration Scheme;

“**Services**” means those services of the Parties which are delegated to the Integration Joint Board as more specifically detailed in clause 3 hereof;

“**Set Aside**” means the financial amounts to be made available for planning purposes by the NHS Board to the Integration Joint Board in respect of Acute Services;

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

“**Strategic Plan for Acute Services**” means the Strategic Plan prepared for integrated, non-integrated and Regional Services within the University Hospital Ayr and University Hospital Crosshouse;

“**Third Sector**” means organisations which are voluntary and not for profit.

1.2 The following clauses are not part of the Integration Scheme but are provided for contextual information:

2.4.3, 3.3, 4.1.1, 4.1.2, 4.1.5, 4.3.1 and 5.1.

1.3 WHEREAS in implementation of their obligations under section 2(3) of the Public Bodies (Joint Working)(Scotland) Act 2014 the Parties are required to jointly prepare an Integration Scheme for the area of the Local Authority setting out the information required under section 1(3) of the Act and the prescribed information listed in the Public Bodies (Joint Working)(Integration Scheme)(Scotland) Regulations 2014 (SSI number 341) therefore in implementation of these duties the Parties agree as follows:

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place for the East Ayrshire Council area, namely the delegation of functions by the Parties to a body corporate that is to be established by

Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2 Local Governance Arrangements

2.1 Voting Membership

2.1.1 The arrangements for appointing the voting membership of the Integration Joint Board are that the Parties must nominate the same number of representatives to sit on the Integration Joint Board. This will be a minimum of three nominees each, or such number as the Parties agree, or the Council can require that the number of nominees is to be a maximum of 10% of their full council membership.

2.1.2 Locally, the Parties will each nominate four voting members.

2.1.3 The Council will nominate councillors to sit on the Integration Joint Board. Where the NHS Board is unable to fill all its places with non-executive Directors it can then nominate other appropriate people, who must be members of the NHS Board to fill their spaces, but at least two must be non-executive members.

2.2 Period of Office

2.2.1 The period of office of voting members will be for a period not exceeding three years.

2.3 Termination of membership

2.3.1 A voting member appointed by the Parties ceases to be a voting member of the Integration Joint Board if they cease to be either a Councillor or a non-executive Director of the NHS Board or an Appropriate Person in terms of the

Public Bodies (Joint Working)(Integration Joint Boards)(Scotland) Order 2014, SSI no 285.

2.4 Appointment of Chair and Vice Chair

2.4.1 The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting members of the Integration Joint Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by the NHS Board and vice versa. The first Chairperson of the Integration Joint Board will be a member appointed on the nomination of the NHS Board.

2.4.2 The appointment to Chairperson and Vice Chairperson is time-limited to a period not exceeding three years and carried out on a rotational basis. The term of office of the first Chairperson and Vice Chairperson will be for the period to the local government elections in 2017, thereafter the term of office of the Chairperson and Vice Chairperson will be for a period of two years.

2.4.3 The Parties acknowledge that the Integration Joint Board will include additional stakeholder, non voting members, to be determined by the Integration Joint Board.

3 Delegation of Functions

3.1 The functions that are to be delegated by the NHS Board to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate, which are currently provided by the NHS Board and which are to be integrated, are set out in Part 2 of Annex 1. The functions in Part 1 are being delegated only to the extent they relate to services listed in Part 2 of Annex 1.

3.2 The functions that are to be delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services to which these functions

relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.

- 3.3 The Parties will recommend to the Ayrshire Integration Joint Boards that the Services listed in Annex 3 are managed by one Ayrshire Integration Joint Board on behalf of the other Ayrshire Integration Joint Boards, all as more particularly detailed in Annex 3.

4 Local Operational Delivery Arrangements

4.1 Responsibilities of the Integration Joint Board on Behalf of the Parties

4.1.1 The local operational arrangements agreed by the Parties are:

4.1.2 The Integration Joint Board has responsibility for the planning of Services. This will be achieved through the Strategic Plan.

4.1.3 The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer will be responsible for the operational management of Integrated Services.

4.1.4 The Integration Joint Board will be responsible for the planning of Acute Services but the Health Board will be responsible for the operational oversight of Acute Services and through the Director for Acute Services will be responsible for operational management of Acute Services. The Health Board will provide information on a regular basis to the Chief Officer and Integration Joint Board on the operational delivery of these Services.

4.1.5 Where an Integration Joint Board is also the Lead Partnership in relation to a Service in Annex 3, the Parties will recommend that:

- (a) It is responsible for the operational oversight of such Service(s);
- (b) Through its Chief Officer will be responsible for the operational

management on behalf of all the Ayrshire Integration Joint Boards;
and

- (c) Such Lead Partnership will be responsible for the strategic planning and operational budget of the Lead Partnership Services in Annex 3.

4.2 **Corporate Support Services**

- 4.2.1 The Parties have identified the corporate support services that they provide for the purposes of preparing the Strategic Plan and carrying out integration functions and identified the staff resource involved in providing these Services.
- 4.2.2 There is agreement and a commitment to provide Corporate Support Services to the Integration Joint Board. The arrangements for providing these services will be reviewed by March 2016 and appropriate models of service will be agreed. This process will involve senior representatives from the Parties and the Chief Officer. The models agreed will be subject to further review as the Integration Joint Board develops in its first year of operation and to ongoing review as part of the planning processes for the Integration Joint Board and the Parties.
- 4.2.3 The Parties agree that the current support will continue to be provided until the new models of Service have been developed.
- 4.2.4 The Parties will provide the Integration Joint Board with the corporate support services it requires to fully discharge its duties under the Act.

