

Health and Social Care Integration

Model Integration Scheme (Body Corporate)

09 October 2014

Version 1

This model integration scheme should be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

These regulations can be found at
www.legislation.gov.uk

For enquires related to this model please contact
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Scottish Government
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1. Introduction

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

This document sets out a model integration scheme to be followed where the “body corporate” arrangement is used (i.e. the model set out in s1(4)(a) of the Act) and sets out the detail as to how the Health Board and Local Authority will integrate services. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an integration scheme for approval by Scottish Ministers. The integration scheme should¹ follow the format of the model and must include the matters prescribed in Regulations. The matters which must be included are set out in detail in the model.

Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of

¹ Bearing in mind the large number of schemes which will be submitted and the variations which Ministers will be required to check, it would be very helpful if the scheme submitted followed the model. However, a scheme would not be rejected only because it didn’t follow the model. A scheme may, however, be rejected if it doesn’t cover all the matters which have been prescribed as necessary.

its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of councillors, NHS non-executive directors, and other members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority. This is in line with what happened under the previous joint working arrangements. Because the same individuals will sit on the Integration Joint Board and the Health Board or Local Authority, accurate record-keeping and minute-taking will be essential for transparency and accountability purposes.

The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the integration scheme in Section 4. Further, the Act gives the Health Board and the Local Authority, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Aims and Outcomes of the Integration Scheme

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, 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.

The Health Board and the Local Authority should set out more fully here the vision they are looking to achieve, as relates to the national health and wellbeing outcomes, through integration and through the implementation of the principles of the Act².

The Act requires that an Integration Scheme once approved, must be re-submitted and follow the consultation process as described in section 46 in order to be amended. Changes to documents referred to within the Integration Scheme (eg Workforce Plan) do not require the Integration Scheme to go through this process – only changes to the Integration Scheme itself.

² The vision is to achieve the Outcomes above but this gives space to focus on and describe that in more detail.

Model Integration Scheme

The parties:

[X] Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at [] (“the Council”);

And

[Y] Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “ ”) and having its principal offices at [] (“NHS (area)”) (together referred to as “the Parties”)

1. Definitions And Interpretation

To include –

- All terms and expression which require defining; [Parties to finalise at drafting stage]

“The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

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

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

“The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014

“Integration Joint Board Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014

“Scheme” means this Integration Scheme;

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

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

In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for [name of integration authority], 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 Scheme³ comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements⁴

Having regard to the requirements contained in the Integration Scheme Regulations, the Parties require to supply the detail of the voting membership, the chair and vice chair of the Integration Joint Board. The Integration Joint Board, and the Parties will have to communicate with each other and interact in order to contribute to the Outcomes, however the Integration Joint Board does have distinct legal personality and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Integration Joint Board.

- *[Set out the number of representatives to be appointed by each Party⁵]*

³ A degree of flexibility should be allowed when drafting so that non-material changes to practice can be made within the terms of the Scheme, thereby avoiding the need to revert to Ministers for approval.

⁴ The remit and constitution of the Integration Joint Board is established through the legislation. The Integration Joint Board Order provides flexibility for the Parties to determine the voting membership and the arrangements for chairing and vice chairing of the Integration Joint Board.

⁵ The Integration Joint Board is required to co-opt additional members as set out within the Integration Joint Board Order.

- *Set out how the Parties will determine who is chair and vice chair and whether a representative of the Health Board or Local Authority shall go first and the standard length of their period of office]*
- *Where an Integration Joint Board covers more than one Local Authority, the arrangements for the provision of additional members of the Integration Joint Board⁶.]*

3. Delegation of Functions

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

The functions that are to be delegated by the Local Authority to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Local Authority and which are to be integrated, are set out in Part 2 of Annex 2.⁷

4. Local Operational Delivery Arrangements

The local operational arrangements agreed by the Parties are:^{8, 9}

⁶ Where an Integration Joint Board covers more than one local authority area, the Parties need to consider and set out whether a single non-voting representative for the prescribed groups will cover both local authorities or whether a representative will be drawn from each local authority that the Integration Joint Board covers.

