South Lanarkshire

Health and Social Care Integration Scheme

September 2020

Contents

Introduction
The Public Bodies (Joint Working) (Scotland) Act 2014 (thereafter known as The Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of certain adult health and social care services. This document sets the agreement through which NHS Lanarkshire Health Board and South Lanarkshire Council has done this and continues to do this.

The creation of an integrated Partnership required South Lanarkshire Council and NHS Lanarkshire Health Board to undertake a significant change agenda with the aim of creating services and supports which build on a solid foundation of success to date.

The overall aim of the arrangement is the creation and continuation of a Partnership which further improves outcomes for people who use health and social care services and their carers. Therefore, a primary focus of the Partnership will be delivering on the nine national health and wellbeing outcomes of:

- People are able to look after and improve their own health and wellbeing and live in good health for longer
- People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
- People who use health and social care services have positive experiences of those services and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing
- People who use health and social care services are safe from harm
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide
- Resources are used effectively and efficiently in the provision of health and social care services

From a South Lanarkshire perspective, our local vision reflects and underpins the higher level national outcomes. This is evidenced by the progress towards a personal outcomes approach which involves working with people to jointly agree how we support them to meet their aspirations and goals in life. Consequently, this drive towards supporting people to meet their outcomes has resulted in a shared partnership vision based upon:

> ***"Working together to improve health and wellbeing in the community – with the community"***

In pursuit of this vision, and central to our philosophy, will be the following commitments:

- We will focus on promoting health improvement and tackling the underlying causes of ill - health
- We will continue to develop a health and social care system which is integrated around the needs of individuals, their carers and family members
- We will be working with people, their carers and families who have a range of complex support needs to identify the outcomes they want to achieve in life. In doing so, our aim will be to provide care and support to help them realise these outcomes
- We will put the leadership of clinicians and professionals at the heart of service delivery for people who require support and their carers

- We will work with partners in the third and independent sectors to remove unhelpful boundaries and using combined resources to achieve maximum benefit for patients, service users, carers and families
- We will work with a range of agencies and partners to address health and social inequalities and the subsequent impact of this experienced by people in their communities

The following detail provides information relating to 'how' the Partnership has been created to deliver against the national outcomes and intentions of the Act. The Integration Scheme is the vehicle through which assurance is given to South Lanarkshire Council, NHS Lanarkshire Health Board and the Scottish Government that the intentions of the Act are being delivered by the Integration Joint Board. The Integration Scheme forms the basis of a legal agreement with the Government and lasts for a maximum duration of five years, after which point it will be refreshed. However, in circumstances where there is agreement between the parties, the Integration Scheme can be refreshed within an earlier timeframe.

On this occasion, due to Covid19, the Integration Scheme has undergone a "light touch" review and will be reviewed more fully by its parties within the first year of the next five year cycle (or sooner if the global pandemic allows for this to be prioritised).

1. The Parties

- ***South Lanarkshire Council***, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Almada Street, Hamilton, ML3 0AA (hereinafter referred to as the Council).

And

- ***NHS Lanarkshire Health Board***, established under section 2 (1) of the National Health Service (Scotland) Act 1978 and having its principal offices at Kirklands, Fallside Road, Bothwell, G71 8BB (hereinafter referred to as the NHS Board) (together referred to as the Parties).

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

2. Definitions and Interpretations

2.1 There are a number of definitions which require to be interpreted and understood consistently within this Integration Scheme as follows:
The Act – means the Public Bodies (Joint Working) (Scotland) Act 2014
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
The Parties – means South Lanarkshire Council and NHS Lanarkshire Health Board
NHS Board – means NHS Lanarkshire Health Board
The Council – means South Lanarkshire Council
Integration Joint Board – means the Integration Joint Board ~~to be~~ established by Order under section 9 of Act
The Integration Scheme – refers to this particular document and the detail and is a direct response to the requirement of the Act
Joint Strategic Commissioning Plan – means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated functions of health and social care services in accordance with section 29 of the Act
Outcomes – refer to the nine nationally set outcomes prescribed by the Scottish Ministers under section 5 (1) of the Act
References to sections of the Act or other Pieces of Legislation – will also mean references to any subsequent amendments to the Act or other pieces of legislation

3. Integration Model

3.1 The Council and NHS Board have implemented a *body corporate* model for the integration of health and social care services. Under Section 1(4)(a) of the Act this involves the delegation of functions by the Council to a body corporate that ~~is to be~~ has been established by order under section 9 (an Integration Joint Board) and delegation of functions by the NHS Board to the Integration Joint Board.

4. Local Governance Arrangements

4.1 The Council and NHS Board each appoints 4 representatives to be voting members of the Integration Joint Board in accordance with the requirements of the Public bodies (Joint Working) Integration Joint Boards) (Scotland) Order 2014 SSI no 285. The Integration Joint Board members appointed by the parties hold office for a period of 3 years. Integration Joint Board members appointed by the parties will cease to be members of the Integration Joint Board in the event that they cease to be nominated representatives of the NHS board or an Appropriate Person or a South Lanarkshire Council Councillor in terms of the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order 2014 SSI no 285.