4.3 **Support for the Strategic Plan**

- 4.3.1 The Integration Joint Board is required to consult with the other Ayrshire Integration Joint Boards to ensure that the Strategic Plans are appropriately co-ordinated for the delivery of Integrated Services across the Ayrshire and Arran area.

- 4.3.2 The NHS Board shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the three Ayrshire Integration Joint Boards' Strategic Plans. This will be held by the Director for Acute Services.
- 4.3.3 The NHS Board will consult with the Ayrshire Integration Joint Boards to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such Acute Services is appropriately co-ordinated with the delivery of Services across the Ayrshire and Arran area. The parties shall ensure that a group including the Director for Acute Services and Chief Officers of the three Ayrshire Integration Joint Boards will meet regularly to discuss such issues.
- 4.3.4 The NHS Board will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of Services by service users within East Ayrshire for its service and for those provided by other Health Boards. Regional Services are explicitly excluded.
- 4.3.5 The Council will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of Services by service users within East Ayrshire for its Services and for those provided by other councils.
- 4.3.6 The Parties agree to use all reasonable endeavours to ensure that the other Ayrshire Integration Joint Boards and any other relevant Integration Authority will share the necessary activity and financial data for Services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.
- 4.3.7 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Ayrshire Integration Joint Boards to ensure that they do not prevent the Parties and the Integration Joint Board from carrying

out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.

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

4.4 **Performance Targets, Improvement Measures and Reporting Arrangements**

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

4.4.2 The Data Dictionary will also 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 NHS Board or the Council this will be taken into account by the Integration Joint Board when preparing the Strategic Plan.

4.4.3 The Data Dictionary will also be used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken

- account of by the Integration Joint Board when preparing the Strategic Plan.
- 4.4.4 The Data Dictionary will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.
- 4.4.5 The work on the core indicators and the establishing of the Data Dictionary will be completed by the 1 April 2015.
- 4.4.6 The Parties will provide support to the Integration Joint Board for the function, including the effective monitoring and reporting of targets and measures.

5 Clinical and Care Governance

- 5.1 Except as detailed in this Scheme, all strategic, planning and operational responsibility for Services is delegated from the Parties to the Integration Joint Board and its Chief Officer.
- 5.1.1 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The Parties will have regard to the principles of the Scottish Government's draft Clinical and Care Governance Framework including the focus on localities and service user and carer feedback.
- 5.1.2 The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.
- 5.1.3 As set out in clause 4.4, the quality of service delivery will be measured through performance targets, improvement measures and reporting

arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.

- 5.1.4 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of NHS Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.
- 5.1.5 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.
- 5.1.6 The Organisational Development Strategy will identify training requirements that will be put in place to support improvements in services and Outcomes.
- 5.1.7 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.
- 5.1.8 In relation to Acute Services, the Integration Joint Board will be responsible for planning of such Services but operational management of such Services will lie with the NHS Board and the Director for Acute Services of the NHS Board. The Director for Acute Services of the NHS Board will manage Acute Services.
- 5.1.9 As detailed in clause 6 the Chief Officer will be an Officer of the Integration Joint Board. The Chief Officer's role is to provide a single senior point of

overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. The Chief Officer will manage the Integrated Services.

5.1.10 The Chief Officer has delegated responsibilities, through the Parties' Chief Executives, for the Professional standards of staff working in Integrated Services. The Chief Officer, relevant Health Leads and Chief Social Work Officer will work together to ensure appropriate professional standards and leadership. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

5.1.11 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Health and Care Governance Group is to be established by the Parties which, when not chaired by the Chief Officer, will report to the Chief Officer and through the Chief Officer to the Integration Joint Board. It will contain representatives from the Parties and others including:

- the Senior Management Team of the Partnership;
- the Clinical Director;
- the Lead Nurse;
- the Lead from the Allied Health Professions;
- Chief Social Work Officer;
- Director of Public Health or representative;
- service user and carer representatives; and
- Third Sector and Independent Sector representatives.

5.1.12 The Parties note that the Health and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include NHS Board professional committees, managed care networks and Adult and Child Protection Committees.

- 5.1.13 The role of the Health and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. When clinical and care governance issues relating to Lead Partnership Services are being considered, the Health and Care Governance Group for the Lead Partner will obtain input from the Health and Care Governance Groups of the other Ayrshire Council areas.
- 5.1.14 The Health and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Council area. The strategic planning and locality groups may seek relevant advice directly from the Health and Care Governance Group.
- 5.1.15 The Integration Joint Board may seek advice on clinical and care governance directly from the Health and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer.
- 5.1.16 Annex 4 provides details of the governance structure relating to the Integration Joint Board and the Parties. This includes details of how the Area Clinical Forum, Managed Clinical Networks, other appropriate professional groups and Adults and Child Protection Committees are able to directly provide advice to the Integration Joint Board and Health and Care Governance Group.
- 5.1.17 Further assurance is provided through:
- (a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in return report to the NHS Board

on professional matters;

and

(b) the role of the Healthcare Governance Committee of the NHS Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Healthcare Governance Committee will also provide professional guidance, as required.

5.1.18 The Chief Officer will take into consideration any decisions of the Council or NHS Board which arise from (a) or (b) above.

5.1.19 The NHS Board Healthcare Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

5.1.20 As set out in Section 10 the Parties have information sharing protocols in place.

6 Chief Officer

6.1 The Arrangements in Relation to the Chief Officer Agreed by the Parties

6.1.1 The Chief Officer will be appointed by the Integration Joint Board and will be employed by one of the Parties on behalf of the Integration Joint Board, in accordance with section 10 of the Act. The Chief Officer will be seconded by the employing party to the Integration Joint Board and will be the principal advisor to and officer of the Integration Joint Board.

