INTEGRATION SCHEME

BETWEEN

ARGYLL AND BUTE COUNCIL

AND

NHS HIGHLAND

Revised March 2026

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1. Introduction

1.1 Vision and Priorities:

The vision of Argyll and Bute Health and Social Care Partnership is that people in Argyll and Bute will live longer, healthier, happier, independent lives. The high level priorities for the area are:-

- Prevention, early intervention and enablement;
- Choice and control and innovation;
- Living well and active citizenship; and
- Community co-production.

1.2 Aims and Outcomes:

The main purpose of integration is to improve the wellbeing of people who use health and social work 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 Public Bodies (Joint Working) (Scotland) Act 2014.

Argyll and Bute Integration Joint Board (IJB) will plan for and deliver high quality health and social care services to, and in partnership with, the communities of Argyll and Bute.

The IJB will set out within its Strategic Plan (defined hereafter) how it will effectively use allocated resources to deliver the National Health and Wellbeing Outcomes, namely that:

- People are able to look after, and improve, their own health and wellbeing and live in good health for longer;
- People, including those with disabilities or long term conditions or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;
- People who use health and social care services have positive experiences of those services, and have their dignity respected;
- Health and social care services are centered 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 reducing any negative impact of their caring role on their own health and wellbeing;

- People using health and social care services are safe from harm;
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide;
- Resources are used effectively and efficiently in the provision of health and social care services; and
- Any other National Health and Well Being outcome prescribed in the future will also be adopted.

Argyll and Bute Council and NHS Highland Health Board have agreed that social work services for Children & Families and Justice Services should be included within the functions and services to be delegated to the IJB, therefore The Promise and the specific national outcomes as detailed below for Children & Families and Justice are also included:

The Promise states that 'all Scotland's children and young people will grow up loved, safe and respected so that they realise their full potential'.

The national outcomes for Children & Families are:-

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens;
- We have improved the life chances of children, young people and families at risk; and
- Any national outcomes prescribed in the future will also be adopted.

National outcomes and standards for Justice Social Work are:-

- Community safety and public protection;
- The reduction of re-offending;
- Social inclusion to support desistance from offending; and
- Any national outcomes prescribed in the future will also be adopted

1.3 Scope of Integration:

Argyll and Bute Council and NHS Highland Health Board have agreed to delegate to the IJB the following functions:

- All NHS services that the legislation permits for delegation;
- All Adult Social Work and social care services;
- All Children & Families Social Work services; and
- All Justice Social Work services.

1.4 Finance arrangements:

The general principles are agreed as:

- Argyll and Bute Council and NHS Highland Health Board recognise that they each have continuing financial governance responsibilities and have agreed to establish the IJB as a "joint operation" as defined by IFRS 11;
- Argyll and Bute Council and NHS Highland Health Board will work together in the spirit of partnership, openness and transparency;
- The IJB will monitor its financial position and make arrangements for the provision of regular, timely, reliable and relevant information on its financial position which will be shared with Argyll and Bute Council and NHS Highland Health Board. The IJB, Argyll and Bute Council and NHS Highland Health Board will share financial information to ensure all parties have a full understanding of their current financial position, future financial outlook and key planning assumptions; and
- The existing financial regulations of Argyll and Bute Council and NHS Highland Health Board will apply to resources transferred to the IJB.

Integration Scheme

The Parties:

The Argyll and Bute Council, established under the Local Government (Scotland) Act 1994 and having its principal offices at, Kilmory, Lochgilphead, Argyll, PA31 8RT (herein after referred to as "the Council");

And

NHS Highland Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as "Argyll and Bute CHP") and having its principal offices at Assynt House, Beechwood Park, Inverness, IV2 3BW (hereinafter referred to as "NHS Highland") (together referred to as "the Parties").

2. Definitions and Interpretation

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

2.2 "IJB" means Argyll and Bute Integration Joint Board.

2.3 "Outcomes" means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.

2.4 "Scheme" means this Integration Scheme.

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

2.6 ''Acute Services'' means medical and surgical treatment provided mainly in hospitals and minor injury units.

2.7 "NHS GG&C" means NHS Greater Glasgow & Clyde.

2.8 "Locality Planning Groups" mean local planning groups comprising representatives of local partners and stakeholders who are accountable to the Strategic Planning Group for the

planning and partnership delivery of agreed local health and care service priorities. Their specific purpose is to develop a locality plan, influence priorities for their local area, agree mechanisms for the delivery of actions at a local level and review and report on the locality plan annually.

2.9 "Performance Management Framework" means the quality and performance measures for each service area within Argyll and Bute HSCP and an overview of the HSCPs performance against the National Health and Wellbeing Outcomes.

2.10 "the GDPR" means the UK General Data Protection Regulations

2.11 "the DPA" means the Data Protection Act 2018

2.12 "Annual Budget" – means the annual financial statement prepared setting out the amount the IJB intends to spend to implement its Strategic Plan.

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 the IJB, 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 revised Scheme comes into effect on the date the Parliamentary Order comes into force.

3. Local Governance Arrangements

3.1 The role and constitution of the IJB is established through legislation, with the Parties having agreed that the voting membership will be:

3.1.1 NHS Highland Health Board: 4 members of the NHS Highland Health Board;

3.1.2 Council: 4 Elected Members of the Council nominated by the Council;

3.1.3 Lived Experience Members: 1 member in respect of third sector bodies carrying out activities related to health or social care in the area Council's area, 1 member in respect of service users residing in the Council's area, 1 member in respect of persons providing unpaid care in the Council's area, and 1 member who is a young person residing in the Council's area to amplify the views of young people; and

3.1.4 The Parties have agreed that the first Chair of the IJB will be the nominee of the Council. The term of office of the Chair and the Vice Chair will be a period of two years.

3.2 The IJB sets out within its Strategic Plan how it will effectively use allocated resources to deliver the Outcomes prescribed by the Scottish Ministers in regulations under section 5(1) of the Act, namely that:

- People are able to look after and improve their own health and wellbeing and live in good health for longer;
- People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community;
- People who use health and social care services have positive experiences of those services, and have their dignity respected;
- Health and social care services are centered 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 reducing any negative impact of their caring role on their own health and wellbeing;
- People using health and social care services are safe from harm;
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide;
- Resources are used effectively and efficiently in the provision of health and social care services; and
- Any further Outcomes that may be subsequently prescribed by the Scottish Ministers via Regulations.

3.3 The Parties have agreed that social work services for Children & Families and Justice should be included within the functions and services to be delegated to the IJB. Therefore, The Promise and specific Outcomes as detailed below for Children & Families and Justice are also included:

The Outcomes for Children & Families are:-

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

- Any Outcomes prescribed in the future will also be adopted.

Outcomes and standards for social work services in the justice system are:-

- Community safety and public protection.
- The reduction of re-offending.
- Social inclusion to support desistance from offending.
- Any national outcomes prescribed in the future will also be adopted

4. Delegation of Functions

4.1 The Parties agree to delegate a comprehensive range of health, social work and social care functions for adults, children and justice to the IJB.