4.2 The Integration Joint Board also includes the following in terms of the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order2014 SSI no 285 :

- the Chief Social Work Officer of the Council
- the Chief Officer of the Integration Joint Board
- the proper officer of the Integration Joint Board appointed under section 95 of the Local Government (Scotland) Act 1973
- a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with the regulations made under section 17P of the National Health Service (Scotland) Act 1978 (b)
- a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract
- a registered medical practitioner employed by the Health Board and not providing primary medical services

4.3 The Integration Joint Board has appointed (in addition to the above), at least one member in respect of each of the following groups in terms of the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order2014 SSI no 285:

- at least one member of staff of the constituent authorities engaged in the provision of services provided under integration functions
- at least one member from a third sector body carrying out activities related to health or social care in the South Lanarkshire area
- at least one member being a user of health and social care services residing in the South Lanarkshire area
- at least one member providing unpaid care in the South Lanarkshire area
- any additional member as the Integration Joint Board sees fit, for example there is an older person's representative on the South Lanarkshire IJB

4.4 ~~The first chair of the Integration Joint Board was a Board Member nominated by the Council and held office as chair for a period of 12 months. The party which has not appointed the chair nominates the vice chair and the vice chair then holds office for a period of 12 months. At the end of the period of 12 months responsibility for appointing the chair and vice chair will switch to the other party and a new chair and vice chair will be appointed for a period of 2 years. Thereafter~~,

The responsibility for appointing the chair and vice chair will alternate between the parties and the appointments will be made for a period of 3 years

Within this period, each party may change its appointment as Chair or Vice Chair at any time and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

5. Delegation of Functions

5.1 The functions that are 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 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. However, by way of summary, these are as follows:

5.1.1 Hospital Services relating to adults and children within the scope of the Integration Joint Board from a strategic planning perspective include:

5.1.1.1 Accident and emergency services provided in a hospital;

5.1.1.2 Inpatient hospital services relating to the following branches of medicine

- General medicine;
- Geriatric medicine;
- Rehabilitation medicine;
- Respiratory medicine; and
- Palliative care services provided in a hospital;

5.1.1.3 Paediatrics

5.1.1.4 Psychiatry of learning disability

5.1.1.5 Inpatient hospital services provided by general medical practitioners

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

5.1.1.7 Mental health services provided in a hospital except secure forensic mental health services

5.1.2 Functions in relation to the Community Health Services delegated in respect of adults and children are noted below:

- District nursing services
- Health Visiting
- Addiction services
- Allied health professionals in an outpatient department, clinic, or outwith a hospital
- Public dental services
- Primary medical services
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Primary care out-of-hours
- Geriatric medicine
- Palliative care
- Community learning disability services
- Mental health services
- Continence services
- Kidney dialysis services
- Services provided by health professionals that aim to promote public health
- Community Paediatrics

5.2 The functions 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 are set out in Part 2 of Annex 2 and relate to adult services only.

- 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
- Aspects of housing support, including aids and adaptions
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

5.3 Annex 3 sets out arrangements for hosted services. This relates specifically to health services which span more than one Integration Joint Board and are subject to Integration Joint Board approval.

6. Local operational Delivery Arrangements

6.1 The Integration Joint Board meets up to six times per year in public and publishes all agendas, papers and minutes with responsibility for the delivery of integrated functions as set out in annexes 1, 2 and 3 and provides operational oversight of all integrated services, with the exception of those acute services set out as per 6.2 below. It will do this directly for all services except those set out in 6.2 and the operational role of the Chief Officer is set out within section 8.

6.2 The NHS Board retains direct operational oversight of the acute services as set out in section 5.1.1.1 and 5.1.1.2 and provides information on a regular basis to the Integration Joint Board about the delivery of these services. Therefore, the Acute Executive Director provides updates to the IJB and the Chief Officer on the operational delivery of integrated functions delivered within an acute setting.

6.3 The Integration Joint Board is responsible for the development of a Joint Strategic Commissioning Plan as per Section 29 of the Act. This Plan sets out arrangements for carrying out the integration functions and how these contribute to achieving the nine National Health and Wellbeing outcomes as outlined in Annex 4.

6.4 A locality model has been developed by the Integration Joint Board to underpin the development of the Joint Strategic Commissioning Plan.

6.5 From an acute hospital services perspective, operational plans for integrated acute service delivery ~~is~~ are subject to directions from the IJB about the exercise of delegated functions in relation to these services. ~~It~~ These will also be informed and directed by the Joint Strategic Commissioning Plan.

6.6 The Chief Officer is responsible for directly implementing the Integration Joint Board's directions (at the centre) to locality delivery on the ground.

6.7 From an operational and performance management perspective, the Integration Joint Board receives regular reports from the Chief Officer and other responsible officers of the NHS Board and the Local Authority on the delivery of integrated services and will issue directions in response to those reports to ensure improved performance. This includes a range of thematic reports including, but not limited to the following:

- Financial reports pertaining to actual budgets and forecasts of expenditure
- Annual budget setting recommendations
- Transitional funding reports
- Performance reports including progress against the 9 National Health and Wellbeing Outcomes
- Regulatory and inspection reports
- Complaints
- Clinical and care governance reports to be assured of the delivery of safe and effective services
- Risk management reports
- Staff and workforce reports
- Workforce planning reports
- Improvement plans and reports

6.8 Corporate Services Support

6.8.1 In supporting the work of the Integration Joint Board to fully discharge its duties under the Act, the Parties agree to provide the Integration Joint Board with access to all relevant corporate resources such as:

- Financial
- Legal
- Human Resources
- I.T.
- Planning and Performance support
- Risk management
- Audit
- Administration support

6.8.2 Arrangements for providing corporate support services in respect of delegated functions and the associated service provision has been agreed by the Parties. This will be reviewed on an ongoing basis by the Chief Officer and the responsible officers of the Parties.

6.9 Support for Strategic Planning

6.9.1 As outlined in Section 30(3) of the Act, the Integration Joint Board must have regard to the effect that their Joint Strategic Commissioning Plan will have on facilities, services or resources which are used in relation to arrangements set out or being considered to be set out in a Strategic Plan prepared by another Integration Joint Board.

