Agenda Item 9

NHS Highland

NHS Highland na Gàidhealtachd

Meeting:	**Board Meeting**
Meeting date:	**27th January 2026**
Title:	**Review of Argyll and Bute HSCP Integration Scheme 2025**
Responsible Executive/Non-Executive:	**Gareth Adkins, Director of People and Culture**
Report Author:	**Laura Blackwood, Directorate Support Officer A&B Council/HSCP**

Report Recommendation:

The Board is asked to take **substantial assurance** and:

- **Note** the detail of the 36 responses received during the 8-week consultation period, set out in appendix 1;
- **Agree** the revised Integration Scheme (Appendix 2), which has been further updated to take account of feedback received as part of the consultation process;
- **Note** that this report will also be tabled at the NHS Highland Board on 28 January 2026 for approval; and
- **Agree** that the Chief Executives of the two partner bodies jointly submit the revised Scheme to the Scottish Government for their consideration and approval, at the appropriate time.

1 Purpose

This is presented to the Board for:

- Decision
- Assurance

This report relates to a:

- Legal Requirement
- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well		Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well		Live Well		Respond Well		Treat Well	
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well		All Strategic Outcomes	X		

2 Report summary

2.1 Situation

The full Council and NHS Highland Board, at their meetings held on 26th June and 29th July 2025 respectively, approved revisions made to the Health and Social Care Integration Scheme following a review process and agreed that Officers should proceed with arrangements for a 8 week joint consultation exercise, running from 25th August to 19th October 2025. During this period a total of 36 responses were received and details of these are attached at appendix 1.

A review of all the consultation responses has been undertaken by the Working Group that was set up to up to initiate the 5 year review process, at their meeting held on 11th November 2025. Having taken account of all feedback received, a number of further revisions are proposed to the Scheme. The detail of these can be found in the last column of the table attached at Appendix 1, which outlines the Working Group's response to the consultation feedback. The Scheme has been updated to reflect the additional proposed changes arising from the consultation process (highlighted in yellow) and a copy is attached at Appendix 2 for consideration and approval.

2.2 Background

The legal requirement to complete a review of an Integration Scheme is set out in Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act). The Scheme must be reviewed each subsequent period of 5 years beginning with the day on which the Scheme was approved.

The current Scheme was approved by Scottish Ministers on 23rd March 2021, therefore there is a statutory responsibility for Argyll and Bute Council and the Board of NHS Highland (the partner bodies) to carry out a review and submit a revised Scheme to Scottish Ministers no later than 23rd March 2026, or a decision taken by the partner bodies that no changes are necessary by that date.

A review of the current Integration Scheme was undertaken and a number of proposed amendments recommended. These changes were considered and approved by both the Council and NHS Highland Health Board at their respective meetings held in June/July 2025. On the basis that both partner bodies agreed the proposed amendments, there was a requirement to undertake a joint formal consultation exercise in accordance with Section 46(4) of the Act.

Arrangements for the joint consultation, which ran from 25th August to 19th October 2025 were put in place, including:-

- Email/postal correspondence issued to all prescribed stakeholders and any others deemed appropriate
- Use of Council 'Keep in the Loop' service to promote the consultation to customers who have advised they would like to be engaged in consultation activity
- Details of the consultation uploaded to Council and NHS Highland Websites
- Posts on social media
- Press release issued
- Hard copies issued upon request

A total of 36 responses were received, details of which are attached in appendix 1. The vast majority of responses were received via the online survey (33), with the other responses received via email (2) or letter (1). Two of the 33 responses received online left no comments/detail. As detailed in Appendix 1, and in particular at the final column of that table, a total of seven responses contained comments which did not directly relate to the terms of the Integration Scheme document, and as such, were considered to be outwith the scope of this statutory Review exercise.

Following closure of the consultation period the Working Group, which was established to initiate the 5 year review process, was re-convened on 11 November 2025 to undertake a review of all the consultation responses. The Working Group comprises a range of Senior Officers from both partner bodies, as well as the HSCP. Having considered all feedback received as part of the consultation, the Working Group are recommending a number of further revisions to the content of the Scheme, in addition to those previously agreed by the Council and NHS Highland Board at their meetings in June/July 2025. These are summarised below, and are also highlighted in yellow within the revised Scheme attached at Appendix 2:-

- Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes.
- Duplicate page number 37 corrected
- Link to the Engagement Framework added at section 10.2
- Reference to The Promise at p4 and p8
- Changes to the use of social care/social work terminology throughout the document
- New 6.16 – reference to established Social Work and Social Care Governance Committee

Members are asked to consider the outcome of the consultation exercise, and approve the revised Integration Scheme detailed at Appendix 2. A similar report is also being submitted to the NHS Highland Board scheduled for 28th January 2026. If agreeable, both parent bodies will then arrange for the revised Scheme to be jointly submitted to Scottish Ministers for approval prior to 23rd March 2026 deadline.

Thereafter, the Council and NHS Highland will arrange for the final Integration Scheme to be published on their respective websites as soon as practicable after it takes effect.

On 19th December 2025, the *Public Bodies (Integration Joint Boards) (Scotland) Amendment Order* 2025 was laid before the Scottish Parliament. The effect of that Order is to extend the voting membership of IJBs to include service user, unpaid carer and third sector representatives. The Order, which is subject to the negative procedure, is scheduled to come into force on 1st September 2026 - several months after the revised Scheme requires to be completed and submitted to the Scottish Ministers for approval under Section 46(6) of the 2014 Act. Accordingly, a subsequent review of the Integration Scheme may be required to reflect the changes in voting membership, subject to the Order coming into force on the proposed date, and any further direction or guidance on the matter being issued by the Scottish Government.

2.3 Assessment

The 8 week consultation on the revised Integration Scheme has now closed and a total of 36 responses were received. A review of all the feedback was undertaken by the Working Group at their meeting held on 11 November 2025. Members are asked to consider the proposed revisions to the Scheme as a result of the feedback received as

part of the consultation exercise and approve the Integration Scheme set out at Appendix 2.

This report is tabled at the NHS Highland Board on 27th January 2026 for approval.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	X	Moderate	
Limited		None	

3 Impact Analysis

3.1 Quality/ Patient Care

None arising from this report.

3.2 Workforce

None arising from this report.

3.3 Financial

None arising from this report.

3.4 Risk Assessment/Management

If the review of the integration is not completed within the designated timescales, there is a risk of non-compliance with statutory measures under the Public Bodies (Joint Working) (Scotland) Act 2014

3.5 Data Protection

Activity is undertaken in line with GDPR regulations.

3.6 Equality and Diversity, including health inequalities

None arising from this report.

3.7 Other impacts

No other impacts.

3.8 Communication, involvement, engagement and consultation

A Communications & Engagement plan has been included as an appendix to this report.

3.9 Route to the Meeting

The subject of this report has been considered at the Argyll & Bute Integration Joint Board, Argyll & Bute Council and NHS Highland.