⁷ In exercising its functions, the Integration Joint Board must take into account the Parties' requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Agreement, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.

⁸ The Integration Joint Board is responsible for the planning of integrated services and achieves this through the Strategic Plan. It directs the Parties to deliver services in accordance with the Strategic Plan. Scottish Ministers expect the Parties will make the Integration Joint Board (or its membership) operationally responsible for delivery in addition

[Set out

- *the responsibilities of the membership of the Integration Joint Board in relation to monitoring and reporting on the delivery of integrated services on behalf of the Health Board and Local Authority.*
- *the process to support the Integration Joint Board to consider the potential impact of their Strategic Plan on the Strategic Plans of other integration authorities*
- *the process to agree a list of performance targets, improvement measures and reporting arrangements that the Integration Joint Board is to be responsible for, or take account of, when planning integrated service provision.¹⁰*
- *the timescale within which the list of targets, measures and reporting arrangements is to be prepared]*

5. Clinical and Care Governance

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

[Set out the joint arrangements for clinical and care governance including:

- *how oversight and professional advice in respect of clinical and care governance is provided within all aspects of the governance and management structures.*

to the planning responsibilities placed upon the Integration Joint Board by the Act to ensure planning and delivery are fully integrated.

⁹ See also section 6 on the role of the Chief Officer

¹⁰ For example, the Health Board is currently responsible for meeting a HEAT target in relation to delayed discharge. A large proportion of the functions and resources to deliver that target are delegated to the Integration Joint Board. It is therefore appropriate that the Integration Joint Board is required to take account of this target when exercising its functions.

- *the arrangements for the provision of professional health care and social work advice to the Integration Joint Board, the strategic planning group and localities.*¹¹
- *how those arrangements interrelate with the remaining arrangements for providing professional clinical governance and advice within the Health Board (including the respective responsibilities of the Health Board's medical director and nurse director) and the care governance arrangements that remain with the Local Authority.*
- *information about the role of senior professional staff in the NHS and Local Authority in relation to these arrangements.*
- *information about how these arrangements relate to the arrangements for the involvement of professional advisers to the Integration Joint Board.]*

6. Chief Officer

The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:¹²

[Set out the jointly agreed arrangements including:

- *the operational role of the Chief Officer with regards to the delivery of integrated services including;*
 - *the relationship between the Chief Officer and the senior management team of the Health Board and Local Authority.*
 - *information on the structures and procedures which will be used to enable the Chief Officer to work with senior management of the Parties to carry out functions in accordance with the Strategic Plan*

¹¹ For example, this may be done through the establishment of an advisory committee comprised of health and social care professionals, having health and social care professionals as non-voting members of the Integration Joint Board, etc.;

¹² The appointment of the Chief Officer, and the process for appointing the Chief Officer, is the responsibility of the Integration Joint Board. The Chief Officer and the Chair are separate roles.

- *line management of the Chief Officer to ensure accountability to both Parties*
- *the arrangements the Parties will make to appoint a suitable interim replacement in the event that the Chief Officer is absent or otherwise unable to carry out their functions.]*

7. Workforce

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

[Set out the jointly agreed arrangements including:

- *the process which the parties will follow to develop a joint Workforce Development and Support Plan*
- *the process which the parties will follow to develop Organisational Development strategy in relation to teams delivering integrated services*
- *the timescale for developing these plans]*

8. Finance¹³

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 Health Board and the Local Authority are:];

[The Parties must agree and set out the method of determining the resources to be made available to the Integration Joint Board as prescribed in Section 1 of the Act;¹⁴

¹³ [Extensive Finance Guidance](#) is available on the Scottish Government website

¹⁴ The amounts described in (a) and (b) here are not subject to Ministerial approval but are subject to the approval of the Integration Joint Board.