6.1.2 The Parties acknowledge and agree that the Chief Officer's role will be to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of

the Parties.

- 6.1.3 The Parties agree that the Chief Officer will be responsible for the operational management and performance of Integrated Services, and such other Lead Partnership Services as are delegated to the Integration Joint Board.
- 6.1.4 The Parties agree that the Director for Acute Services will be responsible for the operational management and performance of Acute Services and will provide updates on a regular basis to the Chief Officer on the operational delivery of Acute Services provided within University Hospital Ayr and University Hospital Crosshouse.
- 6.1.5 In relation to Lead Partnership Services, the Parties agree that the Chief Officer of the lead Integration Joint Board will be responsible for the operational management and performance of those Lead Partnership Services and will provide regular updates to the Chief Officers of the other Ayrshire Integration Joint Boards on the operational delivery of those Services.

6.2 **Line Management of the Chief Officer to Ensure Accountability**

- 6.2.1 The Chief Officer will report to and be line managed by the Chief Executives of both Parties.
- 6.2.2 The Parties shall ensure that the Chief Officer will have regular performance, support and supervision meetings with their respective Chief Executives. The Chief Executive from the employing Party will take responsibility for contractual matters. In view of the joint accountability, performance review sessions will involve both the Chief Executives and the post holder and these will be arranged on a regular scheduled basis.
- 6.2.3 In the event that the Chief Officer is absent on an unplanned basis, or otherwise unable to carry out his or her functions, the Parties on request from

the Integration Joint Board, will identify a suitable interim Chief Officer.

7 Workforce

7.1 Development of a Joint Workforce Development and Support Plan

7.1.1 The Parties will develop and keep under review a joint Workforce and Development Plan (“the Plan”) by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, staff, trade unions and stakeholders to develop the Plan by 31 October 2015.

Learning and development of staff will be addressed in the Plan.

7.2 Development of an Organisational Development Strategy for Integrated Service Teams

7.2.1 A Pan Ayrshire Health and Social Care Organisation Development Strategy (“the Strategy”) sets out the approach to the joint provision of Organisational Development. The Strategy was developed in June 2014 by the Human Resources and Organisational Development work stream, which consists of Human Resources and Organisational Development professionals from East, North and South Ayrshire Councils, and the NHS Board. The Strategy recognises that each of the three Ayrshire Integration Joint Boards will have differing needs and priorities in relation to delivery outcomes and seeks to support effective partnership working through consistency of approach. The Parties will invite the Integration Joint Board to review and adopt the Strategy by 31 March 2016. Any reasonable amendment to the Strategy which is proposed by the Integration Joint Board will be considered by the Parties. The Strategy will be subject to a regular review process agreed by the Parties and the Integration Joint Board.

7.2.2 The Chief Officer will receive advice from Human Resources and Organisational Development professionals and they will work together to

support the implementation of Integration and provide the necessary expertise and advice as required. They will work collaboratively with staff, managers, staffside representatives and trades unions to ensure a consistent approach which is fair and equitable.

8 Finance

8.1 Resources to be made available to the Integration Joint Board

8.1.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or Set Aside, and their variation, to the Integration Joint Board by the Parties;

(a) amounts to be paid by the Parties to the Integration Joint Board in respect of all of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph (b) applies).

(i) Payment in the first year to the Integration Joint Board for delegated functions

Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

(ii) Payment in subsequent years to the Integration Joint Board for delegated functions

In subsequent years, the Chief Officer and the Chief Finance Officer should develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. The following principles apply;

- Individual Party responsibility including:
 - Pay awards
 - Contractual uplift
 - Prescribing
 - Resource transfer
 - Ring fenced funds

- In the case of demographic shifts and volume each Party will have a shared responsibility for funding. In these circumstances an agreed percentage contribution, based on net budget of each Party, by individual client group excluding ring fenced funds e.g. Family Health Services, General Medical Services, Alcohol and Drug funding etc., will apply.

- The prescribing budget will be delegated to the Integration Joint Board. It is proposed that prescribing will be managed by Health across the three Health and Social Care Partnerships with an agreed Incentive Scheme which requires to be approved by all Parties across the three Integration Joint Boards.

- Efficiency targets will be set by each Party.

Following determination of the payment, the amounts to be made by each Party, the Integration Joint Board will refine the Strategic Plan to take account of the totality of resources available.

- (b) amounts to be made available by the NHS Board to the Integration Joint Board in respect of Acute Services:
 - (i) carried out in a hospital in the area of the NHS Board or provided to the partnership population by another NHS Board through cross boundary flow arrangements;

Set Aside baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

The initial Set Aside base budget for each Integration Joint Board will be based on their historic use of Acute Services. The actual unit cost which would apply as part of any change to activity or service redesign is dependent on the scale of change planned and requires agreement in advance by all Parties. Any redesign of service requires to be agreed across the three Integration Joint Boards and be reflected in the Strategic Plans.

In subsequent years, the NHS Board, Chief Officers and the Chief Finance Officers should develop the funding requirements for the Set Aside budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. Any adjustment to the Set Aside budget requires to be agreed by all Parties with each Parties contribution being adjusted proportionate to the rolling three year usage by each Party.

(ii) provided for the areas of two or more Councils;

The Services which Parties intend to be managed by one Ayrshire Integration Joint Board on behalf of the other Ayrshire Integration Joint Boards are set out in Annex 3. Where an Integration Joint Board is also the Lead Partnership in relation to a service in Annex 3 the principles outlined in (a) above would apply. Additional information on service usage over the last

three years is required to establish the baseline of resources consumed by each Health and Social Care Partnership and future year contributions.