4.2 The functions that are to be delegated by NHS Highland to the IJB are set out in Annex 1.

4.3 The functions that are to be delegated by the Council to the IJB are set out in Annex 2

5. Local Operational Delivery Arrangements

5.1 The local operational arrangements agreed by the Parties are:

5.1.2 The IJB has responsibility for the planning and delivery of services. This will be achieved through the Strategic Plan.

5.1.3 The IJB will be responsible for the operational oversight of the planning, commissioning and contracting of delegated Acute Services and, through the Chief Officer, will be responsible for the operational management, and budget of Acute Services.

5.1.4 As the majority of Acute Services are contracted from a neighbouring Health Board (NHS GG&C), the IJB will be responsible for the operational oversight of Acute Services. A lead Director for Acute Services in NHS GG&C has been identified as the contract liaison officer who is responsible for the operational management of Acute Services in NHS GG&C.

5.1.5 NHS GG&C will provide information as part of the contract monitoring arrangements on a regular basis to the Chief Officer and the IJB on the operational delivery and performance of these services.

5.2 Support for Strategic Plan

5.2.1 The IJB is required under section 29 of the Act to prepare a strategic plan. All Health and Social Care Partnerships' primary responsibility is the achievement of the Outcomes through the delivery of the principles of integration. A critical element in discharging this responsibility is the production and delivery of a Strategic Plan.

5.2.2 The NHS Board will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within Argyll and Bute for its service and for those provided by other Health Boards.

5.2.3 The Council will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within Argyll and Bute for its services and for those provided by other councils.

5.2.4 The Parties agree to use all reasonable endeavours to ensure that other Integration Joint Boards and any other relevant Integration Authority will share the necessary activity and financial data for Services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.

5.2.5 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Integration Joint Boards or Authorities to ensure that they do not prevent the Parties and the IJB from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the Outcomes. The Integration Authorities that are most likely to be affected by the Strategic Plan are:

- West Dunbartonshire Integration Joint Board; Inverclyde; Renfrew; and East Renfrew Integration Joint Boards share a common acute provider of services (NHS GG&C).

5.2.6 The Parties shall advise the IJB where they intend to change service provision of non-integrated services that will have a resultant impact on the Strategic Plan.

5.2.7 The NHS Highland Board will consult with the IJB to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for non-delegated budgets for such Acute Services is appropriately co-ordinated with the delivery of services across the NHS Highland area. The parties shall ensure that a group including the Chief Operating Officer, NHS Highland and Chief Officer of the IJB will meet regularly to discuss such issues.

5.3 Corporate Support Services

5.3.1 The Parties will provide corporate support services to the IJB. The Parties will:

- Agree the scope and level of services to be provided to support the IJB in discharging its duties under the Act.

5.4 Performance Targets, Improvement Measures and Reporting Arrangements

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

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

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

5.4.4 The Performance Management Framework will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the Outcomes to which they are aligned.

5.4.5 The Parties will continue to provide support to the IJB for arrangements regarding performance targets, improvement measures and reporting, including the effective monitoring and reporting of targets and measures for adjoining NHS Boards and Integration Joint Boards.

5.4.6 The IJB will receive performance management information for consideration, approval and agreement, and will act appropriately as necessary, in response to all relevant performance management information, including:-

5.4.6.1 Public Health and Wellbeing Status reports including analysis of Argyll and Bute population, at macro, demographic specific and locality level;

5.4.6.2 Clinical and Care Governance reports to be assured of the quality, safety, risk and effectiveness of services;

5.4.6.3 Staff Governance reports to be assured of compliance and best practice in workforce relations, workforce planning and organisational development;

5.4.6.4 Patients and Users of Care Services; Involvement and Community Engagement reports ensuring their involvement in the shaping, delivery and evaluation of service performance;

5.4.6.5 Financial Governance reports including financial management, budget setting recommendation, expenditure reporting, financial recovery plan and cost improvement plans for consideration and approval;and

5.4.6.6 Performance Management Framework information, to be assured of the performance of services against targets, indicators and outcomes.

6. Clinical and Care Governance

6.1 The Parties and the IJB are accountable for ensuring appropriate clinical and care governance arrangements in respect of their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework, including the focus on localities and service user and carer feedback.

6.2 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. The arrangements described in this section are designed to assure the IJB of the quality and safety of services delivered in Argyll and Bute.

6.3 Explicit lines of professional and operational accountability are essential to assure the IJB and the Parties of the robustness of governance arrangements for their duties under the Act. They underpin delivery of safe, effective and person-centered care in all care settings delivered by employees of the Council, NHS Highland, the third and independent sectors, and by informal carers.

6.4 In relation to existing health, social work and social care services, NHS Highland is accountable for health functions and services, whilst the Council is responsible for social work services. Professional governance responsibilities are carried out by the professional leads through to the health, Social Work and social care professional regulatory bodies.

6.5 The Chief Social Work Officer 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 Argyll and Bute Council in respect of professional Social Work matters. They are 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.

6.6 Principles of clinical and care governance will be embedded at service user/clinical care/professional interface using the framework outlined below. The IJB will ensure that explicit arrangements are made for professional supervision, learning, support and continuous improvement for all staff.

6.7 The IJB will fulfil its devolved responsibility in terms of overseeing delivery of delegated functions by ensuring that there is evidence of effective performance management systems. Professional and service user networks or groups will inform the agreed Clinical and Care Governance Framework directing the focus towards a quality approach and continuous improvement.

6.8 The Clinical and Care Governance and Professional Governance Framework will encompass the following:

- Measure the quality of integrated service delivery by measuring delivery of personal outcomes and seeking feedback from service users and/or carers;
- Professional regulation and workforce development;
- Information governance; and
- Safety of integrated service delivery and personal outcomes and quality of registered services.

6.9 Each of the four elements, listed at 6.8, will be underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They will be compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery will be evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.

6.10 The IJB is responsible for embedding mechanisms for continuous improvement of all services through application of a Clinical and Care Governance and Professional Governance Framework. The IJB will be responsible for ensuring effective mechanisms for service user and carer feedback and for complaints handling.

6.11 NHS Highland Executive Medical Director and Board Nurse Director share accountability for Clinical and Professional Governance across NHS Highland as a duty delegated by NHS Highland. This will include ensuring:

- Quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny;

- Systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population;
- Effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance;
- Systems to support the structured, systematic monitoring, assessment and management of risk;
- Co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement;
- Improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny;
- Mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services; and
- Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

6.12 The Medical Director, or their depute, will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

6.13 The Board Nurse Director, or their depute, will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the overview and consistency of the Clinical and Care Governance and Professional Governance Framework.

6.14 The Chief Social Work Officer, through delegated authority holds professional and operational accountability for the delivery of safe and high quality social work and social care services within the Council. An annual report on these matters will be prepared for Scottish Government and provided to the Council, NHS Highland and the IJB.

6.15 The Chief Social Work Officer will be a member of the Clinical and Care Governance Committee and will provide professional advice in respect of the delivery of social work and social care services by Council staff and commissioned care providers in Argyll and Bute.

