NHS Board
20th December 2023

Lanarkshire NHS Board
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SUBJECT: North Lanarkshire Integration Joint Board Integration Scheme

1. PURPOSE

This paper is coming to the NHS Board

For Approval	☒	For Assurance	☐	For Noting	☐

2. ROUTE TO THE NHS BOARD

This paper has been:

Prepared	☒	Reviewed	☒	Endorsed	☒

Prepared by HSCP officers, reviewed by the North Lanarkshire Integration Joint Board and endorsed by North Lanarkshire Council Policy and Strategy Committee.

3. SUMMARY OF KEY ISSUES

3.1 The Integration Scheme is a legally binding document jointly developed by NHS Lanarkshire and North Lanarkshire Council. The Scheme sets out the local framework within which the integration of health and social care will be taken forward. The Integration Scheme was last approved by the Cabinet Secretary on 12th April 2019.

3.2 In September 2018 North Lanarkshire Council set out a new vision for the future direction of the council in 'We Aspire'. The document set out a plan to revise the Integration Scheme and transfer the discretionary delegated functions for children, families and justice social work services to the newly reshaped Education and Families service within the council.

3.3 Following the review of integration and approval by the respective bodies, the Integration Scheme was updated and submitted to the Scottish Government for approval. The Cabinet Secretary approved the integration scheme changes to remove children, families and justice social work on 12 April 2019.

3.4 In order to meet the 5-year review timeline, a review and update of the North Lanarkshire Integration Scheme for 2024 has taken place and an update of the document is attached for approval.

3.5 The draft includes minor amendments to reflect updated processes and structures relating to risk; Support Care and Clinical Governance; Committees; and complaints processes.

3.6 In line with Section 44 of the Act, the Integration Scheme must go to public consultation for a period of 4 weeks before final approval and submission to the Cabinet Secretary. Following approval from both partners, the public consultation will commence in early 2024 with the aim of bringing the final version of the Scheme back to partners for formal approval in March 2024.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☐	ADP	☐	Government policy	☒
Government directive	☒	Statutory requirement	☒	AHF/local policy	☐
Urgent operational issue	☐	Other	☐		

4.1 Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014, notes that "the local authority and the Health Board must carry out a review of the integration scheme before the expiry of the relevant period for the purpose of identifying whether any changes to the scheme are necessary or desirable". The legislation clarifies the "relevant period" as "the period of five years beginning with the day on which the scheme was approved.

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

6.1 Measures are already in place for Integration Authorities through the national health and wellbeing outcomes and outcome indicators.

7. FINANCIAL IMPLICATIONS

N/A

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

N/A

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☒
Sustainability	☒				

10. EQUALITY AND DIVERSITY / FAIRER SCOTLAND DUTY IMPACT ASSESSMENT

Has an E&D /FSD Impact Assessment has been completed?

Yes ☐
No ☒

11. CONSULTATION AND ENGAGEMENT

11.1 The draft Scheme was reviewed by IJB members at the meeting on 22nd November 2023 and approved by North Lanarkshire Council's Policy and Strategy Committee on 7th December 2023.

11.2 Following approval by both partners the revised Integration Scheme will be subject to a 4 period of public consultation. A final version of the document will be brought back to Policy and Strategy Committee and the NHS Lanarkshire Board for final approval in the March 2024 cycle of Committees before submission to the Cabinet Secretary.

11.3 Once formal approval is received from Scottish Government; the new Integration Scheme will be published on the North Lanarkshire IJB website.

12. ACTIONS FOR THE NHS BOARD

The NHS Board are asked to:

Approve	☒	Gain Assurance	☐	Note	☐

- Approve the draft Integration Scheme;
- Agree to a 4wk public consultation; and
- Request sight of the final version for formal approval at the March 2024 Board meeting.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact;

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Appendix 1

Health and Social Care Integration
North Lanarkshire Integration Scheme 2024

Version Control	
Version	**Date**
North Lanarkshire Integration Scheme 2014 V1	April 2014
North Lanarkshire Integration Scheme 2019 V2	April 2019
North Lanarkshire Integration Scheme 2024 V3	April 2024

Contents

1. Introduction

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

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

The overall aim of the arrangement is the creation and continuation of a partnership which further improves outcomes for people who use health and social care services and their carers. Therefore, a primary focus of the partnership will be delivering on the nine National Health and Wellbeing Outcomes (hereinafter referred to as the "Outcomes"). of:

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

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

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

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

- We will focus on promoting health improvement and tackling the underlying causes of ill

– health.