6.9.2 In assessing the health element of this, the NHS Board will provide the necessary activity and financial data for services, facilities and resources that relate to the planned use of services provided by other Health Boards by people who live within the area of the Integration Joint Board.

6.9.3 In assessing the social care element of this, the Council will provide the necessary activity and financial data for services, facilities and resources that relate to the planned use of services provided by other Councils by people who live within the area of the Integration Joint Board.

6.9.4 In circumstances where the NHS Board or Council intend to change service provision of non – integrated services that will impact directly on the Joint Strategic Commissioning Plan, they will advise the Integration Joint Board of this.

6.10 Performance Measurement

6.10.1 Through the development of the Joint Strategic Commissioning Plan, the 9 National Health and Wellbeing outcomes are used to develop a performance reporting framework which underpins the Plan.

6.10.2 The Parties have established an integrated performance reporting framework which considers and develops a local suite of measures and targets that relate to the provision of integration functions. The measures and targets are aligned to the 9 National Health and Wellbeing outcomes and any subsequent guidance/ core suite of indicators. The Parties develop the targets, measures and other arrangements that are devolved to the Integration Joint Board. In developing this, the parties share with the IJB other relevant NHS Board and Local Authority targets and measures which the IJB must take account of.

6.10.3 The Parties, in conjunction with the IJB also consider and develop a list of targets, measures and arrangements that relate to the functions that are not delegated which the IJB must take account of when it is preparing the strategic plan.

6.10.4 The work in respect of 6.10.2 and 6.10.3 takes into account ~~the~~;

- National Health & Wellbeing Outcomes;
- Delegated performance targets related to the commissioning and delivery accountabilities of NHS Lanarkshire or North Lanarkshire Council;
- Delayed discharge;
- Recovery activity;
- Locally agreed outcomes and targets identified through Community Planning and from the Local Outcome Improvement Plan and attributable to Health and Social Care;
- Outcomes and targets, including Health Improvement, for each of the localities identified and agreed in line with the local needs determined for each population; and
- The Nationally prescribed core suite of integration indicators

6.10.5 The reporting of information against this suite of indicators is provided by the Parties to the Integration Joint Board as a means of measuring progress and impact.

6.10.6 Where responsibility for the target is shared, the Parties set out in a document the accountability and responsibility of each of them.

6.10.7 Where the responsibility for the targets span integrated and non – integrated services, ~~that~~ the NHS Board, Council and the Integration Joint Board will work together to produce and deliver the measures and targets which assess performance. This will be evidenced through a standing performance item on IJB meetings and also picked up through the IJB Annual Performance Report

6.10.8 A Performance, Audit and Finance Sub Committee which is accountable to the Integration Joint Board has been established as a non-decision making body to provide further scrutiny on matters related to finance, risk, performance and audit matters.

7. Clinical and Care Governance

7.1 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements are in place for their duties under the Act.

7.2 The Parties remain responsible for the clinical and professional accountability of the services which the Joint Integration Board has directed the Parties to deliver and for the services delivered in respect of functions that are not delegated to the IJB

7.3 The Parties remain individually responsible for the assurance of the quality and safety of services commissioned from the third and independent sectors in line with the requirements set out within the strategic plan and any directions issued by the Joint Integration Board that relate to or have an impact on, integrated and non-integrated service provision

7.4 The Integration Joint Board has regard to the Clinical and Care framework that is set out in Section 7.6 when developing and agreeing its ~~strategic~~ commissioning plan and corresponding directions to the Parties.

7.5 As set out in Section 6.7, the Integration Joint Board receive regular reports from professional leadership members for medical, nursing, AHPs, and Social Work to assure itself that clinical and care governance requirements are being met through these existing arrangements and that safe, effective person centred care is being consistently delivered.

Clinical and Care ~~Professional Governance~~ framework

7.6 The Parties have in place clinical and care governance arrangements to provide assurance that the services that are delivered are safe, effective, person centred and focussed on personal outcomes.

7.7 The Parties recognise that the establishment and continuous review of the arrangements for Clinical and Care Governance and Professional Governance are essential in delivering their obligations and quality ambitions.

7.8 In NHS Lanarkshire this is overseen by the Healthcare Quality Assurance and Improvement Committee, a committee of the Health Board which supports the Health Board in its responsibilities, with regards to issues of clinical risk, control and governance and associated assurance in the area of quality assurance and improvement through a process of constructive challenge.

7.9 The Committee is responsible for the development of a strategic approach to quality assurance and improvement across the organisation, ensuring that quality standards are being set, met and continuously improved for clinical activity. It also ensures that effective arrangements for supporting, monitoring and reporting on quality assurance and improvement are in place and working, demonstrating compliance with statutory

requirements in relation to clinical governance and authorising an accurate and honest annual clinical governance statement.

7.10 In South Lanarkshire Council the Chief Social Work Officer holds professional accountability for social work and social care services as outlined in more detail in 7.20.

7.11 The Parties have established ~~are committed to progressing~~ a shared Clinical and Care Governance framework for integrated services. The professional leadership of the Parties, as set out in 7.18, work together to continue to develop this clinical and care governance framework. It is based on a self – assessment exercise that helped the Parties to identify areas of common practice, provided opportunities to learn from one another and streamline processes.