6.16 The Chief Social Work Officer will chair a Social Work and Social Care Governance Committee.

6.17 The Parties, in support of the IJB will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care in Argyll and Bute. A Clinical and Care Governance Committee, bringing together senior professional leaders across Argyll and Bute, including the Medical Director, Board Nurse Director, Chief Social Work Officer, and the Associate Director of Public Health, will be established. This committee, chaired by one of its members, will ensure that quality monitoring and governance arrangements

are in place for safe and effective health and social care service delivery in Argyll and Bute. This will include the following:

- compliance with professional codes, legislation, standards, guidance;
- systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population;
- effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance;
- systems to support the structured, systematic monitoring, assessment and management of risk;
- coordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement;
- improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny;
- mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services; and
- planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

6.18 The Clinical and Care Governance Committee will provide advice to the IJB, the Strategic Planning Group and to Locality Planning Groups, all of whom may seek relevant advice directly from the Clinical and Care Governance Committee, as required.

6.19 Arrangements will be put in place so that the Area Clinical Forums, Managed Care networks, other appropriate professional groups, and the Adult and Child Protection Committees are able to directly provide advice to the Clinical and Care Governance Committee.

6.20 The Clinical and Care Governance Committee will report directly to the IJB and will provide clear robust, accurate and timely information on the quality of service performance.

6.21 Information will be used to provide oversight and guidance to the Strategic Planning Group in respect of Clinical and Care Governance and Professional Governance, for the delivery of Health and Social Care Services across localities identified in the Strategic Plan.

6.22 Annex 3 provides a schematic to show the systems governance arrangements.

6.23 Annex 4 provides a schematic to show the clinical and care governance arrangements.

7. Chief Officer

7.1 The Chief Officer has both strategic and operational responsibility for the delivery of services. The Chief Officer will be directly responsible to and line-managed by the Chief Executive Officers of both Parties, and via the Chief Executive Officers is responsible to NHS Highland and the Council. The Chief Officer is also accountable to the IJB.

7.2 The Chief Officer will be accountable directly to the IJB for the preparation, implementation of, and reporting on, the Strategic Plan. The Chief Officer will also be responsible for operational delivery of services and the appropriate management of staff and resources.

7.3 The Chief Officer will establish a senior management team, equipped to direct and oversee the structures and procedures necessary to carry out all functions in accordance with the Strategic Plan.

7.4 In the event that there is a prolonged period when the Chief Officer is unable or unavailable to fulfil their functions, interim arrangements will be required to temporarily replace the Chief Officer. The Parties will nominate suitably qualified and experienced senior officers to carry out the functions of the Chief Officer for the duration of the interim period, and submit the said nominations for approval by the IJB.

7.5 The Chief Officer's objectives will be set annually and performance appraised by the Chief Executive Officers of both Parties, in consultation with the Chair and Vice Chair of the IJB.

7.6 The Chief Officer will be a full member of both the Council and NHS Highland's corporate management teams, as well as a non-voting member of the IJB.

7.7 The Chief Officer will ensure the maintenance of an up to date integrated risk register in respect of all functions delegated to the IJB.

7.8 The Chief Officer will routinely liaise with appropriate officers of NHS Highland in respect of the IJB's role in contributing to the strategic planning of acute NHS healthcare services and provision (in accordance with the Act) and delivery of agreed targets that have mutual responsibility. Operational management of integrated services and Acute Services will be the responsibility of the Chief Officer, as detailed in sections 5.1.3, 5.1.4 and 5.1.5.

7.9 The Chief Officer will routinely liaise with the appropriate Officer(s) of the Council in respect of the IJB's role in informing strategic planning for local housing and the delivery of housing support services. Housing functions, apart from equipment, adaptations and aspects that relate to personal support, are outside the scope of the IJB; however, close liaison between the Chief Officer and the appropriate Officer(s) will assist in the strategic planning process.

7.10 The Chief Officer will develop close working relationships with Elected Members of the Council and executive and non-executive members of NHS Highland.

7.11 The Chief Officer will establish and maintain effective relationships with a range of key stakeholders across the Scottish Government, NHS Highland, the Council, Independent and Third sectors, service users, trades unions, professional organisations and informal carers.

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

8. Workforce

8.1 The Parties are committed to producing and maintaining a fully integrated Workforce and Organisational Development Plan, relating to the delegated functions, as prescribed in the Act. This will include engagement and learning and development for all staff, to promote the development of a robust organisational structure and healthy organisational culture. The plan will remain under annual review. Chief Officer of the IJB will be responsible for implementation and review of the plan, in conjunction with the implementation of the Strategic Plan.

8.2 The ongoing review of the plan will be remitted to Human Resources and Organisational Development Leads from both Parties, with input from other key stakeholders, as required.

9. Finance

9.1 Roles and Responsibilities

9.1.1 The IJB will make arrangements for the proper administration of its financial affairs by appointing a Chief Financial Officer to discharge the responsibilities that fall within Section 95 of the Local Government (Scotland) Act 1973.

9.1.2 The Chief Financial Officer is accountable for financial management of delegated budgets and overall financial resources of the IJB.

9.1.3 The Chief Financial Officer of the IJB will be responsible for managing preparation of the Annual Budget of the IJB, managing the medium term financial planning process to support the Strategic Plan, and providing financial advice and information to support the planning and delivery of services by the IJB.

9.1.4 The Chief Financial Officer of the IJB will be responsible for producing regular finance reports to the IJB and managers, ensuring that those reports are timely, relevant and reliable.

9.1.5 The Chief Financial Officer of the IJB will be responsible for preparing the IJB's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

9.1.6 The Chief Financial Officer of the IJB will work with the Council's Section 95 Officer and NHS Highland Director of Finance to ensure the Council and NHS Highland are kept informed on the financial position, performance and plans of the IJB, at a frequency to be agreed by the parties, in order to inform financial plans and safeguard the financial sustainability of the Council and NHS Highland.

9.1.7 The Chief Executive Officers of the Council and NHS Highland are responsible for the operational delivery of services commissioned by the IJB from their respective organisations.

9.1.8 The Chief Financial Officer will work with the Council's Section 95 Officer and NHS Highland Director of Finance to ensure both organisations work together to develop systems which will allow the recording and reporting of the IJB financial transactions.

9.2 Management of Revenue Budget

9.2.1 The IJB's Strategic Plan will incorporate a medium term financial plan for its resources. On an annual basis the annual financial statement will be prepared setting out the amount the IJB intends to spend to implement its Strategic Plan. This will be known as the Annual Budget. The medium term financial plan will be prepared for the IJB following discussions with the Council and NHS Highland who will provide a proposed budget based on payment for year 1, indicative payments for year 2 and 3 and outline projections for later years. The medium term financial plan will be used in conjunction with the Strategic Plan to ensure the commissioned services by the IJB are delivered within the financial resources available.

9.2.2 The IJB is able to hold reserves. The objectives of the Strategic Plan require to be delivered within agreed resources. The IJB must approve a balanced budget.

9.2.3 The term payment is used to maintain consistency with legislation and does not represent physical cash transfer. As the IJB does not operate a bank account, the net difference between payments into and out of the IJB will result in a balancing cash payment between the Council and NHS Highland. An initial schedule of payments will be agreed within the first 40 working days of each new financial year and may be updated taking into account any additional payments in-year.