- *amounts to be paid by the Health Board and the Local Authority to the Integration Joint Board in respect of all of the functions delegated by them to the Integration Joint Board¹⁵*
- *amounts to be made available by the Health Board to the Integration Joint Board in respect of all of the functions delegated by the Health Board which are (i) carried out in a hospital in the area of the Health Board and (ii) provided for the areas of two or more local authorities¹⁶*
- *The method by which any variations to the amounts paid or set aside will be determined*
- *The conditions that must be met before a variation to the amounts paid or set aside may be made.]*

¹⁵ The payment in the first year should be based on the baseline established from review of recent past performance and existing plans for the Health Board and the Local Authority for the functions which are to be delegated, adjusted for material items in the shadow period.

In subsequent years, the Chief Officer and the Integration Joint Board financial officer should develop a case for the Integrated Budget based on the Strategic Plan and present it to the Local Authority and Health Board for consideration as part of the annual budget setting process. The case should be evidence based with full transparency on its assumptions on the following: Activity Changes; Cost inflation; Efficiencies; Performance against outcomes; Legal requirements; Transfers to/from the amounts made available by the Health Board for hospital services to which (b) applies; Adjustments to address equity of resource allocation

¹⁶ This should be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board and will be based on:

- Actual Occupied Bed Days and admissions in prior periods;
- Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan;
- Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).

The capacity should be given a £ value using a locally agreed costing methodology.

If the Strategic Plan sets out a change in hospital capacity, the resource consequences will be determined through a bottom up process based on:

- The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need;
- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

The arrangements for the financial management and monitoring of integrated resources;

[The parties must agree and set out:

- *which constituent authority will maintain financial ledgers for the transactions of the Integration Joint Board*
- *the arrangements for the preparation of annual accounts, the 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 process to agree a schedule of payments to be made to the Integration Joint Board and the timescale for preparing this schedule*
- *the frequency that financial monitoring reports will be provided to the Integration Joint Board for the purpose of financial monitoring*
- *the frequency the Health Board will provide financial monitoring reports to the Integration Joint Board in relation to amounts set aside for use by the Integration Joint Board*
- *the agreed content of financial monitoring reports*
- *the process to determine the use of capital assets of the Health Board and local authority in relation to integration functions*
- *the process to manage in-year or year-end underspend or overspend in relation to the amounts paid to, or set aside for, the Integration Joint Board¹⁷*
- *the conditions that will apply where the Integration Joint Board does not retain an underspend.¹⁸*

¹⁷ The Chief Officer will deliver the Outcomes within the total delegated resources 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 accountable finance officer of the constituent authority must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. The Parties must agree and include in the Integration scheme how they will manage an overspend in the remote circumstance that the recovery plan is unsuccessful; or cannot be agreed by the Parties; or is not approved by the Integration Joint Board.

¹⁸ Where there is a forecast planned underspend in an element of the operational budget, 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

9. Participation and Engagement

The stakeholders who were consulted in the development of this scheme were:

[The parties must agree and set out

- *the detail the persons, groups of persons and representatives of persons consulted in the development of the Scheme and the means by which consultation took place].*

The parties jointly agree to provide the following support to the Integration Joint Board

[The parties must agree and set out

- *the detail the arrangements that will be put in place to support the Integration Joint Board to develop a 'participation and engagement strategy' and the timescale by which this strategy should be developed.]*

10. Information-Sharing and data handling

The Parties agree to be bound by the Information Sharing Agreement¹⁹.

[The parties must agree and set out

Strategic Plan; except when material errors in the assumptions made in method to determine. In these circumstances the payment for this element should be recalculated using the revised assumptions.

¹⁹ Information sharing processes need to be clearly understood and communicated. Operationally focussed agreements that support the safe and secure handling of information across organisations are crucial. The agreement must articulate the circumstances in which information will be shared and the processes for doing so. Ministers will support the use of common templates for accords and agreements.

- *the process and timeframe within which the Parties will establish and agree an information sharing agreement and the processes and procedures for sharing information.*
- *the process for amending the information sharing agreement and the procedures for sharing information.]*

11. Complaints

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

[The parties must agree and set out

- *the arrangements²⁰ for the management of complaints relating to integrated service delivery*
- *the process by which a service user may make a complaint.]*

12. Claims Handling, Liability & Indemnity

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

The Parties must consider whether/ how they wish to make arrangements which alter, as between themselves, the normal common law or statutory position in relation to claims against their organisation. If they do, they should set out those arrangements.