7.12 Existing processes, procedures and reporting structures for clinical and care governance of integrated services will continue to be reviewed in light of the agreed clinical and care framework. The framework encompasses the following:

- Professional regulation, workload and workforce development;
- Information assurance;
- Service user experience and safety and quality of integrated service delivery and personal outcomes;
- Person Centred Care;
- Management of clinical risks; and
- Learning from adverse clinical and non-clinical events

7.13 Each of these domains is underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They are compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery is evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.

7.14 The Parties and the Integration Joint Board have approved the framework and are responsible for ensuring that it is embedded within service planning, delivery and performance reporting mechanisms. The Integration Joint Board is responsible for ensuring effective mechanisms for service user and carer feedback and for complaints handling as laid out in sections 11 and 13 of this Scheme.

7.15 The Area Clinical Forum, Managed Clinical Networks, GP Sub Committee, Area Medical Committee, Medical Staff Committee and any other appropriate professional groups, and the Adult and Child Protection Committees provide advice directly to the Integration Joint Board or through its professional members.

7.16 The Healthcare Quality Assurance and Improvement Committee and the Chief Social Work Officer and his/her delegates provide advice, oversight and guidance to the Integration Joint Board and Strategic Planning Group in respect of Clinical and Care Governance and Professional Governance, for the delivery of health and social care services across the localities identified in the strategic plan.

Chief Officer

7.17 The Chief Officer has access to professional advice from the Chief Social Work Officer; the Medical Director and the Nursing Director in both their operational role as a senior officer of the parties and as accountable officer to the IJB.

Professional Leadership

7.18 Explicit lines of professional and operational accountability are essential to assure the Integration Joint Board and the Parties of the robustness of governance arrangements for their duties under the Act. They underpin delivery of safe, effective and person centred care in all care settings delivered by employees of NHS Lanarkshire and South Lanarkshire Council and of the third and independent sectors.

7.19 NHS Lanarkshire Board is accountable for Clinical Governance. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies.

7.20 The Chief Social Work Officer in South Lanarkshire holds professional accountability for social work and social care services. The Chief Social Work Officer reports directly to the Chief Executive and elected members of South Lanarkshire Council in respect of professional social work matters. He/she is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that staff delivering such services do so in accordance with the requirements of the Scottish Social Services Council.

7.21 The Medical Director and/or the Director of Nursing, Midwifery and Allied Health Professions, through delegated authority, hold professional accountability for the delivery of safe and effective clinical services within NHS Lanarkshire and report regularly on these matters to the Health Board.

7.22 The Integration Joint Board has three health professional advisors, as set out in section 4.2. These members of the Integration Joint Board are professionally accountable to the Medical Director and the Nurse Director as appropriate.

7.23 This arrangement does not limit the ability of the Medical Director and/or the Director of Nursing to provide advice directly to the Integration Joint Board. Where this advice is offered, the Integration Joint Board must respond in writing and notify the Parties.

7.24 The Chief Social Work Officer, through delegated authority holds professional accountability for the delivery of safe and effective social work and social care services within the Council. An annual report on these matters is provided to the relevant Council committee and will also be made available to the Integration Joint Board. The Chief Social Work Officer, through his/her membership of the IJB and Social Work Committee provides consistent advice and support to both the Committee and the IJB in relation to these reports.

7.25 The Chief Social Work Officer provides professional advice to the Integration Joint Board in respect of the delivery of social work and social care services by Council staff and commissioned care providers in South Lanarkshire.

8. Chief Officer

8.1 The Integration Joint Board appointed a Chief Officer in accordance with section 10 of the Act.

8.2 The Chief Officer is accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Plan, including overseeing the operational delivery of delegated services as set out in Annex 1 and 2 that do not relate to acute or Accident and Emergency Services provided within NHS Board. The services set out in section 5.1.1.1 and 5.1.1.2 continue to be operationally managed by the NHS

Board through the Director of Acute Services in line with the Integration Joint Board's Joint Strategic Commissioning Plan. Therefore, the Acute Director provides updates to the Integration Joint Board and the Chief Officer on the operational delivery of integrated functions delivered within an acute setting.

8.3 The Chief Officer reports to the Council's Chief Executive and the NHS Board's Chief Executive. The Chief Officer's formal contract of employment is with one of the Parties and whichever holds the contract of employment, manages the Chief Officer on a day to day basis.

8.4 At the request of the IJB where there is to be a prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Council's Chief Executive and NHS Board Chief Executive will jointly propose an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair.

8.5 The Chief Officer's objectives are set through a discussion with the Chief Executives of the Council and NHS Board. This forms the basis of the Chief Officer's performance appraisal with said Chief Executives.

8.6 The Chief Officer is a full member of both the Council's and NHS Board's corporate management teams, as well as a member of the Integration Joint Board.

8.7 The Chief Officer liaises with the Executive Director of the NHS Board's Acute Division in respect of agreeing how the Joint Strategic Commissioning Plan informs and contributes to the strategic planning of NHS acute services and provision (as per the Act) and the delivery of agreed targets of mutual responsibility.

8.8 The Chief Officer has established and maintains effective working relationships with a range of key stakeholders across the NHS Board, the Council, the Third and Independent Sectors, service users and carers, the Scottish Government, Trade Unions and relevant professional organisations.

8.9 Current hosted services arrangements are as set out in Annex 3. However, with regards to the future shaping of these services from a strategic planning perspective, the Integration Joint Board discusses with relevant neighbouring Integration Joint Boards how these are shaped now and in the future. The Chief Officer takes direction from the Integration Joint Board in respect of this.