9.2.4 The Council and NHS Highland will establish a core baseline budget for each function and service that is delegated to the IJB to form an integrated budget.

9.2.5 The budgets will be based on recurring baseline budgets plus anticipated non-recurring funding for which there is a degree of certainty for each of the functions delegated to the IJB and will take account of any applicable inflationary uplift, planned efficiency savings and any financial strategy assumptions. These budgets will form the basis of the payments to the IJB. These budgets will be reviewed against actual levels of expenditure for the previous 3 financial years. For NHS funding, the starting point will normally be the Argyll & Bute National Resource Allocation Formula (NRAC) share of baseline funding.

9.2.6 For each financial year information will be provided by the Parties on the financial performance of the delegated services against budget in their respective areas to enable all parties to undertake due diligence to gain assurance that the delegated resources are sufficient to deliver the delegated functions.

9.2.7 The Parties will each prepare a schedule outlining the detail and total value of the proposed initial payment in each financial year, the underlying assumptions behind that initial payment and the financial performance against budget for the delegated services in the preceding year for their respective areas. These schedules should be prepared and concluded at least one month before the start of the financial year they relate to. The payment will include funding relating to service level agreements for hospital services provided by other Health Boards to Argyll and Bute residents. The schedules will also identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. These documents must be approved by the Director of Finance for NHS Highland and the Council's Section 95 Officer prior to submission to the IJB.

9.2.8 The IJB Chief Financial Officer will review these documents and reach agreement with both parties on the value of the initial payment. The Chief Financial Officer will then prepare a schedule that describes the agreed value of the payments. The Council's Section 95 Officer, NHS Highland Director of Finance and the IJB Chief Officer must sign this schedule to confirm their agreement.

9.2.9 The process for agreeing the subsequent payments to the IJB will be contingent on the corporate planning and financial planning processes of the Council and NHS Highland. The funding available to the IJB will be dependent on the funding available to the Council and NHS Highland and the corporate priorities of both. Both parties will provide indicative three year allocations to the IJB subject to annual approval through the respective budget setting processes. These indicative allocations will take account of changes in NHS funding and changes in Council funding.

9.2.10 Each year the Chief Financial Officer and Chief Officer of the IJB should prepare a draft budget for the IJB, based on the agreed funding, and present this to the Council and NHS Highland for information within such timescale as may be agreed.

9.2.11 The draft Annual Budget should be prepared to take account of the matters set out above and use the previous year's payment as a baseline that will be adjusted to take account of:

- Activity changes arising from the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;
- Cost inflation on pay and other costs;
- Efficiency savings that can be applied to budgets;
- Performance on outcomes. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the Council and NHS Highland;
- Legal requirements that result in additional and unavoidable expenditure commitments;
- Transfers to/from the budget for hospital services set out in the Strategic Plan; and
- Budget savings required to ensure budgeted expenditure is in line with funding available including an assessment of the impact and risks associated with these savings.

9.2.12 The Director of Finance of NHS Highland, the Council's Section 95 Officer and the Chief Financial Officer of the IJB will ensure a consistency of approach and application of processes in considering budget assumptions and proposals.

9.2.13 Due diligence of the Council and NHS Highland contributions will be undertaken annually and the Chief Financial Officer of the IJB will prepare a schedule outlining the agreed value of the payments. The schedule must be approved by the IJB Chief Officer, the Council's Section 95 Officer and the NHS Highland Director of Finance.

9.2.14 The allocations made from the IJB to the Council and NHS Highland for operational delivery of services will be approved by the IJB.

9.2.15 The annual direction from the IJB to the Council and NHS Highland will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- The delegated function/(s) that are being directed;
- The outcomes and activity levels to be delivered for those delegated functions; and
- The amount and method of determining the payment to carry out the delegated functions.

9.2.16 Once issued, these can be amended or varied by a subsequent direction by the IJB.

9.2.17 Any potential deviation from the planned outturn should be reported to the IJB, the Council and NHS Highland at the earliest opportunity.

9.2.18 Where it is forecast that an overspend will arise in the current year, then the Chief Officer and Chief Financial Officer of the IJB will identify the cause of the forecast overspend and prepare a recovery plan setting out how they propose to address the forecast overspend and return to a breakeven position. The Chief Officer and Chief Financial Officer of the IJB should consult the Council's Section 95 Officer and the Director of Finance of NHS Highland in preparing the recovery plan. The recovery plan should be approved by the IJB. The report setting out the explanation of the forecast overspend and the recovery plan should also be submitted to the Council and NHS Highland. The impact on the medium term financial plan, use of reserves balances and financial risks should also be reported, as appropriate.

9.2.19 A recovery plan should aim to bring the forecast expenditure of the IJB back in line with the budget within the current financial year. Progress on the delivery of the recovery plan requires to be monitored and reported upon. Where an in-year recovery cannot be achieved and a recovery plan extends beyond the current year the amount of any shortfall or deficit carried forward cannot exceed the reserves held by the IJB unless there is prior approval of the Council and NHS Highland.

9.2.20 Where recovery plans are unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, the Parties will consider making interim funds available. An analysis will be undertaken to determine the extent to which the overspends relate to either budgets delegated back to or activities managed by the Council or NHS Highland with the allocation of the interim funds being based on the outcome of this analysis. Any interim funds provided by the Council or NHS Highland will be repaid in future years based on a revised recovery plan agreed by both parent bodies, as required by either of the Parties. NHS Highland and the Council will require to be satisfied that the recovery plan provides reasonable assurance that financial balance will be achieved. If the revised recovery plan cannot be agreed by the Parties or is not approved by the IJB, the dispute resolution mechanism in clause 14 hereof, will be followed.

9.2.21 Subject to there being no outstanding payments due to the partner bodies, the IJB may retain any underspend to build up its own reserves and the Chief Financial Officer will maintain a reserves policy for the IJB.

9.2.22 There will be arrangements in place to allow budget managers to vire budgets between different budget heads set out in the financial regulations.

9.2.23 Redeterminations to payments made by the Council and NHS Highland to the IJB would apply under the following circumstances:

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

9.2.24 Where payments by the Council and NHS Highland are agreed under paragraphs 9.2.3 to 9.2.23 above, they should only be varied as a result of the circumstances set out in paragraphs 9.2.16, 9.2.22 and 9.2.23. Any proposal to amend the payments outwith the above, including any proposal to reduce payments as a result of changes in the financial circumstances of either the Council or NHS Highland requires a justification to be set out and the agreement of both Parties.

9.3 Financial Systems

9.3.1 The Chief Financial Officer will work with the Council's Section 95 Officer and Director of Finance of NHS Highland to ensure appropriate systems and processes are in place to:

- Allow execution of financial transactions;
- Ensure an effective internal control environment over such;
- Maintain a record of the income, expenditure, assets and liabilities of the IJB;
- Enable reporting of the financial performance and position of the IJB; and
- Maintain records of budgets, budget savings, forecast outturns, variances, variance explanations, proposed remedial actions and financial risks.