4 List of appendices

- **Appendix 1** – Consultation responses and proposed action
- **Appendix 2** – Revised Integration Scheme as at December 2025

Appendix 1

RESPONSES VIA ONLINE SURVEY (1 TO 33)

Ref.	**1(a)** 1.1 - Vision and Values (page 3)	**1(b)** 1.4 - Finance arrangements (page 5)	**1(c)** 3.2 - Local Governance Arrangements (page 8)	**1(d)** 5.3.1 - Corporate Support Services (page 11)	**1(e)** Section 9 - Finance (page 20 - 30)	**1(f)** Section 10 - Participation and Engagement (page 30 - 32)	**1(g)** Section 11 - Information Sharing and Data Handling (page 32)	**1(h)** Section 14 - Risk Management / Internal Audit (page 35 - 36)	**1(i)** Annex 1 (page 39)	**1(j)** Annex 4 - Clinical and Care Governance Structure (page 60)	**2(a)** What is your primary interest in the Integration Scheme?	**Review by Working Group - agreed action**
1	no issues	no issues with wording.	no issues	Anything about NHSH and ABC being held accountable for actually providing those agreed services? Anything can be agreed but what about delivery	This section all about protecting NHSH and ABC. nothing about finance following increased need especially social care or that even being considered. Increase in older people and decreasing birth rate should surely prompt a shift in resource allocation. An HSCP does not have the powers on its own to pull or redistribute funding across wider Council services	no comments	no comments	no comments	no comments	no comments	I am a health professional	**No change to Scheme - comments outwith scope of this review**
2	A joined up approach to the vision and values of the HSCP as an organisation in its own right as opposed to two bodies working in partnership with independent values implies an assertive, proactive and decisive approach to the provision of health and social care within the area. This wording should provide assurance to the wider public.	No particular view.	No particular view	No particular view	Para 9.2.2 - agree this wording is to the point and removes any dubiety.	No particular view	No particular view	No particular view	No particular view	Its good to have a clear outline of this structure	I am an employee of the local authority and/or health board	**No change to Scheme -**
3											I am a carer	**No change to Scheme**
4	Needs to add list of local provision for chronic health conditions. It's not fair or reasonable that patients with e.g. dementia or serious mental health conditions do not have access to in-patient care within A&B.	This is a mess. It needs to be directly funded by the Scottish Government.	A mess. How will the 4 elected Councillors be held accountable for their decisions? What relevant qualifications or experience will they have? How will conflicts of interest be avoided/managed? How will the 4 elected Councillors receive guidance/advice from Council officers? Why are there no patient/service user representatives on the board?								I am a user of health services	**No change to Scheme - the detail sought is availabe from other information sources such as the Council/NHS websites**
5									Sorry not sure where to put this. Occupational Therapy (Social work remit) is delegated to the HSCP, this has never been officially recorded anywhere. Also, the governance and support in terms of formal regulation comes through the Associate AHP Director for OT, not the CSWO. This needs to be clarified/noted as there is no mention that there is an element of social work that is fulfilled by OT including the statutory obligation to provide appropriate assessment. Also, do we need to clarify the Health & Care Staffing Act (as new legislation) and where the responsibility/reporting sits?		I am a health professional	**No change to Scheme - the statutory functions listed at Part 1 of Annexes 1 (in the case of NHS Highland) and 2 (in the case of Argyll and Bute Council) are those functions which have been prescribed and/or permitted in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It is not possible for partners to list legislative functions not prescribed by virtue of that legislation.**
6	I agree with the priorities identified but they are not a 'vision' or 'values'.	No comment	No comment	No comment	9.2.2 - 'the IJB must approve a balanced budget' - is this always going to be possible, or is this more of an aim?	No comment	No comment	No comment	No comment	No comment	Social housing provider working with HSCP	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements**
7											I am a user of health services	**No change to Scheme**
8					Para 9.2.2 The proposed revision states that "The IJB must approve a balanced budget." This means that if the budget is balanced then it is mandatory upon the IJB to approve it. I doubt that this is the intention. I suggest that the revison should be worded as follows. "The IJB may approve only a balanced budget." That said, the previous wording of " The IJB cannot approve a budget which exceeds resources available." is quite specific, whereas a "balanced budget" might be somewhat less so.						I am a user of health services	**The response/view is based on an incorrect interpretation of the proposed wording. No change required to proposed revision as it clarifies the position.**
9	Pointless waffle (as required these days)	No comment		The parties will:... (followed by two deleted paragraphs)	No comment	No comment		The usual evasion of responsibility.	No comment	No comment	I am a user of health services	**No change to Scheme**
10	no idea	no idea	no idea	no idea	spend more on the elderly	no idea	I could answer if I knew the question	no idea	no idea	no idea	I am a user of health services	**No change to Scheme**
11	How can I do any of these things when it is not clear how to access or open the documents										I am a carer	**No change to Scheme**
12	Irrelevant	Irrelevant..so you say	Hopeless								I am a user of social care services	**No change to Scheme**

Appendix 1

Ref.	**1(a)** 1.1 - Vision and Values (page 3)	**1(b)** 1.4 - Finance arrangements (page 5)	**1(c)** 3.2 - Local Governance Arrangements (page 8)	**1(d)** 5.3.1 - Corporate Support Services (page 11)	**1(e)** Section 9 - Finance (page 20 - 30)	**1(f)** Section 10 - Participation and Engagement (page 30 32)	**1(g)** Section 11 - Information Sharing and Data Handling (page 32)	**1(h)** Section 14 - Risk Management / Internal Audit (page 35 - 36)	**1(i)** Annex 1 (page 39)	**1(j)** Annex 4 - Clinical and Care Governance Structure (page 60)	**2(a)** What is your primary interest in the Integration Scheme?	**Review by Working Group - agreed action**
13	You have described a clear vision but there appears to no longer be a set of values associated with this and I think this is required as values help set the culture of the organisation	The changes evidence that the structures are now embedded appear move the focus to the longer term financial outlook, which will support operational delivery	Changes provide additional clarity but not a substantial change	Again changes reflect an embedded structure	Recognising the financial challenges that all public sector organisations are facing it is appropriate that there is more rigour around financial reporting i.e. agreed reporting frequency which allows both parties to provide adequate assurance through their internal governance mechanisms. Moving to financial plans will provide more granular information rather than a high level strategy which should assist both parties and the IJB with its financial planning, recognising that all parties must deliver a break even position. Again changes throughout this section reaffirm the requirement for financial balance at year end and the need to provide assurance on the position. Additionally, the clarity around capital planning and the collaborative approach requi Across health and the council is a valuable addition	I note that NHS24 and SAS are included in other stakeholders but should NHS GoldenJubilee be included considering the primary pci service will receive patients directly from Cowal	Changes appropriate	Since the IJB has delegated responsibility for a number of areas it is appropriate that there is an ARC taking accountability for assuring the internal governance of the IJB by ensuring appropriate controls are in place and providing the governance statements		Appropriate	I am a user of health services	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements**
14											Community council convenor	**No change to Scheme**
15											I am a user of health services	**No change to Scheme**
16											I am a user of health services	**No change to Scheme**
17	Not clear what the priorities mean, they don't seem relevant in this section maybe they should be in section 1.2, no mention of values so maybe it should just be a vision statement.	no comment	no comment	no comment	no comment	no comment	no comment	no comment	no comment	no comment	I am an employee of the local authority and/or health board	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements**
18	Useless. Im practice the entire scheme needs to be abaandoned.	waiting for opertion but NHS Highhland says operation should be in NHS Greater Glasgow and Clyse bcause Argyll has a PA (Paisley) postcode but NHS Greater Glasgow and Clyde says operation should be in NHS Hiughalknd area because Oban is in NHS Highland area	useless	useless	each wants the other to pay	Patients should came fiurst, not artificial boundaries	I object to data sharing	risk to petients is very high	L:ocal uthority ounbdaries shouls be changed. In particular Argyll & Bute Council should be abolished.	Impcrovements not possible until A & B Council is abolished	I am a user of health services	**No change to Scheme - comments outwith scope of review**
19	seems the initial scheme was not particularly fir for purpose	Poor focus seems on cuts. Communication between council and health seems poor	need to be more open	too may chiefs and bot enough Indians. meetings for the sake of a meeting	poor management. top heavy and wasteful	people are either interested or disinterested. Most people are disinterested unless there is a direct threat to them	ineffective	audits should be independent	no comment	top heavy	I am a health professional	**No change to Scheme - comments outwith scope of review**
20											I am a carer	**No change to Scheme**
21	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	As a consumer of the excellent heathcare provided, I'm not interested nor informed as to the policies, procedures, measurements, contingencies adopted to deliver these services. I'm merely interested in their outcome and what ever revisions are adopted the services are maintained or improved.	I am a user of health services	**No change to Scheme**
22	May be correct but does not reflect what happens.	Looks ok	Not correct	Does this include third parties?	Looks correct	OK	As per data protection	Who audits internaly			I am a user of health services	**No change to Scheme**
23								Actually looking at Section 15 there are two page 37s. Thank goodness this is only once every five years.			Visitor to Argyll & Bute therefore possible recipient of care.	**Duplicate page number corrected**
24											I am a user of health services	**No change to Scheme**
25											I am a user of health services	**No change to Scheme**