9. Workforce

9.1 Staff managed within the functions delegated to the Integration Joint Board remain either employees of the Council or NHS Board and therefore are subject to the terms and conditions and policies and procedures as specified by whichever of the two employing organisations that their contract of employment is with. Therefore, this Integration Scheme does not change who staff are employed by, nor the terms and conditions in their contract of employment. The employment status of staff does not change as a result of this Scheme – employees of the Parties remain employed by their respective organisations.

9.2 In developing the staff working within those delegated functions (integrated services), the NHS Board and Council work together to produce a range of plans covering the following aspects:

- Workforce planning and development
- Organisational development

- Learning and development of staff
- Engagement of staff and development of a healthy organisational culture

9.3 The above plans have been developed with the full input of all key stakeholders, and approved and implemented by the Integration Joint Board.

9.4 These plans take account the priorities set out within the Joint Strategic Commissioning Plan to ensure that staff working within integrated services have the necessary skills and expertise to deliver against the agreed priorities.

9.5 As these plans are required on an ongoing basis, the NHS Board and Council will review them along with the Integration Joint Board annually in line with the Joint Strategic Commissioning Plan.

10. Finance

10.1 Contributions from the Council and the NHS Board for delegated functions to the Integration Joint Board are overseen by the Chief Officer and the Integration Joint Board Chief Financial Officer. A resource plan and budget based on available resources is developed with the Integration Joint Board Chief Financial Officer being responsible for the preparation of the annual financial statements as required by section 39 of the Act.

10.2 ~~In subsequent years, t~~The Chief Officer and Chief Financial Officer develop an integrated budget based on the Joint Strategic Commissioning Plan and present it to the both Parties for consideration as part of both of their annual budget setting processes. The Parties evaluate the case for the Integrated Budget against their other priorities and agree their respective contributions accordingly. The outcome of this work is presented to the Integration Joint Board. Following on from the budget process, the Chief Officer and the Integration Joint Board Chief Financial Officer prepare a financial plan supporting the Joint Strategic Commissioning plan.

10.3 The budget is evidenced based with transparency of assumptions including, but not limited to pay award, contractual uplift and savings requirements etc.

10.4 The method for determining the amount set aside for hospital services follows guidance issued by the Integrated Resources Advisory Group and is based initially on the notional direct costs of the relevant populations use of in scope hospital services as provided by the Information Services Division (ISD) Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Financial Officer keeps under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. If the Joint Strategic Commissioning Plan sets out a change in hospital capacity, the resource consequences are determined through a bottom up process based on:

- Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan;
- Projected activity and case mix changes due to changes in population need;
- Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. fixed, semi – fixed and variable costs and timing difference i.e. the lag between reduction in capacity and the release of resources.

10.5 Each of the Parties agrees the formal budget setting timelines and reporting periods as defined in the Financial Regulations.

10.6 A schedule of notional payments is provided by the Council and NHS Board to the Integration Joint Board following the approval of the Joint Strategic Commissioning Plan and the Financial Plan.

10.7 The Chief Financial Officer is required to develop a medium to longer term financial strategy in consultation with the NHS Director of Finance and Council's Section 95 Officer.

10.8 It remains the duty of the Council Section 95 Officer and the NHS Board Accountable Officer to monitor and regulate the financial performance of their respective share of the resources available to the Integration Joint Board during each reporting period, throughout the financial year.

10.9 It is the responsibility of the Council Section 95 Officer and the NHS Board Accountable Officer to comply with the agreed reporting timetable and to make available to the Integration Joint Board Chief Financial Officer the relevant financial information, including on the sum set aside in line with 10.14.5 below, required for timely financial reporting to the Integration Joint Board. This includes such details as may be required to inform financial planning of revenue expenditure.

10.10 The frequency of reporting is set out in the Financial Regulations and is at least on a quarterly basis. In advance of each financial year a timetable for financial reporting is submitted to the Integration Joint Board for approval.

10.11 Regular management reports are prepared in line with the financial regulations which are agreed by the Integration Joint Board, and includes actual and projected outturns. The existing budgetary control frameworks adopted by each of the Parties forms the basis of generating the required information.

10.12 The Integration Joint Board's Chief Financial Officer manages the respective financial plan so as to deliver the agreed outcomes within the Joint Strategic Commissioning Plan viewed as a whole.

10.13 The parties do not expect that there is a schedule of cash payments, but rather annual accounting entries for the agreed budgets. There may be a requirement for an actual cash transfer to be made between the Council and the NHS to reflect the difference between the payment being made and the resources delegated to the party by the Integration Joint Board. Any cash transfer will take place at least annually. Any change to frequency will be jointly agreed by the Integration Joint Board, the Council and the NHS.

10.14 The process for managing any in-year financial variations is detailed within the Financial Regulations and are summarised below:

10.14.1 If the Integration Joint Board's Chief Financial Officer is advised that a significant change is likely to the Integration Joint Board's overall financial position and the deviation involves a change of policy of the Integration Joint Board or results in revenue implications for future years, a report will be provided for the Integration Joint Board in good time detailing the financial consequences to enable appropriate action to be taken timeously.

10.14.2 If an overspend is forecast on either Parties in scope budget, the Chief Officer and the Integration Joint Board's Chief Financial Officer will aim to agree a recovery plan with the relevant Party to balance the overspending budget and determine the

actions required to be taken to deliver the recovery plan. If the overspend arises from assumptions in the Integration Joint Board's Joint Strategic Commissioning Plan on the impact of service changes that are not realised as anticipated this should be subject to a report and corrective action. This corrective action may include a recovery plan which should consider revisions to the commissioning of services and / or financial plans to account for the changed circumstances, and the use of any available reserves.