9.4 Financial reporting to the IJB:

9.4.1 The Chief Financial Officer will provide comprehensive financial monitoring reports to the IJB. These reports will set out information on actual expenditure and budget for the year to date and forecast outturn against Annual Budget together with explanations of significant variances and details of any action required. These reports will also set out progress with action required with achievement of any budgetary savings required. The Chief Financial Officer will also report to the IJB as appropriate in relation to:

- Developing a medium and longer term financial strategy to support delivery of the Strategic Plan;
- Preparation and review of the Annual Budget and medium term financial plan;
- Cost and demand pressures impacting current and future years;
- Collating and reviewing budget savings proposals;
- Identifying and analysing financial risks, and identifying mitigating actions to manage those risks; and
- Policy in relation to reserves, with regular updates on the use of reserves and the impact of the current financial monitoring position on available reserve balances.

9.4.2 On a monthly basis the Parties will provide comprehensive financial monitoring reports to the Chief Financial Officer. The reports will set out information on actual expenditure and budget for the year to date and forecast outturn against Annual Budget together with explanations of significant variances and details of any action required. These reports will also set out progress with achievement of any budgetary savings required.

9.5 Financial reporting to management:

9.5.1 The Chief Financial Officer will work with the Council's Section 95 Officer and Director of Finance of NHS Highland to ensure:

- Managers are consulted in preparing the budget of the IJB;
- Managers are supported in identifying budgetary savings;
- Managers are made aware of the budget they have available;
- Managers are provided with information on actual income and expenditure;
- Managers are provided with information on previous forecast outturns;
- Managers are supported to provide up to date information on forecast outturns;
- Managers are supported to provide explanations of significant variances;
- Managers are supported to identify action required;
- Managers are supported to identify and assess financial risks; and
- Managers are supported to identify and assess future medium to longer term budget implications.

9.6 Financial Statements:

9.6.1 The Chief Financial Officer of the IJB will supply any information required to support the development of the year-end financial statements and annual report for both the Council and NHS Highland.

9.6.2 The Council's Section 95 Officer and the Director of Finance of NHS Highland will supply the Chief Financial Officer of the IJB with any information required to support the development of the year-end financial statements and annual report of the IJB.

9.6.3 Prior to 31 January each year, the Chief Financial Officer of the IJB will agree with the Council's Section 95 Officer and the Director of Finance of NHS Highland a procedure and timetable for the coming financial year end for reconciling payments and agreeing any balances.

9.7 Capital Expenditure and Non-Current Assets

9.7.1 The IJB will not receive any capital allocations, grants or have the power to invest in capital expenditure nor will it own any property or other non-current assets. The Council and NHS Highland will:

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

9.7.2 The Argyll & Bute IJB does not have responsibility for Capital Investment in, or ownership of, the assets it requires to deliver its delegated operational responsibilities. Therefore, it is the responsibility of both parties to ensure that their capital planning and funding allocations are informed by the strategic and operational infrastructure requirements of the IJB, having regard to their available resources. In doing so, both parties will also have regard to the IJB's Joint Strategic Plan, Service Plans, Health and Safety, and Regulatory requirements. This will be undertaken in consultation with the Argyll & Bute Health and Social Care Partnership Management Team.

9.7.3 The Chief Financial Officer of the IJB will be required to work with the relevant officers in the Council and NHS Highland to extract details of the asset registers of property and noncurrent assets used by the IJB.

9.7.4 The Chief Officer of the IJB will work with the relevant officers in the Council and NHS Highland to prepare an asset management plan for the IJB to be approved by the

IJB within a timescale to be agreed annually by the Council and NHS Highland (it is expected this would normally be 30 September). The asset management plan will set out suitability, condition, risks, performance and investment needs related to existing property and other non-current assets identifying any new or significant changes to the asset base.

9.7.5 Alongside the asset management plan, the Chief Officer of the IJB will work with the relevant officers in the Council and NHS Highland to prepare a bid for capital funding for property and other non-current assets used by the IJB. This should be approved by the IJB within a timescale to be agreed annually with the Council and NHS Highland. A business case approach should be adopted to set out the need and assess the options for any proposed capital investment. Any business case will set out how the investment will meet the strategic objectives of the IJB and set out the associated revenue costs.

9.7.6 Whilst responsibility for managing and delivery of capital expenditure remains the responsibility of the Council or NHS Highland, the relevant officers in the Council and NHS Highland will work with the Chief Officer of the IJB to report quarterly on progress with capital expenditure related to property or other non-current assets used by the IJB.

9.7.7 The IJB, the Council and NHS Highland will work together to ensure capital expenditure and property or other non- current assets are used as effectively as possible and in compliance with the relevant legislation on use of public assets.

9.7.8 Depreciation of NHS Highland owned property and other non-current assets used in the services within the scope of the IJB will be charged to the accounts of the IJB and incorporated in the budgets and payments to the IJB.

9.7.9 Revenue costs from property and other non-current assets used in the services within the scope of the IJB will be charged to the accounts of the IJB and incorporated in the budgets and payments to the IJB.

9.7.10 Any gains or losses on disposal of property and other non-current assets used in the services within scope of the IJB will be retained within the accounts of the Council or NHS Highland and not charged to the IJB.

9.7.11 Capital receipts will be retained by the Council or NHS Highland.

9.8 VAT

9.8.1 The IJB will not be required to be registered for VAT, on the basis it is not delivering any supplies that fall within the scope of VAT. The actual delivery of functions delegated to the IJB will continue to be the responsibility of the Council and NHS Highland.

9.8.2 Both the Council and NHS Highland will continue to adhere to their respective VAT arrangements which will be accounted for through respective financial ledgers and statements. The IJB will consult HMRC regarding any VAT issues arising from proposed transfer of services between the Parties (e.g. VAT leakage) taking specialist external VAT advice beforehand if necessary.

10 Participation and Engagement

10.1 In line with the provisions of section 44 of the Act , the Scheme will be reviewed every 5 years.

The parties will undertake a formal consultation exercise in accordance with section 46(4) of the Act, where changes are proposed to the Scheme. This will include the prescribed stakeholders, as set out in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014:-

- Health professionals (GPs, management teams, clinical groups including nursing staff and allied health professionals);
- Users of health care;
- Carers of users of health care;
- Commercial providers of health care;
- Non-commercial providers of health care;
- Social care professionals;
- Users of social care;
- Carers of users of social care;
- Commercial providers of social care;
- Non-commercial providers of social care;
- Staff of NHS Highland and the Council who are not health professionals or social care professionals;
- Non-commercial providers of social housing;
- Third sector bodies carrying out activities related to health or social care;
- Highland Council; and
- NHS GG&C.

Other, local specific stakeholders include:-

- The Council's employees / elected members
- Staff side/trade unions
- Argyll and Bute Public Partnership Forums
- Scottish Ambulance Service
- NHS 24
- Scottish Health Council
- MPs/MSPs
- Dentists
- Pharmacists
- Police Scotland
- Scottish Fire and Rescue
- Argyll and Bute Advice Network
- Lomond and Argyll Advocacy Service
- Argyll and Bute Citizens Advice Bureau / Patient Advice and Support Service
- Argyll and Bute Community Planning Partnership

10.2 The format of the consultation exercise, including the type of methodologies to be adopted when engaging with stakeholders, will be in accordance with the adopted Argyll and Bute HSCP Engagement Framework, which has been developed in line with national guidance and standards for community engagement.