Ref.	**1(a)** 1.1 - Vision and Values (page 3)	**1(b)** 1.4 - Finance arrangements (page 5)	**1(c)** 3.2 - Local Governance Arrangements (page 8)	**1(d)** 5.3.1 - Corporate Support Services (page 11)	**1(e)** Section 9 - Finance (page 20 - 30)	**1(f)** Section 10 - Participation and Engagement (page 30 - 32)	**1(g)** Section 11 - Information Sharing and Data Handling (page 32)	**1(h)** Section 14 - Risk Management / Internal Audit (page 35 - 36)	**1(i)** Annex 1 (page 39)	**1(j)** Annex 4 - Clinical and Care Governance Structure (page 60)	**2(a)** What is your primary interest in the Integration Scheme?	**Review by Working Group - agreed action**
26	You are missing from the high level priorities "IN THEIR COMMUNITY" - we don't wish to have to go to Glasgow (3.5 hours away IF the road is open)		4th bullet point should include the words "IN THEIR COMMUNITY" - we don't wish to have to go to Glasgow (3.5 hours away IF the road is open)			What a waste of time. You and the SG have been called out by the SHRC (2025) for failing in your duty to provide the basic human right of access to health for those of us living in the Highlands, with this Central Belt policy of NHS provision which doesn't work here, yet your response via this Participation and Engagement is just to 'tweak' the wording of the failed policy and ask us, the long-suffering users, whether we agree - what BS. This P&E needs to allow the proper discourse and challenge and highlighting of the issues we the users have faced over the last 5 years and solutions to be agreed, not some tick-box exercise of word tweaking. This isn't just some griping - it is life and death. My partner nearly died because of your policy - you've stripped Campbeltown Hospital to the bone so it doesn't have the resources to deal with most life-threatening emergencies - which means they have to be blue-lit to Glasgow 3-4 hours away. When my partner's occurred, neither the Life flight or the Coastguard helicopter could fly due to fog, and ALL the roads were closed due to storm damage.And my partner's experience is a one-off, there are many other similar cases here in Kintyre. We need PROPER provision IN THE COMMUNITY - not in the Central Belt.					I am a user of health services	**No change to Scheme - comments outwith scope of review**
27	Still no communication within partnerships	Funding decisions affect users - NHS being funded directly and indirectly, lots of people at the top(GPs getting paid from NHS and Council) getting lots of money and shortcomings for the user - no money for home helps. Needs addressing.	Local governance not implemented - decisions made - end users not notified of changes	Performance management - no body listens! Decisions made without having discussed with individuals.	Needs scrutinising - money being poured into wrong pockets	Needs looked at	Policies not always adhered to	Dispute mechanism not meeting individual needs when challenges are made, ie the ranks close - supposed to be entitled to - People who use health and social care services have positive experiences of thoseservices, and have their dignity respected. - This does not happen locally. • Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services. Not happening locally. GP practices being run for profit not for people.		Needs adressing	I am a carer	**No change to Scheme - comments outwith scope of review**
28	The proposed vision and values don't actually set out any values. It sets out the vision and priorities, but says nothing about a commitment to caring, compassion, excellence etc. The removal of this may be seen to be indicative of a reducing commitment to delivering a quality service, underpinned by a strong value system.	Happy with this, although phrases like "key planning assumptions" aren't Plain English and if this is to be a public document, should be replaced with something that will be understandable by a wider audience.	Looks fine to me	Looks fine to me	What is says is in 9.1.6 is fine in principle but the way it is worded is not Plain English. I would suggest a new sentence rather than adding to the old one that says: The frequency of updates will be agreed by the Council and NHS Highland, in order to inform their financial plans and safeguard their financial sustainability. Even that is a bit wordy but is more user friendly than the proposal. The rest of it looks fine to me.	Looks fine to me - for ease of the reader, it would be good to link to the engagement framework within the document	Looks fine to me	Looks fine to me	no comment	no comment	I am a carer	**Section 1.1 has been updated to reflect the current Strategic Plan. The heading changed to "vision and priorities" to reflect changes. This is not in contravention of statutory requirements** **Link to the Engagement Framework added at section 10.2**
29	Nice words – however in practise these values are budget led – early intervention must be a core value as this would prevent larger costs. Pro active rather than reactive.	It is essential that a budget is produced and adhered to – no council fuding should be syphoned off to support NHS other than statutory duties.	These seem fine – however nominees for board members should be local and have some qualification in the subject to enable them to participate and not just reply on whats presented to them.	Seems very woolly – I know this is a consultation however stop we recommend and rather what we will.	Strict budgeting controls need to be in place – overspends frequently happen and this has an impact on services and communities	Engagement must be via all mediums – paper copies must be available to those who are not technically engaged. Very interesting to note there are no representatives from ABC Homeless – this is a statutory function and works very closely with health, social housing, police etc	Whilst this is a legal requirement lets not forget Common sense!				I am a social care professional	**No change to Scheme**
30	No comment	NHS to work within budget	Children's Services and Justice should be part of the Council and associated with Education.	Parent organisations need to provide full corporate support for the HSCP. HSCP can not afford to be starved of the support that would be given to services if they remained part of NHSH or Council	There requires to be recognition of the rising level of need. As per Christie, disinvestment in acute NHS services and investment in community resources	No comment	Is adequate as stands	Needs to be recognised that Council services have significant management and audit through established multi agency processes such as APC	No comment	Needs balance of Council and NHS governance. Current structures are NHS dominated	I am a user of health services	**No change to Scheme**