10.14.3 If the recovery plan is unsuccessful then the Parties have the option to agree that either:

a) the relevant party provides additional resources to the Integration Joint Board which is then recovered in future years from subsequent underspends in that party's contribution, (subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this) or;

b) the relevant party makes additional one-off adjustment to the resources that it is making available to the Integration Joint Board.

10.14.4 Unplanned underspends that arise due to *material* differences between assumptions used in setting the budget and actual events effectively represent an overfunding by the Council or NHS Board with respect to planned outcomes. The circumstances surrounding the action required to address unplanned underspends is set out in the Financial Regulations and Reserves Policy, which will be subject to agreement by the Council, NHS Board and the Integration Joint Board. The options will include the underspend either being returned to the relevant party in year through an adjustment to their respective contributions, or maintained by the Integration Joint Board to be carried through the General Fund balance.

10.14.5 The Parties do not expect to reduce their in year payment, or the services delegated to the Integration Joint Board without the consent of the Integration Joint Board and the other Party outwith the following circumstances:

a) Unplanned underspends as defined in 10.14.4 above and the Financial Regulations and Reserves Policy
b) Where the budget assumed a specific allocation from the Scottish Government which did not materialise in year to the extent anticipated. (The converse of this also applies in that should a specific allocation pertaining to a delegated function exceed the anticipated level, an additional payment to the Integration Joint Board may be agreed)

10.14.6 Monitoring arrangements will include the impact of activity on set aside budgets.

10.15 The Accounting Standards as adapted for the public sector apply to the Integration Joint Board. The Code of Practice on Local Authority Accounting in the UK is the applicable guidance for their interpretation.

10.16 The financial statements of the Integration Joint Board will be completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).

10.17 Initially, recording of financial information in respect of the Integration Joint Board will be processed via the Council ledger. The means for recording financial information will be

reviewed by the Chief Financial Officer to ensure this method remains appropriate giving due regard to the needs of the Integration Joint Board. Should an amendment to this method be required, the CFO will consult with both parties and present recommendations to the Integration Joint Board for approval.

10.18 The financial ledger transactions relating to the Integration Joint Board will be carried out prior to the end of the financial year with post year-end adjustments for material information only. Year-end balances and transactions will be agreed timeously in order to allow completion of the Accounts in line with required timescales. This date will be agreed annually by the Integration Joint Board, the NHS Board and the Council.

10.19 From an asset management and capital planning perspective, in the short term, the Integration Joint Board will not be empowered to own capital assets and the regimes of the Council and NHS Board will apply to capital assets used to provide the delegated services. Ownership of assets and associated liabilities will remain with each of the parties.

10.20 The Chief Officer will consider all of the resources which are required to deliver the integration outcomes including the relevant non-current assets owned by the NHS Board and the Council. The Chief Officer will consult with the Council and NHS Board parties to make best use of existing resources.

10.21 Should the Integration Joint Board believe there is a requirement to develop assets in order to facilitate the delivery of the Joint Strategic Commissioning Plan's outcomes, then the Chief Officer must present a business case to the Council and NHS Board for consideration. This should be submitted as part of the party's capital planning process. Partnership discussion would be required at an early stage for jointly funded projects.

10.22 Detailed Financial Regulations governing the Integration Joint Board have been agreed between the Council and the NHS Board and approved by the Integration Joint Board.

11. Participation and Engagement

11.1 Participation and engagement with all stakeholders is central to the development of the Integration Scheme and is a stated requirement as outlined in Section 6 (2) of the Act. The list of stakeholders who have been directly engaged with to date includes:

- Staff from all disciplines across health and social care, for example clinicians, Nurses, Allied Health Professionals (AHPs), social workers, home care workers, performance and support staff (finance, administration, personnel and planning), General Practitioners, members of the local Public Partnership Forums, the Third Sector, Independent Sector and other relevant party agencies

11.2 There was initially a range of planned activity and a variety of methods used to consult with stakeholders including half day seminars in each of the four localities. These events have continued to be used as a vehicle for directly engaging localities in the development of the integration agenda.

11.3 In February/ March, 2015 a more formal consultation process was undertaken on the Integration Scheme, with a draft circulated for comment and feedback across all party agencies. This involved producing user friendly commentary and information for stakeholders which gave an overview of the content of the Integration Scheme and the purpose and importance of this. In totality, the stakeholders who were consulted were:

- Health and social care professionals

- Service users and carers of health and social care services
- Commercial and Non – Commercial Providers of Health and Social Care
- Non – Commercial Providers of Housing
- Independent Sector
- Third Sector bodies carrying out activities relating to health and social care
- Staff likely to be affected by integration
- Other Partnerships who could be affected by the Integration Scheme, namely the North Lanarkshire Partnership

11.4 The feedback from that process ~~has~~ resulted in the Integration Scheme being further refined to reflect the views of stakeholders in shaping the final content and direction outlined in the scheme ~~final draft~~ submitted for approval to the Scottish Government.

11.5 The Parties agree that they will make available to the Integration Joint Board existing forums and stakeholder groups with an interest in health and social care that are already established.

11.6 Further to the participation and engagement activity outlined above, the NHS Board and the Council undertook to support the Integration Joint Board in developing a Participation and Engagement Strategy to support the work of the Integration Joint Board moving forward.

11.7 In resourcing this, the Parties will provide support from staff working within the field of communications and public relations.

11.8 Commissioned by the SLHSCP the South Lanarkshire Health and Social Care Forum plays a key role for community participation and engagement. The forum is an independent group of community volunteers who work to engage health service and social care users, carers and communities in how to improve local health and social care services, support wider public involvement in planning and decision-making about local health and social care services, and keep local people informed about the range and location of services. It has four local forums in line with locality areas.