10.3 The Parties will carry out Equality and Socio-Economic Impact Assessments, to ensure that services and policies do not disadvantage communities and staff.

10.4 The Parties will continue to allocate responsibility to senior managers and their teams to support local public and staff involvement and communication.

11 Information Sharing and Data Handling

11.1 The Parties agree to be bound by the Information Sharing Agreement and to continuance of the existing agreement to use the Scottish Information Sharing Toolkit and guidance from the Information Commissioners Office, in respect of information sharing.

11.2 The Parties have developed an Information Sharing Agreement which covers guidance and procedures for staff for sharing of information.

11.3 All staff managed within the delegated functions will be contractually required to comply and adhere to respective local information security policies and procedures including data confidentiality

policies of their employing organisations and the requirements of the IJB's agreed Information Sharing Agreement.

11.4 The Data Protection Officers of NHS Highland and theCouncil, acting on behalf of the Parties, will meet every two years, or more frequently, if required, to review the Information Sharing Agreement and will provide a report detailing recommendations for amendments, for the consideration of the IJB.

11.5 With regard to individually identifiable material, data will be held in both electronic and paper formats and only be accessed by authorised staff, in order to provide the patient or service user with the appropriate service.

11.6 In order to provide fully integrated services it will be necessary to share personal information between the parties and with external agencies. Where this is the case, the IJB will apply a legal basis contained in Article 6 of the General Data Protection Regulations ('the GDPR'). Generally this will be either public task or legal obligation but, where appropriate, any of the other legal bases contained in Article 6 will be used.

11.7 Where the sharing consists of 'special category' information the legal basis for sharing will be consistent with the requirements of Article 9 of the GDPR and schedule 1 of the Data Protection Act 2018 ('the DPA').

11.8 In order to comply with the requirements of the DPA and the GDPR, the IJB will always ensure that personal data it holds will be processed in line with the Data Protection Principles contained within Article 5 of the GDPR and section 35- 40 of the DPA.

12 Complaints

The Parties agree the following arrangements in respect of complaints on behalf of, or by, service users.

12.1 Both Parties will retain separate complaints policies reflecting the distinct statutory requirements.

12.1.1 There will be a single point of contact for complainants. This will be agreed between the Parties to co-ordinate complaints specific to the delegated functions to ensure that the requirements of existing legal/prescribed elements of health and social care complaints processes are met.

12.1.2 Staff within the delegated functions will apply the complaints policy of the relevant Party, depending on the nature of the complaint made. Where a complaint

could be dealt with by the policies of both Parties, the appropriate manager will determine whether both need to be applied separately, or a single joint response is appropriate. Where a joint response to such a complaint is not possible or appropriate, the material issues will be separated and progressed through the respective Party's procedures.

12.2 In the first instance all complaints will be handled by front line staff. If they are unresolved, they will then be passed to a relevant senior manager and thereafter to the Chief Officer.

12.3 If the complaint remains unresolved, the complainant may refer the matter to the Scottish Public Services Ombudsman for health or for social care, as appropriate.

12.4 All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.

12.5 The person making the complaint will always be informed which policies are being applied to their complaint.

12.6 The Parties will produce a quarterly joint report, outlining the learning from upheld complaints. This will be provided for consideration by the IJB.

13 Claims Handling, Liability & Indemnity

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

13.1 The IJB, whilst having a legal personality in its own right has neither assumed nor replaced the rights or responsibilities of either NHS Highland or the Council as the employers of staff who are managed within the delegated functions, or for the operation of buildings or services under the operational remit of those staff.

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

13.3 Liabilities arising from decisions taken by the IJB will be shared between the Parties.

14 Risk Management/Internal Audit

14.1 The Parties will develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect the IJB's delivery of the Strategic Plan.

14.2 The risk management strategy will identify and describe processes for mitigating those risks and set out and agree the reporting standard, which will include:

- Risk management process;
- Escalation of risks;
- Risk register and action plans;
- Risk tolerance; and
- Training.

14.3 The risk management strategy will be approved by both Parties. The risk management strategy will allow for any subsequent changes to the strategy to be approved by the IJB.

14.4 The risk management strategy will include an agreed risk monitoring framework and arrangements for reporting risks and risk information to the relevant parties from the date of inception of the IJB.

14.5 The Parties will develop an integrated risk register that will set out the key risks for the IJB. Risk officers from each of the Parties will review respective procedures and formulate revised procedures which will allow associated risks, scoring and mitigations to be identified for inclusion in the integrated risk register.

14.6 The Integrated Risk Register will be reported to the IJB on a timescale and format agreed by the IJB, but this will not be less that once per year.

14.7 The risk integrated management strategy will set out the process for amending the integrated risk register.

14.8 The Parties will make appropriate resources available to support the IJB in its risk management.

14.9 The IJB is responsible for commissioning an independent internal audit function, as part of an effective system of internal control.

14.10 Establishing the Internal Audit Plan and monitoring its implementation and management progress sits with the IJB, and its Audit and Risk Committee, who take ownership for the IJB's consideration and approval of the annual accounts including the annual governance statement and associated assurances. Both partners may also include pieces of internal audit work that overlap with, or relate to, responsibilities delegated to the IJB within their internal audit, risk management, and assurance processes.

14.11 To maximise the added value from the Internal Audit Service, the IJB will normally appoint the same internal auditor as either Argyll & Bute Council or NHS Highland. If this is not possible or appropriate for any reason, the IJB has authority to procure its own Internal Audit Service using an appropriate public procurement framework, as an alternative.

15 Dispute Resolution Mechanism

15.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, they will follow a process which comprises:

15.1.1 A representative of NHS Highland and the Council will meet to resolve the issue, supported by appropriate Officers;

15.1.2 In the event that the issue remains unresolved, the Chief Executive Officers of NHS Highland and the Council, and the Chief Officer, will meet to resolve the issue, supported by appropriate Officers;

15.1.3 In the event that the issue remains unresolved, the Chair of NHS Highland and the Leader of the Council will meet to resolve the issue, supported by appropriate Officers;and

15.1.4 In the event that the issue remains unresolved, NHS Highland and the Council will proceed to mediation with a view to resolving the issue.

15.2 With regard to the process of appointing a mediator, a representative of NHS Highland and a representative of the Council will meet with a view to appointing a suitable independent mediator. If agreement cannot be reached, a referral will be made to the President of The Law Society of Scotland inviting the President to appoint a mediator. The Parties agree to share the cost of appointing a mediator.

15.3 Where an issue remains unresolved following the process of mediation, the Chief Executive Officers of NHS Highland and the Council will communicate in writing with Scottish Ministers, on behalf of the Parties, informing them of the issue under dispute and that agreement cannot be reached.