Appendix 1

Ref.	**1(a)** 1.1 - Vision and Values (page 3)	**1(b)** 1.4 - Finance arrangements (page 5)	**1(c)** 3.2 - Local Governance Arrangements (page 8)	**1(d)** 5.3.1 - Corporate Support Services (page 11)	**1(e)** Section 9 - Finance (page 20 - 30)	**1(f)** Section 10 - Participation and Engagement (page 30 - 32)	**1(g)** Section 11 - Information Sharing and Data Handling (page 32)	**1(h)** Section 14 - Risk Management / Internal Audit (page 35 - 36)	**1(i)** Annex 1 (page 39)	**1(j)** Annex 4 - Clinical and Care Governance Structure (page 60)	**2(a)** What is your primary interest in the Integration Scheme?	**Review by Working Group - agreed action**
31	The vision for the plan is great. I do not fully understand what the high level priorities mean in practice (apart from community participation) and I would welcome some more detail. They are at this point so high level that they are more like concepts than priorities.	I do not think there is any detail here of accountability for the finances of the IJB. It is not clear to me what happens if more funding is needed, if there are difficulties or if one party is not acting in line with the spirit of openess and transparency. I agree with the principles but there is no safety net.	I would much prefer if some specific mention of children was made. I am concerned that the arrangements will sacrifice the children's budget for the need for adult social care provision. I think arrangements for child health are precarious and rely on links to NHS GGC, which are subject to change and most often cuts. This leaves child health in a increasingly precarious position and the governance arrangements do not specify how this will be remedied or managed. I would like to see some ring fencing for children's services. I do not think that health public protection and child protection should be included in this scheme, as Child Death Reviews are not. The legislation around provision of forensic medical services means that the health board is responsible for ensuring this service to adults and children. Argyll and Bute receives this from NHS GGC/ Archway, so this is a clinical pathway, and a service level agreement, not integration. It therefore can be ended if NHS GGC chose to stop it and there is no safety net. While the practical arrangements would not change, I do not think you can include this in the scheme of integration as it would be counter to the legislative requirements. I am concerned that we see a significant disparity in child protection resource in Argyll and Bute compared to Highland, with Argyll and Bute losing out. If child protection (health) remains outside of the IJB the board retains responsibility in line with the National Guidance for Child Protection in Scotland which is underpinned by the NHS assurance and accountability framework - which sets out board responsibilities in respect of all aspects of public protection arrangements. I do not think the IJB has the resource to meet these standards under current and proposed plans.	No concerns.	This section is quite technical and not very easy to follow. I do not have specific concerns, except that I would not wish to see children disadvantaged by these integration arrangements which appear to mainly suit adult services. I would prefer if some explicit arrangements were set out that the children's budget cannot be reduced to fund adult social care or adult health care and changes to the funding of all child health services and children's social care services that are within the scheme of delegation cannot be reduced without consultation and agreement of all partners. In this way the provisions of the new legislation in respect of the UNCRC is taken into account.	no concerns	no concerns	It is unclear to me if the plan for internal audit relates to financial matters or the delivery of care. I note that there are any number of professional standards required for health staff and national guidance in respect of children's health care services and public protection. It is unclear to me what the IJB will do if these standards are missed and how they will work with professional groups to get the input needed to know about any risks to delivery of services. I also feel that specific mention of risks to child health services should be highlighted, in respect of UNCRC legislation.	I do not believe that public protection should fall under the IJB arrangements as these should remain to be centrally organised through the health board's public protection arrangements so there can be parity of provision across the board area. This would allow the public health nurses needed to work in their preventative roles, the opportunity to do this, without excess time spent on child protection health work.	There is no link shown between the clinical and care governance committee and the NHS Highland board, which seems to be a lack in the schematic. I think the revised scheme must be clear that all board resources for health care should used where appropriate and this includes professional and specialist expertise, not necessarily located within Argyll and Bute. Please note also that child death reviews sit outside these arrangements but will need a mechanism to feedback to the clinical and care governance committee and child death reviews remain a health board responsibility in line with DL(20220)25. So it would be useful to understand where professional networks fit into the proposed revised scheme of integration so that the board can fulfil its obligations in respect of public protection and child health services. Especially as all the clinical pathways link to NHS GGC and not NHSH.	I am a health professional	**No change to Scheme - the detail sought is covered within supporting documentation such as the Argyll and Bute HSCP Joint Strategic Plan.**
32					My late wife had a care package during the last year of her life. Care was provided by around six or seven organisations including two terminal care charities, NHS nurses, NHS care workers, three or four charities and commercial concerns providing home care services. All this co-ordinated as best it could be by a Helensburgh based social worker. Each of these organisations have tiers of management doing the same job. Some had not trained their staff properly. One charity had trainee workers paid £11.02 per hour and a CEO on over £100K. Huge amounts of money are wasted on hiring in staff from outside agencies instead of employing them direct.						I am very likely going to need an end of life care package in the future.	**No change to Scheme - comments outwith scope of review**
33	First impressions- it is a rehash of what we had before- this means that the plan will result in us doing the same again. It is full of jargon; is not accessible and if it is intended as document to be read by the public, it misses the mark. Secondly- you state 'Argyll and Bute Integration Joint Board (IJB) will plan for and deliver high quality health and social care services...'- that is a bold statement- how will you ensure your words result in actions that deliver those high quality services we desire. Certainly, at this time the delivery of social work services and the subsequent allocation of reduced time and task social care is not person-centred and is not quality.	How will you work together 'in the spirit of partnership, openness and transparency?' There is little evidence of this currently- participation and open collaboration is not clearly there- once again the planned actions that follow these words is essential to make this document that sees the changes we desire.	As above. Significant improvements need to be made in social work services if we are to realise the vision of the SDS, carers and human rights legislation all of which are related to H&SC integration.	No objections to the changes made	As well as a balanced budget, other statutory duties described in the SDS, Carers and other legislation must be upheld. The IJB needs to question why a 'balanced budget' trumps other legal responsibilities which should also be mentioned in the plan (not in the whole, but as mention e.g. 'The HSCP will ensure all statutory legal duties detailed in relevant health, social care, local government and financial legislation are adhered to.' On 9.2.18- that plans to recover overspends will not contravene other legal duties the HSCP holds. 9.2.19- all elements of the plan should be monitored and reported on- not just financial ones.	And that participation and engagement should be meaningful and accessible. It should recognise the diversity of those utilsing HSCP services- this means that resources for participation and engagement should be available in alternative formats e.g. easy read. That, for example, engagement with children or people with learning disabilities should be conducted in a way that supports understanding. The HSCP should work with partners e.g. independent advocacy, independent support organisations (SiRD), registered support providers to ensure people are reached and included.	Fine	Fine	you should also include the Social Care (Self-directed Support (Scotland) Act 2013 as the main stream mechanism for delivery of social care and the Carers Act (2016)	Fine	I am a social care professional	**As per 5 above - update comment to advise that the statutory functions listed at Part 1 of Annexes 1 (in the case of NHS Highland) and 2 (in the case of Argyll and Bute Council) are those functions which have been prescribed and/or permitted in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It is not possible for partners to list legislative functions not prescribed by virtue of that legislation.**
	RESPONSES VIA EMAIL/LETTER (34 TO 36)											
34	Good morning, South Cowal Community Council wishes to make a brief comment on the health and social care integration consultation. We do not believe there is any genuine integration. What we have are 2 separate organisations with an additional overhead but which have separate structures, separate employers and, in practice, separate budgets. This is integration in name only. To illustrate this, we currently have a freeze or partial freeze on care at home. Someone currently getting care at home needs to drop out of the system to free up capacity for someone else. There simply must be bed blocking as a result, one of the key issues integration was supposed to resolve. Members of the community council know of individuals in our area that this has affected and where they have been left in hospital for extended periods. If there was a properly integrated system, this would not happen. We agreed to copy in our MSP Janni Minto to this.										Community Council	**No change to Scheme**