11.9 SLHSCP Communications Strategy outlines how the partnership will communicate effectively aligned to supporting the delivery of strategic objectives and national health and wellbeing outcomes. The strategy is linked to the Strategic Commissioning Plan and is based upon good practice guidance. Communication workshops will continue to be delivered to target and drive forward campaigns which will be measured by individuals and community groups themselves.

11.10 Supporting this, the IJB has also agreed a Participation and Engagement Strategy which outlines how the IJB will undertake ongoing and sustained engagement with all key stakeholders

12. Information Sharing and Data Handling

12.1 In the first instance, the Parties agreed to be bound by the current Lanarkshire information sharing agreement and good practice guide, which has been incrementally developed over the last ten years by the Lanarkshire Data Sharing Partnership Board. The Lanarkshire Data Sharing Partnership Board is the key multi – agency forum within current partnership arrangements and includes representation from North and South Lanarkshire Councils, NHS Lanarkshire Board, Police Scotland, Fire Service and Third Sector. All staff employed by the Parties will continue to comply with all current polices and protocols with regards to information sharing.

12.2 The protocol and procedures for sharing information were reviewed and updated to reflect the new governance arrangements that pertain to health and social care by the Lanarkshire Data Sharing Partnership. The Chief Officer of the Integration Joint Board has joined the LDSP and the revised protocol has been provided to the Parties and the Integration Joint Board.

12.3 Through the strategic direction provided by the Integration Joint Board as detailed in the Joint Strategic Commissioning Plan, there may be circumstances in which the Integration Joint Board directs the Parties to further develop approaches to information sharing and data handling. In such instances, the Parties will present any changes or amendments to the protocol for the Integration Joint Board to consider.

12.4 It is the intention to ensure that any resultant information sharing agreements will be established and maintained within legislative or regulatory requirements in place at that time, primarily with respect to confidentiality, data protection and privacy.

12.5 The parties entered into an Information Sharing Protocol (Scottish Accord on the Sharing of Personal Information SASPI) in relation to health and social care integration, primarily to support strategic planning and commissioning and service design/redesign.

13. Complaints

13.1 The current arrangements for complaints handling across health and social care in South Lanarkshire are well publicised via hard copy information and electronic means to ensure the public have readily available access to information regarding how to complain. The NHS Board and the Council will assist the Integration Joint Board in continuing to ensure that these processes are clear, well publicised and easily accessible to members of the public. This will involve the Integration Joint Board working with the NHS Board and the Council to review public information and effectiveness of this.

13.2 The system as it stands, operates whereby each of the Parties has its own process and timescales for responding to a complaint. This is outlined below:

- Where the complaint has a social care dimension to it, then it will continue to follow the Social Work complaints procedures and timescales
- Where the complaint has a health care dimension to it, then it will continue to follow the NHS Board process, which in effect is that set under the 2012 Charter of Patient Rights and Responsibilities developed by NHS Scotland
- Where the complaint is multi – faceted and has a multi – agency dimension to it, the Chief Officer will then designate one of the existing processes to take the lead for investigating and coordinating a response
- Each of the current arrangements have key timescales attached to them
- Complaints can be made either via the Council through the website or by telephoning Customer Services 0303 123 1015 or via the NHS Board through the website or telephoning the general enquiry line on 0300 3030 243.

13.3 Any revisions to update or improve these existing processes will involve the NHS Board and the Council assisting the Integration Joint Board to review and update the current processes.

13.4 As with other areas of management information and feedback, the Chief Officer will receive a regular complaints report outlining all complaints for that period which have either been actioned to a conclusion or are a work in progress, together with the stage they are at. This

will be augmented by sharing experiences from complaints and feedback from wider reviews undertaken.

14. Claims Handling, Liability and Indemnity

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

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

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

14.4 In the event of any claim against the Integration Joint Board or in respect of which it is not clear which Party should assume responsibility the Chief Officer (or his/her representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

14.5 If a claim is settled by either Party and it thereafter transpires that liability (in whole or in part) should have rested with the other Party, then that Party shall indemnify the Party which settled the claim.

14.6 Any claim by a third party in respect of any damages or loss that is purely financial shall be met by the Party responsible in law for such loss. This would include the Integration Joint Board.

14.7 Claims regarding policy and/or strategic decisions made by the Integration Joint Board shall be the responsibility of the Integration Joint Board. The Integration Joint Board may require to engage independent legal advice for such claims and the costs of this will be shared between the Parties.

14.8 If a claim has a “cross boundary” element whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other until an agreement is reached as to how the claim should be progressed and determined.

14.9 The Parties and the Integration Joint Board will ensure appropriate risk financing arrangements are in place to meet the cost of claims and other associated costs.

14.10 The Parties and the Integration Joint Board will develop a procedure for claims relating to hosted services. Such claims may follow a different procedure than set out above.

14.11 Claims which pre-date the establishment of the Integration Joint Board will be dealt with by the Parties through the procedures used by them prior to integration.

15. Risk Management

15.1 The Parties will assist the Integration Joint Board in developing risk management strategy and methodology. The risk management strategy and methodology was formally considered for endorsement by the Integration Joint Board by 31 December 2015 and has been reviewed and updated since inception. The risk management strategy and methodology ensures:

- Identification, assessment and prioritisation of risk related to the delivery of services, particularly those which are likely to affect the Joint Board's delivery of the Joint Strategic Commissioning plan
- Read across between the Parties top risks with those of the IJB, particularly where there is a tangible impact on the IJBs ability to deliver its Strategic Commissioning Plan
- Identification and description of processes for mitigating these risks
- Agreed reporting standards.