Annex 1

Part 1

Functions delegated by NHS Highland to the IJB

Functions prescribed for the purposes of Section 1(6) 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 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 79 (purchase of land and moveable property); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); paragraphs 4, 5, 11A and 13 of Schedule 1 (Health Boards); and functions conferred by – The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018 The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

	The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and The National Health Service (General Dental Services) (Scotland) Regulations 2010.
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 and Treatment) (Scotland) Act 2003.	Except functions conferred by section 22 (approved medical practitioners).
Education (Additional Support for Learning) (Scotland) Act 2004	Section 23 (other agencies etc. to help in exercise of functions under this Act).
Public Health etc. (Scotland) Act 2008	Except functions conferred or by virtue of – Section 2 (duty of Health Boards to protect public health) Section 7 (joint public health protection plans)
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by— Section 31 (Public functions: duties to provide information on certain expenditure etc.); and Section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.	
Carers (Scotland) Act 2016 Section 12 (duty to prepare young carer statement) Section 31 (duty to prepare local carer strategy)	

Functions Prescribed for the purposes of Section 1(8) of the Act

Column A *Enactment conferring function*	*Column B* *Limitation*
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 17 (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding); section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.);

	section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of nonresidents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	

Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners) section 34 (inquiries under section 33: co-operation); section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in the 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 provided by NHS Highland which are to be integrated

- Hospital inpatient (scheduled and unscheduled)
- Rural general hospitals
- Mental health
- Pediatrics
- Community hospitals
- Hospital outpatient services
- NHS community services (nursing, allied health professionals, mental health teams, specialist end of life care, homeless service, older adult community sychiatric nursing, re-ablement, geriatricians community/ccute, learning disability specialist, community midwifery, speech and language therapy, occupational therapy, physiotherapy, audiology
- Community children's services - child and adolescent mental health service, primary mental health workers, public health nursing, health visiting, school nursing, learning disability nursing, child protection advisors, speech and language therapy, occupational therapy, physiotherapy and audiology, specialist child health doctors and service community pediatricians
- Public health
- GP services
- GP prescribing
- General dental, opticians and community pharmacy
- Support services
- Contracts and service level agreements with other NHS boards covering adults and children

Annex 2

Part 1

Functions delegated by the Council to the IJB

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.
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.

Column A *Enactment conferring function*	*Column B* *Limitation*
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 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorized representatives of disabled person.)	
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.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions.
The Housing (Scotland) Act 2001	
Section 92 (Assistance 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	
Section 5 (Local authority arrangements for residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
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.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 34 (Inquiries under section 33: Co-operation)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards)	
Section 259 (Advocacy)	
The Housing (Scotland) Act 2006	
Section 71(1) (b) (Assistance for housing purposes)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries)	
Section 5 (Co-operation)	
Section 6 (Duty to consider importance of providing advocacy and other)	
Section 11 (Assessment Orders)	
Section 14 (Removal orders)	
Section 18 (Protection of moved persons property)	
Section 22 (Right to apply for a banning order)	
Section 40 (Urgent cases)	
Section 42 (Adult Protection Committees)	
Section 43 (Membership)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 5 (Choice of options: adults)	
Section 6 (Choice of options under section 5: assistances)	
Section 7 (Choice of options: adult carers)	
Section 9 (Provision of information about self-directed support)	
Section 11 (Local authority functions)	
Section 12 (Eligibility for direct payment: review)	
Section 13 (Further choice of options on material change of circumstances)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery)	
Section 19 (Promotion of options for self-directed support)	
Carers (Scotland) Act 2016	
Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (Duty to provide support)	
Section 25 (Provision of support to carers: breaks from caring)	
Section 31 (Duty to prepare local carer strategy)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 34 (Information and advice service for carers)	
Section 35 (Short breaks services statements)	
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	

Additional Functions delegated by the Council to Argyll and Bute Integration Joint Board

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948	
Section 45 **(**Recovery in cases of misrepresentation or non-disclosure)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 **(**Reports as to arrangements for future care and upbringing of children)	
The Social Work (Scotland) Act 1968	
Section 5 **(**Powers of Secretary of State)	
Section 6B (Local authority inquiries into matters affecting children)	
Section 27 (Supervision and care of persons put on probation or released from prisons etc)	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred)	
Section 78A (Recovery of contributions)	
Section 80 (Enforcement of duty to make contributions)	
Section 81 (Provisions as to decrees for ailment)	
Section 83 (Variation of trusts)	
Section 86 (Adjustment between authority providing accommodation etc., and authority of area of residence)	
The Children Act 1975	
Section 34 (Access and maintenance)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 39 (Reports by local authorities and probation officers)	
Section 40 (Notice of application to be given to local authority)	
Section 50 (Payments towards maintenance of children)	
Health and Social Services and Social Security Adjudications Act 1983	
Section 21 Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)	
Section 22 (Arrears of contributions charged on interest in land in England and Wales)	
Section 23 (Arrears of contributions secured over interest in land in Scotland)	
Foster Children (Scotland) Act 1984	
Section 3 (Local authorities to ensure well-being of and to visit foster children)	
Section 5 (Notification by persons maintaining or proposing to maintain foster children)	
Section 6 (Notification by persons ceasing to maintain foster children)	
Section 8 (Power to inspect premises)	
Section 9 (Power to impose requirements as to the keeping of foster children)	
Section 10 (Power to prohibit the keeping of foster children)	
The Children (Scotland) Act 1995	
Section 17 (Duty of local authority to child looked after by them)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 20 (Publication of information about services for children)	
Section 21 (Co-operation between authorities)	
Section 22 (Promotion of welfare of children in need)	
Section 23 (Children affected by disability)	
Section 25 (Provision of accommodation for children etc.)	
Section 26 (Manner of provision of accommodation to child looked after by local authority)	
Section 26A (Provision of continuing care: looked after children)	
Section 27 (Daycare for pre-school and other children)	
Section 29 (Aftercare)	
Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc.)	
Section 31 Review of case of child looked after by local authority)	
Section 32 (Removal of child from residential establishment)	
Section 36 (Welfare of certain children in hospitals and nursing homes etc.)	
Section 38 (Short term refuges for children at risk of harm)	
Section 76 (Exclusion orders.)	
Criminal Procedure (Scotland) Act 1995	
Section 51 (Remand and committal of children and young persons)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 203 (Reports)	
Section 234B (Drug treatment and testing order)	
Section 245A (Restriction of liberty orders)	
The Adults with Incapacity (Scotland) Act 2000	
Section 40 (Supervisory bodies)	
The Community Care and Health (Scotland) Act 2002	
Section 6 (Deferred payment of accommodation costs)	
Management of Offenders etc (Scotland) Act 2005	
Sections 10 (Arrangements for assessing and managing risks posed by certain offenders)	
Section 11 (Review of arrangements)	
Adoption and Children (Scotland) Act 2007	
Section 1 (Duty of local authority to provide adoption service)	
Section 5 (Guidance)	
Section 6 (Assistance in carrying out functions under sections 1 and 4)	
Section 9 (Assessment of needs for adoption support services)	
Section 10 (Provision of services)	
Section 11 (Urgent provision)	
Section 12 (Power to provide payment to person entitled to adoption support service)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 19 (Notice under Section 18 local authorities duties)	
Section 26 (Looked after children - adoption is not proceeding)	
Section 45 (Adoption support plans)	
Section 47 (Family member's right to require review of plan)	
Section 48 (Other cases where authority under duty to review plan)	
Section 49 (Re-assessment of needs for adoption support services)	
Section 51 (Guidance)	
Section 71 (Adoption allowance schemes)	
Section 80 (Permanence Orders)	
Section 90 (Precedence of certain other orders)	
Section 99 (Duty of local authority to apply for variation or revocation)	
Section 101 (Local authority to give notice of certain matters)	
Section 105 (Notification of proposed application for order)	
The Adult Support and Protection (Scotland) Act 2007	
Section 7 (Visits)	
Section 8 (Interviews)	
Section 9 (Medical examinations)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 10 (Examination of records etc.)	
Section 16 (Right to remove adult at risk)	
Children's Hearings (Scotland) Act 2011	
Section 35 (Child assessment orders)	
Section 37 (Child protection orders)	
Section 42 (Parental responsibilities and rights directions)	
Section 44 (Obligations of local authority)	
Section 48 (Application for variation or termination	
Section 49 (Notice of an application for variation or termination)	
Section 60 (Local authorities duty to provide information to Principal Reporter)	
Section 131 (Duty of implementation authority to require review)	
Section 144 (Implementation of a compulsory supervision order; general duties of implementation authority)	
Section 145 (Duty where order requires child to reside in a certain place)	
Section 166 (Review of requirement imposed on local authority)	
Section 167 (Appeal to Sheriff Principal: section 166)	
Section 180 (Sharing of information: panel members)	
Section 183 (Mutual assistance)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 184 (Enforcement of obligations of health board under section 183)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 8 (Choice of options; children and family members)	
Section 10 (Provision of information; children under 16)	
Carers (Scotland) Act 2016	
Section 12 (Duty to prepare a Young Carer Statement)	
Children's Hearings (Scotland) Act 2011	
Section 153 (Secure accommodation: regulations)	