[Set out agreed arrangements, for example,

- *provision to the effect that each of the Parties will indemnify the other in respect of claims made by its own employees*

²⁰ These arrangements shall be clearly explained, well-publicised, accessible, allow for timely recourse; and should signpost independent advocacy services.

- *provision to the effect that each of the Parties will indemnify the other in respect of claims by third parties arising from acts or omission of its own employees (i.e. against its employees)*
- *list the buildings/premises under the control of each of the Parties and how claims originating in those buildings or premises will be allocated*
- *procedures for the conduct of claims and ensuring effective communication between the Parties*
- *Procedures for discussing and resolving issues of disputed liability between the Parties and the Integration Joint Board*
- *Provision regarding the mitigation of loss*
- *Assurance arrangements including any self-assurance arrangements]*

13. Risk Management

The Parties shall describe the process they will follow in order to develop a shared risk management strategy²¹

[The parties must agree and set out

- *information on how a risk management procedure will be developed*
- *information on the resources which will be made available by the parties to support risk management.*
- *The timescale within which the risk management strategy is to be developed.*
- *Information on the way in which the parties and, as the case may be, the integration joint board will produce a list of the risks to be reported under the risk management strategy including provision for the list to be amended.*
- *The timescale and frequency within which the list of risks to be reported and who those risks must be reported to will be produced.*
- *An agreed risk monitoring framework*
- *Any risks that should be reported on from the date of delegation of functions and resources.*

²¹ This should identify, assess and prioritise risks related to the planning and delivery of services under integration functions, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan. Identify and describe processes for mitigating those risks. The model includes an agreed reporting standard that will enable other significant risks identified by the partners to be compared across the organisations.

- *The method for agreeing changes to the above requirements with the Integration Joint Board.]*

The Integration Joint Board must

- Establish risk monitoring and reporting as set out in the risk monitoring framework as developed by the Parties
- Maintain the risk information and share with the Parties within the timescales specified.

14. Dispute resolution mechanism

Where either of the Parties fails to agree with the other or with the Integration Joint Board on any issue related to this Scheme, then they will follow a process which they will establish locally – an example of which is set out below as set out below.²²

(a) The Chief Executives of the Health Board and the Local Authority, and the Chief Officer, will meet to resolve the issue;

(b) If unresolved, the Health Board, the Local Authority and the Integration Joint Board will each prepare a written note of their position on the issue and exchange it with the others;

(c) In the event that the issue remains unresolved, representatives of the Health Board, the Local Authority and the Integration Joint Board will proceed to mediation with a view to resolving the issue.

The process for appointing the mediator in (c) should be set out.

²² This relates to disputes between the Health Board and Local Authority in respect of the Integration Joint Board and not to internal disputes within the Integration Joint Board itself. The Parties must agree and set out a dispute resolution mechanism outlining the process which they will follow where they are unable to reach agreement on matters relating to the implementation of the integration scheme and the delivery of integrated health and social care services.

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: [].

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 Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

SCHEDULE 1 Regulation 3

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

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CA ⁽²³⁾ (Functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS Contracts); section 17C (personal medical or dental services); section 17I ⁽²⁴⁾ (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 ⁽²⁵⁾ (care of mothers and young children); section 38A ⁽²⁶⁾ (breastfeeding);

⁽²³⁾ Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).

⁽²⁴⁾ Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

⁽²⁵⁾ The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽²⁶⁾ Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

section 39⁽²⁷⁾ (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55⁽²⁸⁾ (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⁽²⁹⁾ (remission and repayment of charges and payment of travelling expenses);

section 75B⁽³⁰⁾ (reimbursement of the cost of services provided in another EEA state);

section 75BA⁽³¹⁾ (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⁽³²⁾ use and administration of certain endowments and other property held by Health Boards);

section 83⁽³³⁾ (power of Health Boards and local health councils to hold property on trust);

section 84A⁽³⁴⁾ (power to raise money, etc., by appeals, collections etc.);

⁽²⁷⁾ Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

⁽²⁸⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽²⁹⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽³⁰⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽³¹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽³²⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽³³⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

⁽³⁴⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

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 ⁽³⁵⁾ (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 ⁽³⁶⁾;

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55⁽³⁷⁾.