8.2 **In-year Variations**

- 8.2.1 The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in clause 14 hereof, will be followed.
- 8.2.2 Where an underspend in an element of the operational budget arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy. Any windfall underspend will be returned to Parties in the same proportion as individual Parties contribute to joint pressures.
- 8.2.3 In year variances in Lead Partnership Services follow the principles noted above. In the event of an overspend the Recovery Plan requires agreement of all Integration Joint Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the Recovery Plan.

- 8.2.4 In year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process.
- 8.2.5 Either Party may increase its in year payment to the Integration Joint Board. Neither Party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis to meet exceptional unplanned costs within the Parties without the express consent of the Integration Joint Board and the other Party and where relevant the other Ayrshire Integration Joint Boards.

8.3 **Financial Management and Financial Reporting Arrangements**

- 8.3.1 The Chief Finance Officer is responsible for ensuring that appropriate financial services are available to the Integration Joint Board and the Chief Officer .
- 8.3.2 Recording of all financial information in respect of the Integration Joint Board eg expenses will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.
- 8.3.3 Initially, consolidation of information for the Integration Joint Board will take place outwith the core financial ledgers.
- 8.3.4 The Chief Officer and Chief Finance Officer of the Integration Joint Board will be responsible for the preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The year-end balances and in-year transactions between the Integration Joint Board and the Parties will be agreed in line with the NHS Board accounts timetable. The Chief Finance Officer will provide reports to the Chief Officer

on the financial resources used for operational delivery.

- 8.3.5 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval, with a minimum of four financial reports being submitted to the Integration Joint Board. This will include reporting in relation to activity for Set Aside budgets.
- 8.3.6 Monthly financial reports will be provided to the Chief Officer in respect of paid services. Quarterly information will be provided on activity associated with the Set Aside budgets.
- 8.3.7 Financial reports will include a subjective and objective analysis of budgets and actual / projected outturn. Detailed financial transactions will continue to be recorded in the financial ledgers of each Party.
- 8.3.8 The schedule of cash payments to be made in settlement of the payment due to the Integration Joint Board are noted below:
- The net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board, Resource Transfer and virement between Parties and Board will be transferred between agencies quarterly in arrears, with a final adjustment on closure of the Annual Accounts. The timetable will be prepared in advance of the start of the financial year.

8.4 **Arrangements for Asset Management and Capital**

- 8.4.1 Capital and assets and the associated running costs will continue to sit with the Parties with access arrangements being those in place at the establishment of the Integration Joint Board. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Parties.

9 **Participation and Engagement**

- 9.1 During the development of the Integration Scheme, the Council and NHS Board agreed to consult jointly through the Shadow Integration Board and Strategic Planning Group structure, the membership of which comprises the prescribed consultees as set out in the Public Bodies (Joint Working) (Prescribed Consultees)(Scotland) Regulations 2014 (SSI number 283). The means by which such consultation was undertaken was through consideration at regular meetings of these groups and through an electronic survey. The arrangements included consultation with the other Councils within the NHS Board area.
- 9.2 The Parties also consulted with their staff.
- 9.3 The Council consulted with Trade Unions as part of the Joint Consultative Council, the Corporate Management Team, Elected Members of the Council through Member briefings and Staff through joint staff events and an electronic survey. Following the face to face meetings all of the consultees were invited to contribute their views.
- 9.4 The NHS Board issued a Stop Press bulletin to all staff and sought their views through an electronic survey which made provision for comments from the Area Clinical Forum and the Area Partnership Forum. NHS Board members discussed the Integration Scheme at a NHS Board workshop on 10 November 2014.
- 9.5 Following consultation the revised draft Integration Scheme was again made available to consultees to allow further review and feedback. All consultation responses received were fully considered by the Parties and taken into account prior to finalisation of the Scheme.
- 9.6 The Parties undertake to work together to support the Integration Joint Board in the production of its participation and engagement strategy. The Parties agree to provide communication and public engagement support to the

Integration Joint Board to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the area of the NHS Board.

- 9.7 The Parties will also provide support through existing corporate support arrangements and public consultation arrangements. The participation and engagement strategy will be produced by 31 March 2016. In the meantime, each of the Parties agrees to use its existing systems for participation and engagement, and to ensure that these accord at all times with the principles and practices endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement.

10 Information-Sharing and data handling

- 10.1 Along with a number of other stakeholders, the Parties are members of the Ayrshire and Arran Data Sharing Partnership, which is a group that ensures there are appropriate, high-level information sharing protocols in place to govern information sharing and data handling arrangements. The Parties have ratified the Ayrshire and Arran Protocol for Sharing Information (the “Protocol”). The Protocol provides a statement of principles on data sharing issues, and general guidance to staff on sharing information in relation to the Services.
- 10.2 Within a month of the first meeting of the Integration Joint Board the Parties will request the Data Sharing Partnership extends an invitation to the Integration Joint Board to become a member and will invite the Integration Joint Board to be a party to the Protocol. Any reasonable amendments to the Protocol proposed by the Integration Joint Board will be considered through the Data Sharing Partnership.
- 10.3 The Parties acknowledge that the Protocol has been reviewed and revised to take into consideration the terms of the Act.

- 10.4 The Parties shall work together to ensure that the Protocol is reviewed on a two yearly basis and that as part of this process the views of the Integration Joint Board will be canvassed and considered.
- 10.5 The Parties have developed and agreed an information sharing agreement (the “Information Sharing Agreement”) to define the processes and procedures that will apply to sharing information for any purpose connected with the preparation of the Scheme, the preparation of a Strategic Plan or the carrying out of integration functions. Within a month of the first meeting of the Integration Joint Board, the Board will be invited by the parties to review the Information Sharing agreement and become a party to it.
- 10.6 The Parties undertake to review the Information Sharing Agreement on an annual basis with the Integration Joint Board.