Appendix 1

Ref.	**1(a)** 1.1 - Vision and Values (page 3)	**1(b)** 1.4 - Finance arrangements (page 5)	**1(c)** 3.2 - Local Governance Arrangements (page 8)	**1(d)** 5.3.1 - Corporate Support Services (page 11)	**1(e)** Section 9 - Finance (page 20 - 30)	**1(f)** Section 10 - Participation and Engagement (page 30 - 32)	**1(g)** Section 11 - Information Sharing and Data Handling (page 32)	**1(h)** Section 14 - Risk Management / Internal Audit (page 35 - 36)	**1(i)** Annex 1 (page 39)	**1(j)** Annex 4 - Clinical and Care Governance Structure (page 60)	**2(a)** What is your primary interest in the Integration Scheme?	**Review by Working Group - agreed action**
35	Having reviewed the document, I would like to raise concerns regarding the terminology used throughout, particularly the frequent use of the term social care to describe social work services. This conflation has led to several inaccuracies within the document. In March 2010, the Scottish Government published guidance on the role of the registered social worker in statutory interventions. This guidance emphasised the importance of raising public confidence in social work by laying out the fact that accountability for such interventions rests with registered social workers. The term social care typically refers to direct assistance and support, whereas social work encompasses a broader professional remit, including advocacy, assessment, intervention, and statutory responsibilities. Using social work more consistently and accurately reflects the professional duties, legal obligations, and accountability inherent in the role. Below are examples of terminology inconsistencies within the Scheme of Integration: •Page 9, Section 3.3: “Social Care services for Children & Families social care and Justice social care” This should be amended to: Social work services for Children & Families and Justice. •"National outcomes and standards for Social Care Services in the Justice System" This is factually incorrect. There are no such standards for social care services in the justice system. However, there are National Outcomes and Standards for Social Work Services in the Justice System. •Page 14, Section 6.4: “Argyll and Bute Council is responsible for social care services.” This should be revised to include social work services. •Section 6.5: “The Chief Social Work Officer holds professional accountability for social care services.” My understanding is that the CSWO’s role is primarily focused on the professional oversight, accountability, and quality assurance of social work services within their area. While this may encompass elements of social care in integrated arrangements, the current phrasing is potentially misleading. It is essential that the terminology used accurately reflects the distinct roles and contributions of social workers. Doing so ensures clarity, preserves professional integrity, and supports public understanding of statutory responsibilities.										I am a social care professional	**Suggested changes in respect of use of social care/social work terminolgy agreed and updated. Following subsequent engagement with the service to clarify some of the feedback, other instances highlighted and revised. In addition, reference made to The Promise on p5 and p10.**
36	The entire Scheme is absurd. What's needed is for the Scottish Government to change local authority boundaries as follows: 1. Argyll and Bute Council area should include Isle of Arran 2. Oban, Lorn and the Isles area should be taken away from Argyll and Bute Council area and become a new Council to be called Glencoe Council. 3. The Lochaber area of Highland Council should also be part of Glencoe Council. 4. The Strathfillan area of Stirling Council should also become part of the new Glencoe Council. 5. There would be new NHS area based at Fort William. There would then be no need for any integration scheme between Argyll and Bute Council and NHS Highland. The rest of Argyll and Bute would become part of NHS Greater Glasgow and Clyde.										Unknown	**No action required - comments outwith scope of review**

Appendix 2

INTEGRATION SCHEME

BETWEEN

ARGYLL AND BUTE COUNCIL

AND

NHS HIGHLAND

Revised December 2025

Contents

1. Introduction

1.1 Vision and Priorities~~Values~~:

The vision of Argyll and Bute Health and Social Care Partnership ~~Council and NHS Highland~~ is that ~~the~~ 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
- Community co-production

~~The core values of Argyll and Bute Council and NHS Highland are: caring; creative; committed; collaborative; teamwork; excellence; and integrity.~~

~~The core values of the Health and Social Care Partnership are: compassion; integrity; respect; continuous learning; leadership; and excellence.~~

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.

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 how it will effectively use allocated resources to deliver 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, 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.
- Any other National Health and Well Being outcome prescribed in the future will also be adopted.

Argyll and Bute Council and NHS Highland have agreed that Social ~~Care~~ 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; and
- We have improved the life chances of children, young people and families at risk.
- Any national outcomes prescribed in the future will also be adopted.

National outcomes and standards for Justice Social Work ~~Social Care 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

1.3 Scope of Integration:

Argyll and Bute Council and NHS Highland 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 Ssocial Workcare services.
- All Justice Ssocial Workcare services.

1.4 Finance arrangements:

The general principles are agreed as:

- The Council and NHS Highland 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.
- The Council and NHS Highland will work together in the spirit of partnership, openness and transparency.
- The Council and NHS Highland payments to the IJB derive from a process that recognises that both organisations have expenditure commitments that cannot be avoided in the short to medium term. The Council and NHS Highland will prepare and maintain a record of what those commitments are and provide this to the IJB.
- 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 the Council and NHS Highland. The IJB, the Council and NHS Highland will share financial information to ensure all parties have a full understanding of their current financial position, information and future financial outlook and key planning assumptionschallenges and funding streams.
- The existing financial regulations of the Council and NHS Highland 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 "Argyll and Bute Integration Joint Board" means the Integration Joint Board established by Order under section 9 of the Act.

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

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

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

2.6 "Integration Joint Board Order" means The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2.7 "Scheme" means this Integration Scheme.

2.8 “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.

2.9 ‘’Acute Services’’ means medical and surgical treatment provided mainly in hospitals and minor injury units.

2.10 “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.

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: 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 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 National Health and Wellbeing 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.
- Any furtherother National Health and Wellb Being outcomes that may be subsequently prescribed by the Scottish Ministers via Regulations.