15.2 The risk management strategy and methodology sets out:

- How the Parties and the Integration Joint Board prepares risk registers and arrangements to amend and update such registers
- Risks that should be reported from the date of delegation of functions and Resources
- Frequency which the risk register will be reported to the Integration Joint Board and the Performance, Audit and Finance Sub Committee
- An agreed risk monitoring framework
- That any changes to the risk management strategy shall be requested through a formal paper to the Integration Joint Board
- Protocols for sharing risk information.

15.3 The Parties will make relevant resources available to support the Integration Joint Board in its risk management. This will include identifying a person responsible for drawing together the risks from the organisations.

~~15.3.1~~ The IJB regularly reviews and updates its Risk Register. ~~initial risk register was produced by 31 March 2016.~~

15.4 In addition to the above, the NHS Board, the Council and Integration Joint Board will consider and agree which risks should be taken from their own risk registers and placed on the shared risk register. Where these risks change, the NHS Board, the Council and Integration Joint Board will notify each other of where they have changed.

16. Dispute Resolution Mechanism

16.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme or any of the duties or powers placed on them under the Act, then they will follow the process set out below:

- The Chief Executives of the NHS Board and the Council, will meet to resolve the issue within 14 working days of a written request for such a meeting made by any of the Parties. The written request will contain a suggested place, time and date to meet. The Chief Officer will also be invited to attend this meeting in an operational capacity
- If unresolved, the NHS Board and the Council will each prepare a written note of their position on the issue and exchange it with the others and will meet once more within 14 working days of the date of exchange of notes to resolve the matter
- In the event that the issue remains unresolved, representatives of the NHS Board and the Council will proceed to mediation with a view to resolving the issue. The mediator will be chosen by agreement amongst the Parties. The Parties shall attempt to agree upon the appointment of a mediator, upon receipt, by any of them, of a written notice to concur in such appointment. Should the Parties fail to agree within fourteen days, any Party, upon giving written notice, may apply to the President of the Law Society of Scotland for the appointment of a mediator. The costs of mediation will be shared

between the Parties.

16.2 Where the issue remains unresolved after following the processes as outlined in 16.1, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached:

- The Parties will write to the Scottish Ministers within 28 days of any Party refusing to accept any resolution suggested by mediation
- As part of the submission to the Scottish Ministers the Parties will send their respective written notes of their position as set out in sub clause b) above together with a jointly worded summary of the issue in dispute requesting directions from the Scottish Ministers to resolve the dispute.

Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodes (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

SCHEDULE 1 Regulation 3

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

Column A	*Column B*
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 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 (provision of 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 Services (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) 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 Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.

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 a patient's responsible medical officer); section 260 (Provision of information to patients); 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 detention requirement or otherwise in hospital) (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.

Part 2

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

The functions that are set out in Part 1 are delegated in relation to the services as set out below and relate to both adults and children

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

1. In this schedule—

"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; and

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

PART 2

2. Accident and Emergency services provided in a hospital.

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

(a) general medicine;

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by General Medical Practitioners.

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

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

PART 3

8. District nursing services.

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

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

11. The public dental service.

12. 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.

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

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

15. 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.

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

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

18. Palliative care services provided outwith a hospital.

19. Community learning disability services.

20. Mental health services provided outwith a hospital.

21. Continence services provided outwith a hospital.

22. Kidney dialysis services provided outwith a hospital.

23. Services provided by health professionals that aim to promote public health.

24. Health Visiting Services

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Set out below is the list of functions delegated by the South Lanarkshire Council to the Integration Joint Board.

SCHEDULE Regulation 2

PART 1

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

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.

The Local Government and Planning (Scotland) Act 1982

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions

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

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved person's property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Carers (Scotland) Act 2016 (b)	
Section 6 (Duty to provide Adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (duty to provide support)	
Section 25 (provision of support to carers:break from caring)	
Section 31 (duty to prepare local carer strategy)	
Section 34 (information and advice service for carers)	
Section 35 (short breaks services statements)	

PART 2

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

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

Part 2

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

Scottish Ministers have set out in guidance that the services set out below must be integrated and this is the full list of services that will be integrated from South Lanarkshire Council perspective These are delegated in so far as they relate to adults only.

- 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
- Aspects of housing support, including aids and adaptions
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

Annex 3

Hosted Services Proposed Arrangements between North and South Lanarkshire Integration Joint Boards

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

Services to be hosted by the South Lanarkshire Integration Joint Board	**Services to be hosted by the North Lanarkshire Integration Joint Board**
Community Dental Services	Care Home Liaison
Diabetes	Community Children's Services
Health and Homelessness	Paediatrics
Primary Care Administration	Dietetics
Palliative Care	Mental Health and Learning Disability
GP Out of Hours	Psychology
Traumatic Brain Injury	Continence Services
Occupational Therapy	Podiatry
Physiotherapy	Sexual Health
	Speech and Language
	Substance Misuse
	Prisoner Health Care

Annex 4 **Health and Wellbeing Outcomes**

Outcome 1 – People are able to look after and improve their own health and wellbeing and live in good health for longer

Outcome 2 – People, including those with disabilities, 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

Outcome 3 – People who use health and social care services have positive experiences of those services and have their dignity respected

Outcome 4 – Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

Outcome 5 – Health and social care services contribute to reducing health inequalities

Outcome 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

Outcome 7 – People who use health and social care services are safe from harm

Outcome 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

Outcome 9 – Resources are used effectively and efficiently in the provision of health and social care services