11 Complaints

11.1 Arrangements for Complaints

- 11.1.1 The Parties agree the following arrangements in respect of complaints.
- 11.1.2 The Parties will work together with the Chief Officer to ensure the arrangements for complaints are clear and integrated from the perspective of the service user.
- 11.1.3 In the event that complaints are received by the Integration Joint Board or the Chief Officer, the Parties will work together to achieve where possible a joint response, identifying the lead party in the process and confirming this to the individual raising the complaint.
- 11.1.4 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. Complaints to the Council can be

made by submitting an online complaint form, by telephoning the relevant department or attending in person, or in writing to Director of Health and Social Care, East Ayrshire Council, Council Headquarters, London Road, Kilmarnock KA3 7BU. Complaints to the NHS Board are made to the Patient Relations and Complaints Department, NHS Ayrshire and Arran PO Box 13, Eglinton House, Ailsa House, Dalmellington Road, Ayr KA6 6AB in writing, by telephoning 01292 513 620, or by emailing complaintsteam@aapct.scot.nhs.uk. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the service user. If the service user remains dissatisfied the final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman. In relation to social work complaints these are, subject to review, presently considered by a Social Work Complaints Review Committee prior to the Ombudsman.

- 11.1.5 Details of the complaints procedures will be provided on line, in complaints literature and on posters.
- 11.1.6 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate.
- 11.1.7 The Parties will produce a joint report on a six monthly basis for consideration by the Integration Joint Board.

12 Claims Handling, Liability & Indemnity

- 12.1 The Parties will work together to ensure that they, and the Integration Joint Board where appropriate, establish and maintain in force appropriate insurances or other indemnity arrangements in relation to integrated arrangements.

12.2 The Parties agree that they will manage and settle claims arising from integrated arrangements in accordance with, common law and statute.

13 **Risk Management**

13.1 A shared risk management strategy which will include risk monitoring and a reporting process for the Parties and Integration Joint Board will be established in the first year of the Integration Joint Board. In developing this shared risk management strategy the Parties and the Integration Joint Board will review the shared risk management arrangements currently in operation including the Strategic Risk Register. This in turn will provide a list of risks to be reported on.

13.2 The Parties will provide to the Integration Joint Board, in accordance with clauses 4.2.3 and 4.2.4 sufficient support to enable it to fully discharge its duties in relation to risk management.

13.3 There will be shared risk management across the Parties and the Integration Joint Board for significant risks that impact on integrated service provision. The Parties and Integration Joint Board will consider risks to integrated service provision on a regular basis and notify each other where they have changed.

14 **Dispute resolution mechanism**

14.1 Where Parties fail to agree on any issue related to this Scheme they will follow the undernoted process:

(a) The Chief Executives of the Parties will meet to resolve the issue.

(b) If unresolved, the Parties will each agree to prepare a written note

of their position on the issue and exchange it with the other for their consideration within 10 working days of the date of the decision to proceed to written submissions or such other period as the Parties agree.

- (c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of NHS Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

- 14.2 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: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish Ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Functions that are to be delegated by the Health Board to the Integrated Joint Board

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

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978(a)	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978.	<p>Except functions conferred by or by virtue of—</p> <p>section 2(7) (Health Boards);</p> <p>section 9 (local consultative committees);</p> <p>section 17A (NHS contracts);</p> <p>section 17C (personal medical or dental services);</p> <p>section 17J (Health Boards' power to enter into general medical services contracts);</p> <p>section 28A (remuneration for Part II services);</p> <p>section 48 (residential and practice accommodation);</p> <p>section 57 (accommodation and services for private patients);</p> <p>section 64 (permission for use of facilities in private practice);</p> <p>section 79 (purchase of land and moveable property);</p> <p>section 86 (accounts of Health Boards and the Agency);</p> <p>section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);</p> <p>paragraphs 4, 5, 11A and 13 of Schedule 1 (Health Boards);</p> <p>and functions conferred by—</p> <p>The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;</p> <p>The Health Boards (Membership and Procedure) (Scotland) Regulations 2001,</p> <p>The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p> <p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004)</p>

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

The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009;

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

The National Health Service (General Dental Services) (Scotland) Regulations 2010.

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

Section 7
(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002(b)

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(c)

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(d)

Section 23
(other agencies etc. to help in exercise of functions under this Act)

Public Health etc. (Scotland) Act 2008(e)

Section 2
(duty of Health Boards to protect public health)

Section 7
(joint public health protection plans)

Public Services Reform (Scotland) Act 2010(f)

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(g)

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

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

Column A

Column B

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978

Except functions conferred by or by virtue of—

section 2(7) (Health Boards);

section 2CB (functions of Health Boards outside Scotland);

section 9 (local consultative committees);

section 17A (NHS contracts);

section 17C (personal medical or dental services);

section 17I (use of accommodation);

section 17J (Health Boards' power to enter into general medical services contracts);

section 28A (remuneration for Part II services);

section 38 (care of mothers and young children);

section 38A (breastfeeding);

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

section 48 (residential and practice accommodation);

section 55 (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

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

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

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

section 79 (purchase of land and moveable property);

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

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

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

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

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

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

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

and functions conferred by—

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

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

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 2004;

The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

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

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

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

The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—

section 22 (approved medical practitioners);

section 34 (inquiries under section 33: co-operation);

section 38 (duties on hospital managers: examination, notification etc.);

section 46 (hospital managers' duties: notification);

section 124 (transfer to other hospital);

section 228 (request for assessment of needs: duty on 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 (correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005;

The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.