Disabled Persons (Services, Consultation and Representation) Act 1986

⁽³⁵⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽³⁶⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

⁽³⁷⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

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)⁽³⁸⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽³⁹⁾;

section 46 (Hospital managers' duties: notification)⁽⁴⁰⁾;

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⁽⁴¹⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

⁽³⁸⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽³⁹⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽⁴⁰⁾ Section 46 is amended by S.S.I. 2005/465.

⁽⁴¹⁾ Section 281 is amended by S.S.I. 2011/211.

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽⁴²⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽⁴³⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽⁴⁴⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽⁴⁵⁾.

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⁽⁴⁶⁾.

⁽⁴²⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽⁴³⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽⁴⁴⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽⁴⁵⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of “managers” relevant to the functions of Health Boards.

⁽⁴⁶⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Part 2

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

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

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

10. 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⁽⁴⁷⁾; 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

- 11.** Accident and Emergency services provided in a hospital.
- 12.** 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.
- 13.** Palliative care services provided in a hospital.
- 14.** Inpatient hospital services provided by General Medical Practitioners.

⁽⁴⁷⁾ S.S.I. 2004/115.

15. Services provided in a hospital in relation to an addiction or dependence on any substance.
16. Mental health services provided in a hospital, except secure forensic mental health services.

PART 3

17. District nursing services.
18. Services provided outwith a hospital in relation to an addiction or dependence on any substance.
19. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
20. The public dental service.
21. 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⁽⁴⁸⁾.
22. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽⁴⁹⁾.
23. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽⁵⁰⁾.
24. 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⁽⁵¹⁾.
25. Services providing primary medical services to patients during the out-of-hours period.
26. Services provided outwith a hospital in relation to geriatric medicine.
27. Palliative care services provided outwith a hospital.
28. Community learning disability services.
29. Mental health services provided outwith a hospital.
30. Continence services provided outwith a hospital.
31. Kidney dialysis services provided outwith a hospital.
32. Services provided by health professionals that aim to promote public health.

⁽⁴⁸⁾ Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

⁽⁴⁹⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽⁵⁰⁾ Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

⁽⁵¹⁾ Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

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

SCHEDULE Regulation 2

PART 1

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

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

National Assistance Act 1948⁽⁵²⁾

Section 48
(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958⁽⁵³⁾

Section 3
(Provision of sheltered employment by local authorities)

⁽⁵²⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

⁽⁵³⁾ 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Social Work (Scotland) Act 1968⁽⁵⁴⁾	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

⁽⁵⁴⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) (“the 1990 Act”), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) (“the 1995 Act”), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) (“the 2003 Act”), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) (“the 2001 Act”) schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) (“the 2002 Act”), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽⁵⁵⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986⁽⁵⁶⁾	

⁽⁵⁵⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

⁽⁵⁶⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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⁽⁵⁷⁾	
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

⁽⁵⁷⁾ 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽⁵⁸⁾	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002⁽⁵⁹⁾	
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⁽⁶⁰⁾	
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.)	

⁽⁵⁸⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽⁵⁹⁾ 2002 asp 5.

⁽⁶⁰⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006⁽⁶¹⁾	
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⁽⁶²⁾	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽⁶³⁾	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.

⁽⁶¹⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

⁽⁶²⁾ 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

⁽⁶³⁾ 2013 asp 1.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

PART 2

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	
Section 4 ⁽⁶⁴⁾ The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 ⁽⁶⁵⁾	

⁽⁶⁴⁾ Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

⁽⁶⁵⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

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. Further services can be added where they relate to delegated functions;

- 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 adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

Annex 3

Hosted Services

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

This would include –

The hosting of services by one Integration Authority on behalf of others within the same Health Board areas

The hosting of services by on Health Board on behalf of one or more Integration Authority

Additional duties or responsibilities of the Chief Officer