3.3 The Parties have agreed that Social WorkCare services for Children & Families social care and Justice social care 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 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; and

- We have improved the life chances of children, young people and families at risk.
- Any national outcomes prescribed in the future will also be adopted.

National outcomes and standards for Social ~~Care~~ 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, ~~and~~ 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 Greater Glasgow and Clyde), the IJB will be responsible for the operational oversight of Acute Services. A lead Director for Acute Services in NHS Greater Glasgow and Clyde (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 Greater Glasgow and Clyde 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 national health and wellbeing 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 National Health and Wellbeing Outcomes. The Integration Authorities that are most likely to be affected by the Strategic Plan are:

- West Dunbartonshire Integration Joint Board, Inverclyde and Renfrew and East Renfrew Integration Joint Boards share a common acute provider of services (NHS Greater Glasgow and Clyde).

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 ~~continue to~~ provide ~~the~~ corporate support services to ~~required~~ ~~to fulfil the duties of~~ the IJB. The Parties will:

- ~~Identify and agree on an ongoing basis, the corporate support services required to fully discharge the IJB's duties under the Act.~~ Agree the scope and level of services to be provided to support the IJB in discharging its duties under the Act.

- ~~The Parties will continue to provide the IJB with the corporate support services it requires to fully discharge 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 national and local 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 national and local 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.

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 Argyll and Bute Council is responsible for Ssocial ~~care~~ 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 the Council in respect of professional Ssocial Work~~care~~ matters. He/she is responsible for ensuring that social work and social care services are delivered in accordance with relevant legislation and that staff delivering such services do so in accordance with the requirements of the Scottish Social Services Council.

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.
- Safety of integrated service delivery and personal outcomes and quality of registered services

6.9 Each of the four elements, listed at 5.8, 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.
- Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

6.12 The Medical Director, or his/her 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 his/her 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.

~~6.16~~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 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.
- 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.
- planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

~~6.17~~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.

~~6.18~~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.

~~6.19~~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.

~~6.20~~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.

~~6.21~~6.22 Annex 3 provides a schematic to show the systems governance arrangements.

~~6.22~~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 his/her 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 development of the plan will be remitted to the Human Resources and Workforce

Development and Organisational Development work streams already in place, for completion. These workstreams are led by Human Resources and Organisational Development Leads from both Parties and include NHS staff side (Trade Unions representing NHS Highland staff) and Trades Unions representatives (representing Council staff), as well as other key stakeholders.

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 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 Argyll and Bute Council and NHS Highland are responsible for the operational delivery of services commissioned ~~resources that are allocated~~ by the IJB ~~to~~from their respective organisations ~~for operational delivery~~.

9.1.8 The Chief Financial Officer will work with the Council 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~~strategy~~ 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~~strategy~~ 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. ~~There is an expectation that it will deliver~~ The objectives of the Strategic Plan require to be delivered within agreed resources. The IJB ~~cannot~~must approve a balanced budget ~~which exceeds resources available~~.

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 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 Section 95 Officer for the Council 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 uses 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.
- 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 Section 95 Officer of the Council 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 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.
- 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 Section 95 Officer of the Council 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. The NHS and 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.

- 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 8.2.3 to 8.2.23 above, they should only be varied as a result of the circumstances set out in paragraphs 8.2.16, 8.2.22 and 8.2.23. 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 Section 95 Officer of the Council 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.
- 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.

- ~~Considering the proposals~~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 Section 95 Officer of the Council 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.
- 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 Section 95 Officer of the Council 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 Section 95 Officer of the Council 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 Argyll and Bute Integration Joint Board.
- Have access to sources of funding for capital expenditure.
- 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 ~~A joint consultation took place on the revised Integration Scheme during December/January 2019/20. The stakeholders who were consulted in this joint consultation were:~~In line with the provisions of section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration 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 the Health Board and local authority 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
- NHS Greater Glasgow and Clyde

Other, local specific stakeholders include:-

- Argyll and Bute Council employees / elected members
- Staff side/TUs
- 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
- 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~~range of~~ methodologies to be adopted when engaging with ~~used to contact these~~ stakeholders, ~~included both Parties' websites and~~ intranets, ~~e-mail and postal correspondence.~~ 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.

~~11.1 The Communication and Engagement Strategy, along with the supporting Engagement Framework and Quality standards provides a platform for stakeholders to have their voices heard, their views considered and acknowledged, as well as strengthening relationships and building capacity. The IJB has adopted the "You Said, We Did" philosophy. A wide range of engagement methods have been adopted.~~

10.3 The Parties will carry out Equality and Socio-Economic Impact Assessments (EQSEIAs), 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.

~~12~~11 Information Sharing and Data Handling

.

~~12.1~~11.1 The Parties agree to be bound by the Information Sharing Agreement~~Protocol~~ 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.

~~12.2~~11.2 The Parties have developed an Information Sharing Agreement~~Protocol~~ which covers guidance and procedures for staff for sharing of information.

~~12.3~~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~~Protocol~~.

~~12.4~~11.4 The Data Protection Officers of NHS Highland and Argyll and Bute Council, acting on behalf of the Parties, will meet every two years~~annually~~, or more frequently, if required, to review the

Information Sharing Agreement~~Protocol~~ and will provide a report detailing recommendations for amendments, for the consideration of the IJB.

~~12.5~~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.

~~12.6~~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.

~~12.7~~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').

~~12.8~~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.

~~13~~12 Complaints

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

~~13.1~~12.1 Both Parties will retain separate complaints policies reflecting the distinct statutory requirements.

~~13.1.1~~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.

~~13.1.2~~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.

~~13.2~~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.

~~13.3~~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.

~~13.4~~12.4 All complaints procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.

~~13.5~~12.5 The person making the complaint will always be informed which policies are being applied to their complaint.

~~13.6~~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.

~~14~~13 Claims Handling, Liability & Indemnity

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

~~14.1~~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.

~~14.2~~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.

~~14.3~~13.3 Liabilities arising from decisions taken by the IJB will be shared between the Parties.

~~15~~14 Risk Management/Internal Audit

~~15.1~~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.

~~15.2~~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
- Training

~~15.3~~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.

~~15.4~~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.

~~15.5~~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.

~~15.6~~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.

~~15.7~~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 Argyll & Bute IJB is responsible for commissioning an independent internal audit function, as part of an effective system of internal control.

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.

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.

~~16~~15 Dispute Resolution Mechanism

~~16.1~~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:

~~16.1.1~~15.1.1 A representative of NHS Highland and the Council will meet to resolve the issue, supported by appropriate Officers.

~~16.1.2~~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.

~~16.1.3~~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.

~~16.1.4~~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.

~~16.2~~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.