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

Section 23
(other agencies etc. to help in exercise of functions under 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.

Carers (Scotland) Act 2016

section 12 (duty to prepare young carer statement)

section 31 (duty to prepare local carer strategy)

Services currently provided by the Health Board which are to be integrated

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Palliative Care
- All Community Hospitals (Arran, Lady Margaret, Biggart, Girvan, Kirklandside, East Ayrshire Community Hospital, Continuing Care wards at Ayrshire Central Hospital)
- All Mental Health Inpatients Services (including Addictions), Psychiatric Medical Services, Eating Disorders, Forensic, Crisis Resolution and Home Treatment Team, Liaison (Adult, Elderly Learning Disabilities and Alcohol, Advanced Nurse Practitioner Services)
- Community Nursing (District Nursing)
- Community Mental Health, Addictions and Learning Disabilities (Community Mental Health Teams, Primary Care Mental Health Teams, Elderly, Community Learning Disability Teams, Addictions Community Teams)
- Allied Health Professionals
- Public Dental Services
- Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy)
- NHS Ayrshire Doctors on Call (ADOC)
- Older People
- Palliative Care provided outwith a hospital
- Learning Disabilities Assessment and Treatment Services
- Psychology Services
- Community Continence Team
- Kidney Dialysis Service provided outwith a hospital
- Services provided by health professional which aim to promote public health
- Community Children's Services (School Nursing, Health Visiting, Looked after Children's Service) [non medical]
- Community Infant Feeding Service
- Child and Adolescent Mental Health Services
- Child Health Administration Team
- Area Wide Evening Service (Nursing)
- Prison Service and Police Custody services
- Family Nurse Partnership
- Immunisation Service
- Telehealth and United for Health and Smartcare European Programme and workstreams

Functions delegated by the Local Authority to the Integration Joint Board

<p><i>Column A</i> <i>Enactment conferring function</i></p>	<p><i>Column B</i> <i>Limitation</i></p>
<p>National Assistance Act 1948 Section 45 (The recovery of expenditure incurred under Part III of that Act where a person has fraudulently or otherwise misrepresented or failed to disclose a material fact.)</p> <p>Section 48 (The protection of property of a person admitted to hospital or accommodation provided under Part III of that Act.)</p>	
<p>Matrimonial proceedings (Children) Act 1958</p> <p>Section 11 (Reports as to arrangements for future care and upbringing of children.)</p>	
<p>The Disabled Persons (Employment) Act 1958 Section 3 (The making of arrangements for the provision of facilities for the purposes set out in section 15(1) of the Disabled Persons (Employment) Act 1944.)</p>	
<p>The Social Work (Scotland) Act 1968 Section 1 (The enforcement and execution of the provisions of the Social Work (Scotland) Act 1968.)</p> <p>Section 4 (The making of arrangements with voluntary organisations or other persons for assistance with the performance of</p>	<p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another integration function.</p>

<p>certain functions.)</p> <p>Section 5 (Local authorities to perform their functions under the Act under the guidance of the Secretary of State.)</p> <p>Section 6B (Local authority inquiries into matters affecting children.)</p> <p>Section 8 (The conducting of, or assisting with research in connection with functions in relation to social welfare and the provision of financial assistance in connection with such research.)</p> <p>Section 10 (The making of contributions by way of grant or loan to voluntary organisations whose sole or primary object is to promote social welfare and making available for use by a voluntary organisation premises, furniture, equipment, vehicles and the services of staff.)</p> <p>Section 12 (The promotion of social welfare and the provision of advice and assistance.)</p> <p>Section 12A (The assessment of needs for community care services, the making of decisions as to the provision of such services and the provision of emergency community care services.)</p> <p>Section 12AZA (The taking of steps to identify persons who are able to assist a supported person with assessments under section 12A and to involve such persons in such assessments.)</p>	<p>So far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another integration function.</p> <p>Except in so far as it is exercisable in relation to the provision of housing support services.</p> <p>Except in so far as it is exercisable in relation to another integration function.</p> <p>So far as it is exercisable in relation to another integration function.</p>
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<p>Section 59 (The provision of residential and other establishments.)</p> <p>Section 78A (Recovery of contributions.)</p> <p>Section 80 (Enforcement of duty to make contributions.)</p> <p>Section 81 (Provisions as to decrees for ailment.)</p> <p>Section 83 (Variation of trusts.)</p> <p>Section 86 (The recovery of expenditure incurred in the provisions of accommodation, services, facilities or payments for persons ordinarily resident in the area of another local authority from the other local authority.)</p>	<p>So far as it is exercisable in relation to another integration function.</p>
<p>The Children Act 1975</p> <p>Section 34 (Access and maintenance.)</p> <p>Section 39 (Reports by local authorities and probation officers.)</p> <p>Section 40 (Notice of application to be given to local authority.)</p> <p>Section 50 (Payments towards maintenance of children.)</p>	
<p>The Local Government and Planning (Scotland) Act 1982</p> <p>Section 24(1) (The provision, or making arrangements for the provision, of gardening assistance and the recovery of charges for such assistance.)</p>	

Health and Social Services and Social Security Adjudications Act 1983

Section 21

(The recovery of amounts in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.)

Section 22

(The creation of a charge over land in England or Wales where a person having a beneficial interest in such land has failed to pay a sum due to be paid in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.)

Section 23

(The creation of a charging order over an interest in land in Scotland where a person having such an interest has failed to pay a sum due to be paid in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.)