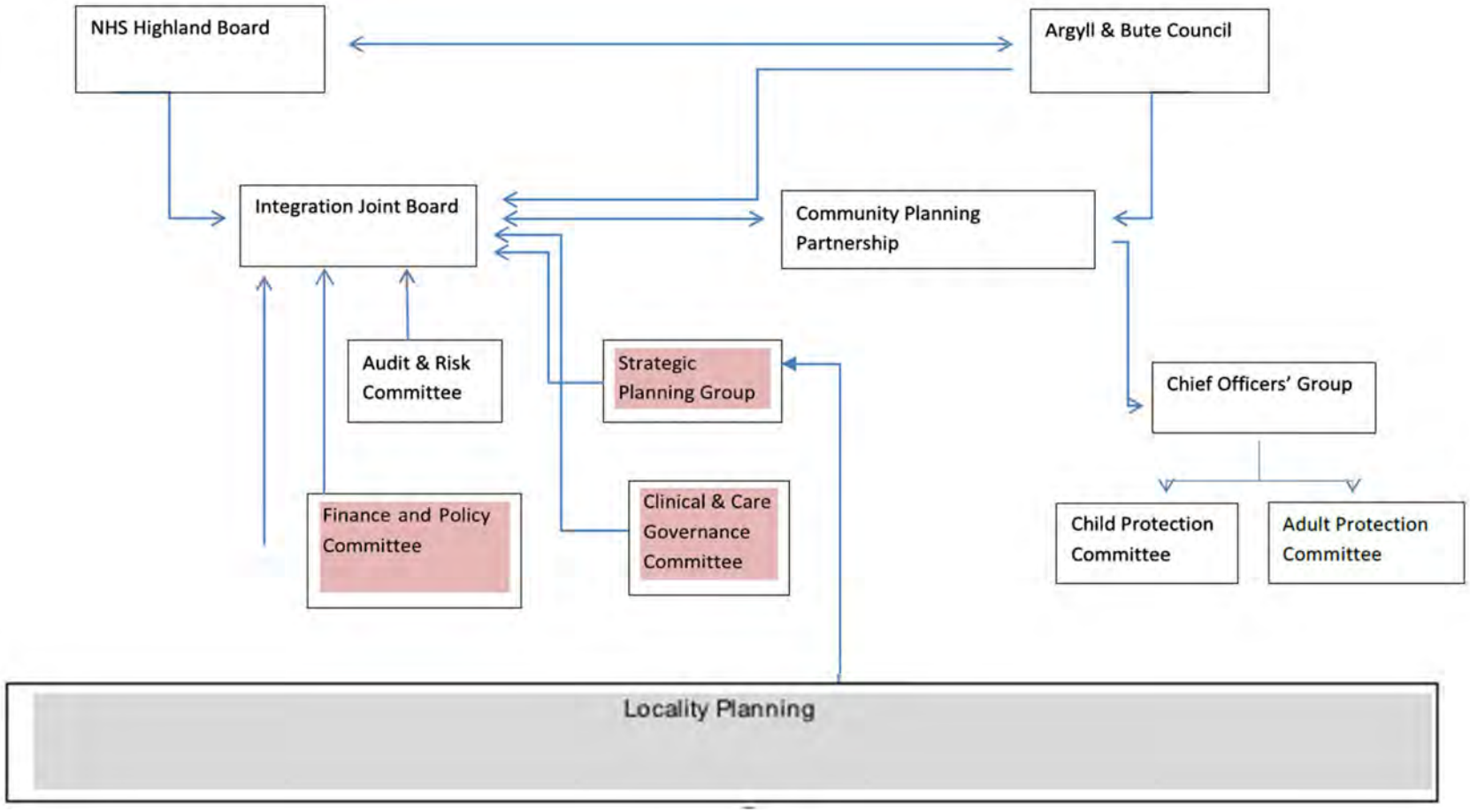
Services provided by the Council which are to be integrated:

All permitted Council functions apart from housing and housing support services, other than aids and adaptations aspects of housing support.

- Social care services for adults and older people
    - Services and support for adults with physical disabilities and learning disabilities
    - Mental health services
    - Drug and alcohol services
    - Adult protection and domestic abuse
    - Carers support services
    - Community care assessment teams
    - Support services
    - Care home services
    - Adult placement services
    - Health improvement services
    - Housing support including aids and adaptions
    - Day services
    - Local area co-ordination
    - Self-directed support
    - Respite provision for adults and young people
    - Occupational therapy services
    - Re-ablement services, equipment and telecare
- Social care services for children and young people
    - Child care assessment and care management
    - Looked after and accommodated children
    - Child protection
    - Adoption and fostering
    - Special needs/additional support
    - Early intervention
    - Through-care services
    - Youth justice services
- Social care justice services
    - Services to courts and parole board
    - Assessment of offenders
    - Diversions from prosecution and fiscal work orders
    - Supervision of offenders subject to a community based order
    - Through care and supervision of released prisoners
    - Multi agency public protection arrangements

Annex 3: Systems Governance.

System Governance Schematic



Annex 4: Clinical and Care Governance structure.