~~16.3~~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[1] (local consultative committees); section 17A[2] (NHS contracts); section 17C[3] (personal medical or dental services); section 17J[4] (Health Boards' power to enter into general medical services contracts); section 28A[5] (remuneration for Part II services); section 48[6] (residential and practice accommodation); section 57[7] (accommodation and services for private patients); section 64[8] (permission for use of facilities in private practice); section 79[9] (purchase of land and moveable property); section 86[10] (accounts of Health Boards and the Agency); section 88[11] (payment of allowances and remuneration to members of certain bodies connected with the health services);

[1] As relevantly amended by the National Health Service and Community Care Act 1990 (c.19), section 29(5) and the Health Act 1999 (c.8), Schedule 4.
[2] Section 17A was inserted by the National Health Service and Community Care Act 1990 (c.19) and was relevantly amended by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2; the Health Act 1999 (c.8), Schedules 4 and 5; the Health and Social Care (Community Health and Standards) Act 2003 (c.43), Schedule 14; the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 17; and the Health and Social Care Act 2012 (c.7), Schedule 21.
[3] Section 17C was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 21 and relevantly amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 2.
[4] Section 17J was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4.
[5] Section 28A was inserted by the Health Act 1999 (c.8), section 57.
[6] The functions of the Secretary of State under section 48 are conferred on Health Boards by virtue of S.I. 1991/570.
[7] Section 57 was substituted by the Health and Medicines Act 1988 (c.49), section 7(11), and relevantly amended by the National Health Service and Community Care Act 1990 (c.19), Schedules 9 and 10. The functions of the Secretary of State under section 57 are conferred on Health Boards by virtue of S.I. 1991/570.
[8] The functions of the Secretary of State under section 64 are conferred on Health Boards by virtue of S.I. 1991/570.
[9] As relevantly amended by the Health and Social Services and Social Security Adjudications Act 1983 (c.41), Schedule 7. National Health Service and Community Care Act 1990 (c.19), Schedule 9, the Requirements of Writing (Scotland) Act 1995 (c.7), Schedule 5 and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1. The functions of the Secretary of State under section 79 are conferred on Health Boards by virtue of S.I. 1991/570.
[10] As relevantly amended by the National Health Service and Community Care Act 1990 (c.19), section 36(6) and the Public Finance and Accountability (Scotland) Act 2000 (asp 1), schedule 4.
[11] The functions of the Secretary of State under section 88(1) (e) and (2) (d) are conferred on Health Boards by virtue of S.I. 1991/570. There are no amendments to section 88 relevant to the exercise of these functions by a Health Board.

	paragraphs 4, 5, 11A and 13 of Schedule 1[12] (Health Boards); and functions conferred by— The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000[13]; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001[14], The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004[15]; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018[16] The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006[17]; The National Health Service (Discipline Committees) (Scotland) Regulations 2006[18]; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009[19]; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009[20]; and The National Health Service (General Dental Services) (Scotland) Regulations 2010[21].
Disabled Persons (Services, Consultation and Representation) Act 1986[22] 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).

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

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

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

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

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

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

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

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

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

[21] As relevantly amended by S.S.I. 2004/292 and S.S.I 2010/378.

[22] Section 7 is relevantly amended by S.I. 2013/2341.

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.	
~~**Children and Young People (Scotland) Act 2014**~~ ~~All functions of Health Boards conferred by, or by virtue of, Part 4 (provision of named persons) and Part 5 (child's plan) of the Children and Young People (Scotland) Act 2014.~~	
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	*Column B*
The National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB[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 2CB was inserted by S.S.I. 2010/283, regulation 3(2) (as section 2CA) and re-numbered as section 2CB by S.S.I. 2013/292, regulation 8(2).

[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 39[27] (medical and dental inspection, supervision and treatment of pupils and young persons); section 48 (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.); 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 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[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; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

[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 etc. 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.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 4), section 10(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.

[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.I. 1991/570.

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

	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[37].
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)[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 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[41] (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland)

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

[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 ("the 2003 Act") 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.

	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; 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[44].

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

[44] 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 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 Psychiatric Nursing, Re-ablement, Geriatricians Community/Acute, 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[11]	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958[12]	
Section 3 (Provision of sheltered employment by local authorities)	

(10) 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.

(11) 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

Column A *Enactment conferring function*	*Column B* *Limitation*
The Social Work (Scotland) Act 1968[13]	
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.

(12) 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982([14])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([15])	

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

Column A *Enactment conferring function*	*Column B* *Limitation*
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([16])	
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

(14) 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.
(15) 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001([17])	
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([18])	
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([19])	
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.)	

(16) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

(18) 2002 asp 5.

(19) 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.

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

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([20])	
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([21])	
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 ([22])	

(20) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.
(21) 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.
(22) 2013 asp 1.

Column A *Enactment conferring function*	*Column B* *Limitation*
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 [23] [24]	
Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (Duty to provide support)	

(23) section 21 was inserted into the Schedule of the Public Bodies (Joint Working) (Scotland) Act 2014 by paragraph 6 of the schedule of the Carers (Scotland) Act 2016 (asp 9)

(24) inserted by Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Amendment Regulations 2017/190

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 25 (Provision of support to carers: breaks from caring) Section 31 (Duty to prepare local carer strategy) Section 34 (Information and advice service for carers) Section 35 (Short breaks services statements)	

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

Column A *Enactment conferring function*	*Column B* *Limitation*
The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([26]) The Community Care and Health (Scotland) Act 2002 Section 4([25])	

(25) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp13) schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10) section 62(3)
(26) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

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

Column A Enactment conferring function	Column B
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.)	
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.)

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.)

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)

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)

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)

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

Section12
(Duty to prepare a Young Carer Statement)

Column A Functions conferred by virtue of enactments	Column B
Children's Hearings (Scotland) Act 2011 Section 153 (Secure accommodation: regulations.)	