Foster Children (Scotland) Act 1984

Section 3

(Duty of local authority to ensure well being of and to visit foster children.)

Section 5

(Notification to local authority by persons maintaining or proposing to maintain foster children.)

Section 6

(Notification to local authority by persons ceasing to maintain foster children.)

Section 8

(Power of local authorities to inspect foster premises.)

<p>Section 9 (Power of local authorities to impose requirements as to the keeping of foster children.)</p> <p>Section 10 (Power of local authorities to prohibit the keeping of foster children.)</p>	
<p>Disabled Persons (Services, Consultation and Representation) Act 1986</p> <p>Section 2 (The making of arrangements in relation to an authorised representative of a disabled person and the provision of information in respect of an authorised representative.)</p> <p>Section 3 (The provision of an opportunity for a disabled person or an authorised representative of a disabled person to make representations as to the needs of that person on any occasion where it falls to a local authority to assess the needs of the disabled person for the provision of statutory services by the authority, the provision of a statement specifying the needs of the person and any services which the authority proposes to provide, and related duties.)</p> <p>Section 7 (The making of arrangements for the assessments of the needs of a person who is discharged from hospital.)</p> <p>Section 8 (Having regard, in deciding whether a disabled person's needs call for the provision of services, to the ability of a person providing unpaid care to the disabled person to continue to provide such care.)</p>	<p>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.</p> <p>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 the Act) which are integration functions.</p>
<p>The Children (Scotland) Act 1995 Section 17 (Duty of local authority to children looked</p>	

<p>after by them.) Sections 19-27 (Provision of relevant services by local authority for or in respect of children in their area.)</p> <p>Sections 29-32 (Advice and assistance for young persons formerly looked after by local authorities; duty of local authority to review case of a looked after child; removal by local authority of a child from a residential establishment.)</p> <p>Section 36 (Welfare of certain children in hospitals and nursing homes etc.)</p> <p>Section 38 (Short term refuges for children at risk of harm.)</p> <p>Section 76 (Exclusion orders.)</p>	
<p>Criminal Procedure (Scotland) Act 1995</p> <p>Section 51 (Remand and committal of children and young persons.)</p> <p>Section 203 (Where a person specified in section 27(1)(b)(i) to (vi) of the Social Work (Scotland) Act 1968 commits an offence the court shall not dispose of the case without first obtaining a Report from the local authority in whose area the person resides.)</p> <p>Section 234B (Drug treatment and testing order.)</p> <p>Section 245A (Restriction of liberty orders.)</p>	
<p>The Adults with Incapacity (Scotland) Act 2000</p> <p>Section 10 (The general functions of a local authority</p>	

<p>under the Adults with Incapacity (Scotland) Act 2000.) Section 12 (The taking of steps in consequence of an investigation carried out under section 10(1)(c) or (d).)</p> <p>Sections 37, 39-45 (The management of the affairs, including the finances, of a resident of an establishment managed by a local authority.)</p>	<p>Only in relation to residents of establishments which are managed under integration functions.</p>
<p>The Housing (Scotland) Act 2001 Section 92 (assistance for housing purposes.)</p>	<p>Only in so far as it relates to an aid or adaptation.</p>
<p>The Community Care and Health (Scotland) Act 2002 Section 4 (The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 in relation to the provision, or securing the provision, of relevant accommodation.)</p> <p>Section 5 (The making of arrangements for the provision of residential accommodation outside Scotland.)</p> <p>Section 6 (Entering into deferred payment agreements for the costs of residential accommodation.)</p> <p>Section 14 (The making of payments to an NHS body in connection with the performance of the functions of that body.)</p>	
<p>The Mental Health (Care and Treatment) (Scotland) Act 2003 Section 17 (The provision of facilities to enable the carrying out of the functions of the Mental Welfare Commission.)</p>	

<p>Section 25 (The provision of care and support services for persons who have or have had a mental disorder.)</p> <p>Section 26 (The provision of services designed to promote well-being and social development for persons who have or have had a mental disorder.)</p> <p>Section 27 (The provision of assistance with travel for persons who have or have had a mental disorder.)</p> <p>Section 33 (The duty to inquire into a person's case in the circumstances specified in 33(2).)</p> <p>Section 34 (The making of requests for co-operation with inquiries being made under section 33(1) of that Act.)</p> <p>Section 228 (The provision of information in response to requests for assessment of the needs of a person under section 12A(1)(a) of the Social Work(Scotland) Act 1968.)</p> <p>Section 259 (The securing of independent advocacy services for persons who have a mental disorder.)</p>	<p>Except in so far as it is exercisable in relation to the provision of housing support services.</p> <p>Except in so far as it is exercisable in relation to the provision of housing support services.</p> <p>Except in so far as it is exercisable in relation to the provision of housing support services.</p>
<p>Management of Offenders etc. (Scotland) Act 2005 Sections 10-11 (Assessing and managing risks posed by certain offenders.)</p>	
<p>The Housing (Scotland) Act 2006 Section 71(1)(b) (assistance for housing purposes.)</p>	<p>Only in so far as it relates to an aid or adaptation as defined at s1(2) of the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc) (Scotland) Regulations 2014.</p>
<p>Adoption and Children (Scotland) Act 2007 Section 1 (Duty of local authority to provide</p>	

adoption service.)

Sections 4-6

(Local authority to prepare and publish a plan for the provision of adoption service; local authority to have regard to Scottish Ministers' Guidance and; assistance in carrying out functions under sections 1 and 4.)

Sections 9-12

(Adoption support services.)

Section 19

(Local authority's duties following notice under section 18.)

Section 26

(Procedure where an adoption is not proceeding.)

Section 45

(Adoption support plans.)

Section 47-49

(Family member's right to require review of an adoption support plan; cases where local authority under a duty to review adoption support plan and; reassessment of needs for adoption support services.)

Section 51

(Local authority to have a regard to guidance issued by Scottish ministers when preparing or reviewing adoption support plans.)

Section 71

(Adoption allowances schemes.)

Section 80

(Application to court by local authority for the making of a permanence order.)

Section 90

(Precedence of court orders and supervisions requirement over permanence order.)

Section 99

<p>(Duty of local authority to apply for variation or revocation of a permanence order.)</p> <p>Section 101 (Notification requirements upon local authority.)</p> <p>Section 105 (Notification requirements upon local authority where permanence order is proposed – relates to child’s father.)</p>	
<p>The Adult Support and Protection (Scotland) Act 2007</p> <p>Section 4 (The making of enquiries about a person’s wellbeing, property or financial affairs.)</p> <p>Section 5 (The co-operation with other councils, public bodies and office holders in relation to inquiries made under section 4.)</p> <p>Section 6 (The duty to have regard to the importance of providing advocacy services.)</p> <p>Section 7-10 (Investigations by local authority pursuant to duty under section 4.)</p> <p>Section 11 (The making of an application for an assessment order.)</p> <p>Section 14 (The making of an application for a removal order.)</p> <p>Section 16 Council officer entitled to enter any place in order to move an adult at risk from that place in pursuance of a removal order.</p> <p>Section 18 (The taking of steps to prevent loss or</p>	

<p>damage to property of a person moved in pursuance of a removal order.)</p> <p>Section 22 (The making of an application for a banning order.)</p> <p>Section 40 (The making of an application to the justice of the peace instead of the sheriff in urgent cases.)</p> <p>Section 42 (The establishment of an Adult Protection Committee.)</p> <p>Section 43 (The appointment of the convener and members of the Adult Protection Committee.)</p>	
<p>Children’s Hearings (Scotland) Act 2011</p> <p>Section 35 (Child assessment orders.)</p> <p>Section 37 (Child protection orders.)</p> <p>Section 42 (Application for parental responsibilities and rights directions.)</p> <p>Section 44 (Obligations of local authority where, by virtue of a child protection order, child is moved to a place of safety by a local authority.)</p> <p>Section 48 (Application for variation or termination of a child protection order.)</p> <p>Section 49 (Notice of an application for variation or termination of a child protection order.)</p> <p>Section 60 (Duty of local authority to provide information to Principal Reporter.)</p>	

Section 131
(Duty of implementation authority to require review of a compulsory supervision order.)

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

Section 145
(Duty of implementation authority where child required to reside in a certain place.)

Section 153
(Secure accommodation.)

Sections 166-167
(Requirement imposed on a local authority: review and appeal.)

Section 180
(Sharing of information with panel members by local authority.)

Section 183-184
(Mutual assistance.)

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

Section 5
(The giving of the opportunity to choose a self-directed support option.)

Section 6
(The taking of steps to enable a person to make a choice of self-directed support option.)

Section 7
(The giving of the opportunity to choose a self-directed support option.)

Section 8
Choice of options: children and family members.

<p>Section 9 (The provision of information.)</p> <p>Section 10 Provision of information: children under 16</p> <p>Section 11 (Giving effect to the choice of self-directed support option.)</p> <p>Section 12 (Review of the question of whether a person is ineligible to receive direct payments.)</p> <p>Section 13 (Offering another opportunity to choose a self-directed support option.)</p> <p>Section 16 (The recovery of sums where a direct payment has been made to a person and the circumstances set out in section 16(1)(b) apply.)</p> <p>Section 19 (Promotion of the options for self-directed support.)</p>	<p>Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.</p>
<p>Carers (Scotland) Act 2016</p> <p>Section 6 (duty to prepare adult carer support plan)</p> <p>Section 21 (duty to set local eligibility criteria)</p> <p>Section 24 (duty to provide support)</p> <p>Section 25 (provision of support to carers: breaks from caring)</p> <p>Section 31 (duty to prepare local carer strategy)</p> <p>Section 34 (information and advice service for carers)</p>	

Section 35 (short breaks services statements)	
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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, 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;
- Aids and adaptations and gardening services;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

Local Additions

- Criminal justice social work services
- Children and families social work services

Lead Partnership (Hosted) Services

East Ayrshire Health and Social Care Partnership, on behalf of the North and South Health and Social Care Partnerships:

Health:

- Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy)
- Public Dental Services
- NHS Ayrshire Doctors on Call (ADOC)
- Area Wide Evening Service (Nursing)
- Prison Service and Policy Custody services

Council:

Out of Hours Social Work Services

North Ayrshire Health and Social Care Partnership, on behalf of the East and South Health and Social Care Partnerships:

Health:

- All Mental Health Inpatients Services (including Addictions) Psychiatric Medical Services, Eating Disorders, Forensic, Crisis Resolution and Home Treatment Team, Liaison (Adult, Elderly Learning Disabilities and Alcohol, Advanced Nurse Practitioner Services)
- Learning Disabilities Assessment and Treatment Services
- Child and Adolescent Mental Health Services
- Psychology Services
- Community Infant Feeding Service
- Family Nurse Partnership
- Child Health Administration Team
- Immunisation Team

South Ayrshire Health and Social Care Partnership, on behalf of the East and North Health and Social Care Partnerships:

Health:

- Allied Health Professionals
- Community Continence Team
- Telehealth and United for Health and Smartcare European Programme and workstreams

Such other services as may be agreed

Health and Social Care Partnership Clinical and Care Governance Structure