Part 2

Services ~~currently~~ 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

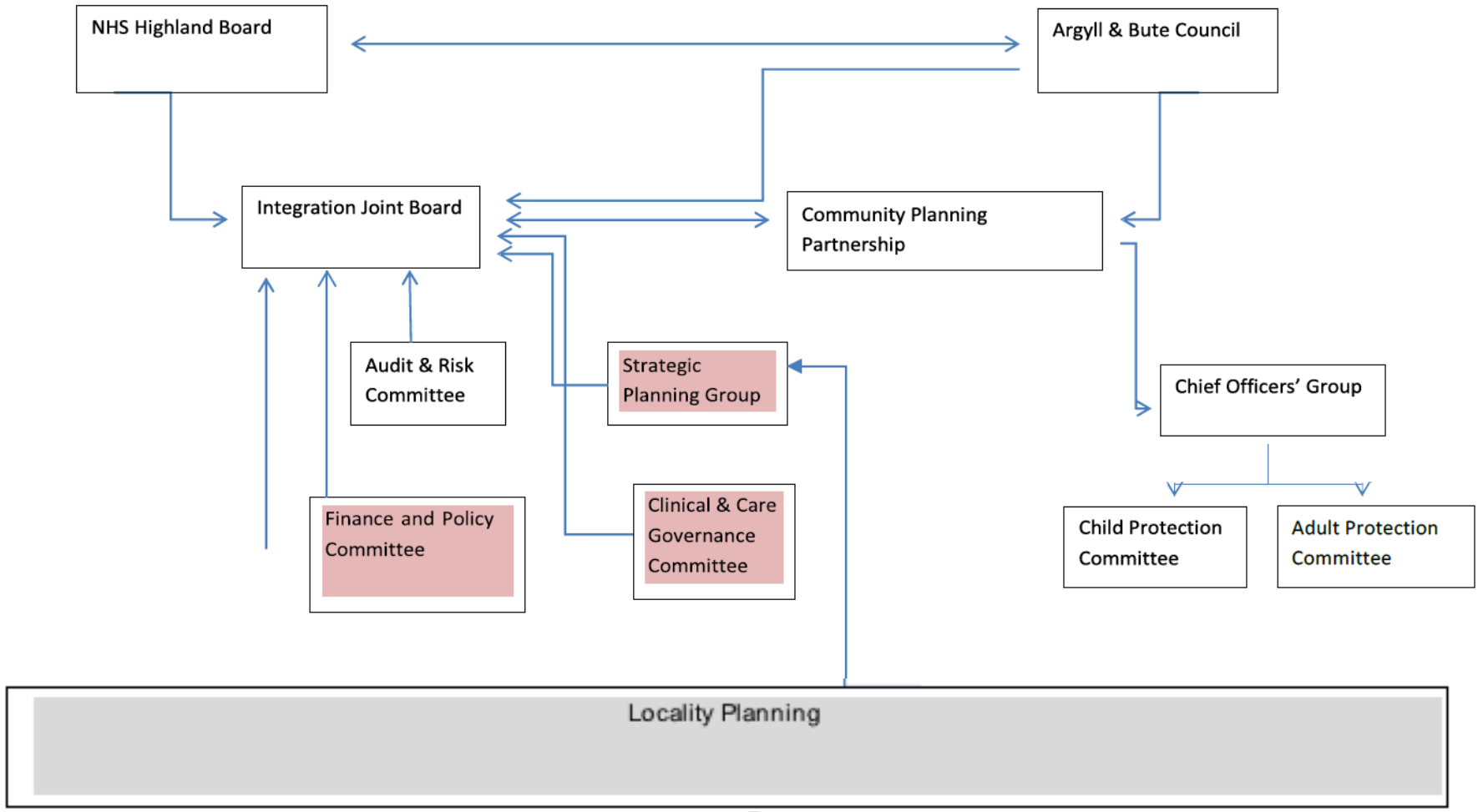
        - Health Improvement Services
        - Housing support including Aids and Adaptions
        - Day Services
        - Local Area Co-ordination
        - Self-Directed support
        - Respite Provision for adults and young people
        - Occupational Therapy Services
        - Re-ablement Services, 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

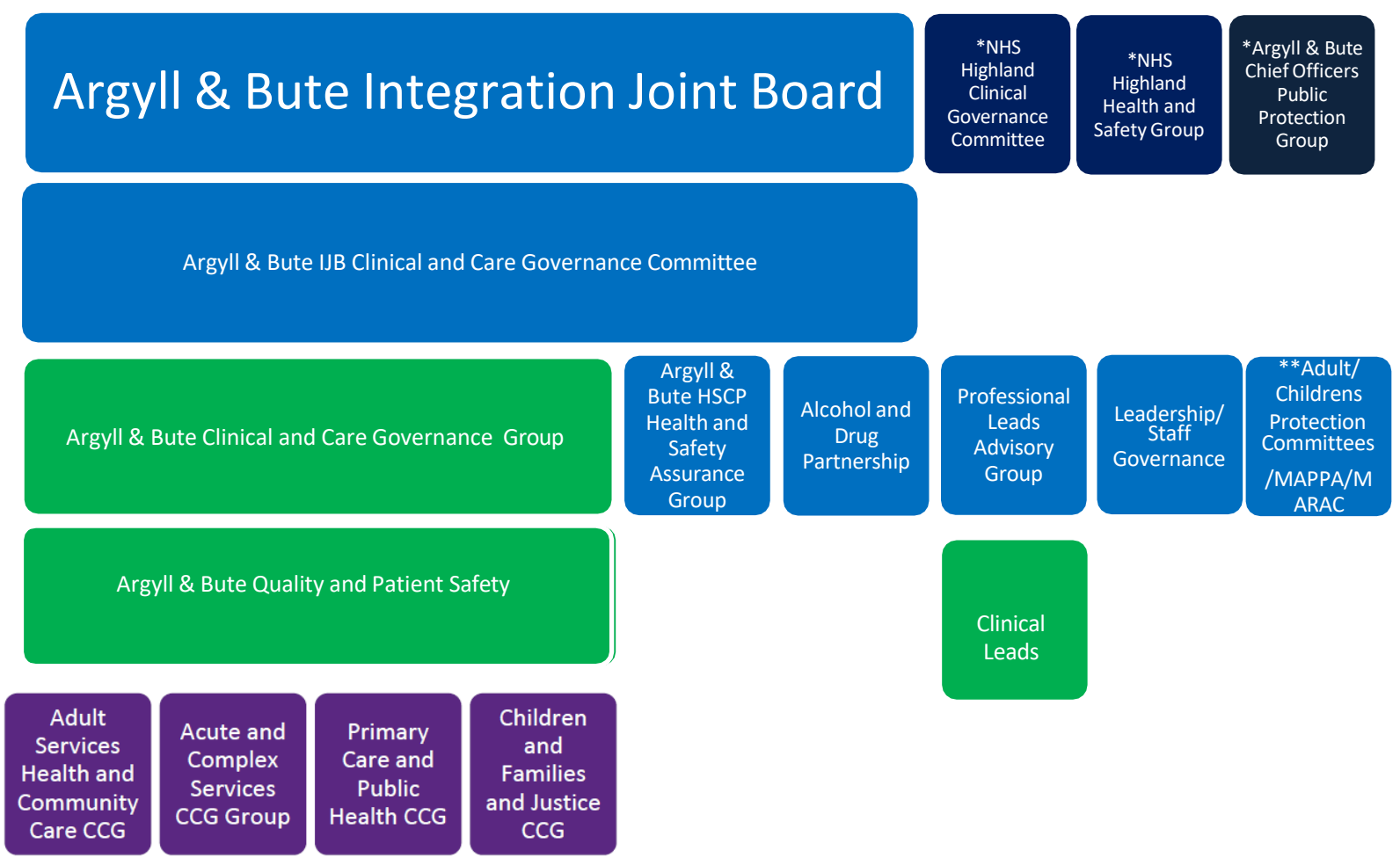
- Social care Justice Services
    - Services to Courts and Parole Board
    - Assessment of offenders
    - Diversions from Prosecution and Fiscal Work Orders
    - Supervision of offenders subject to a community based order
    - Through care and supervision of released prisoners
    - Multi Agency Public Protection Arrangements

Annex 3: Systems Governance.

System Governance Schematic



Annex 4: Clinical and Care Governance structure.



*Independent to the IJB but provides part of the structure for assurance

** Independent Committee/ Multi-agency group

Strategic:
Executive and non-exec scrutiny
Senior HSCP accountable officer
Assurance, dissemination of action and learning

Tactical oversight:
Internal/ Partnership operational oversight

Operational:
Chaired by relevant head of service.
Professional leadership at depute level
Relevant corporate and planning