- We will continue to develop a health and social care system which is integrated around the needs of individuals, their carers and family members.
- We will be working with people, their carers and families who have a range of complex support needs to identify the outcomes they want to achieve in life. In doing so, our aim will be to provide care and support to help them realise these outcomes.
- We will put the leadership of clinicians and professionals at the heart of service delivery for people who require support and their carers.
- We will work with partners in the third and independent sectors to remove unhelpful boundaries and using combined resources to achieve maximum benefit for patients, service users, carers and families.
- We will work with a range of agencies and partners to address health and social inequalities and the subsequent impact of this experienced by people in their communities.

The following detail provides information relating to 'how' the partnership has been created to deliver against the national outcomes and intentions of the Act. This integration Scheme is the vehicle through which assurance is given to North Lanarkshire Council, NHS Lanarkshire Health Board and the Scottish Government that the intentions of the Act are being delivered by the Integration Joint Board.

This Integration Scheme forms the basis of a legal agreement with the Scottish Government and lasts for a maximum duration of five years, after which point it will be refreshed. However, in circumstances where there is agreement between the Parties, this Integration Scheme can be refreshed within an earlier timeframe.

This Integration Scheme first came into effect in April 2016, with a refresh of the North Lanarkshire Integration Scheme implemented in April 2019.

2. The Parties

North Lanarkshire Council, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at the Civic Centre, Windmillhill Street, Motherwell, North Lanarkshire

And

NHS Lanarkshire Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its principal offices at Kirklands Hospital, Fallside Road, Bothwell, Lanarkshire (together referred to as "the Parties")
In implementation of their obligations under the Act, the Parties hereby agree as follows:

Definitions and Interpretation

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

"The Parties" means NHS Lanarkshire Board and North Lanarkshire Council.

"The Health Board" means NHS Lanarkshire Health Board.

"The Local Authority" means North Lanarkshire Council.

"The Scheme" means this Integration Scheme.

"Integration Joint Board" or **"IJB"** means the Integration Joint Board to be established by Order under section 9 of the Act.

"Members" means Members of the Integration Joint Board.

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

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

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

"**Integration Joint Board, Performance, Finance and Audit Committee"** (IJB PFA) means the committee which the Integration Joint Board has delegated authority for business relating to performance, finance and audits reports/updates.

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

3. Integration Model

In accordance with section 2(3) 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 North Lanarkshire, 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.

4. Local Governance Arrangements

a. The Integration Joint Board will be responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within this integration scheme.

b. The regulation of the Integration Joint Board's procedures, business and meetings will follow the IJB's own standing orders which may include additional matters to those set out within the Integration Board Order.

c. The Integration Joint Board and the Parties will collaborate and interact in order to contribute to the outcomes however the Integration Joint Board, when established, will have distinct legal personality and the consequent autonomy to manage itself.

d. There will be eight voting members on the Integration Joint Board comprising four elected members from North Lanarkshire Council and 4 members from NHS Lanarkshire Health Board.

e. The non-voting membership prescribed in the Integration Board Order is as follows;

- The Chief Officer of the Integration Joint Board;
- The Chief Social Work Officer of the Council appointed by it in terms of Section 3 of the Social Work (Scotland) Act 1968;
- The proper officer of the Integration Joint Board appointed under section 95 of the Local Government (Scotland) Act 1973(a) i.e. the Chief Finance Officer;
- A registered Primary Care medical practitioner; whose name is included in the list of primary medical service performers prepared by the Health Board in accordance with the regulations made under section 17P of the National Health Service (Scotland) Act 1978.
- A registered Nurse who is employed by the Health Board or by a person or body with which the Health Board entered into a general medical services contract

- A registered medical practitioner employed by the Health Board who does not provide primary medical services.

f. Once the Integration Joint Board is established it must appoint, in addition, at least one member in respect of each of the following groups in terms of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014:

- Staff engaged in the provision of services provided under integration functions;
- Third Sector bodies carrying out activities related to health or social care in North Lanarkshire;
- Service users residing in North Lanarkshire;
- Persons providing unpaid care in North Lanarkshire.

g. The Integration Joint Board may appoint such additional members as it sees fit.

h. The responsibility for appointing the Chair and Vice Chair will alternate between the Parties and the appointments will be made for a period of 3 years. Within this period, each Party may change its appointment as Chair or Vice Chair at any time and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

i. The term of office of a member of the Integration Joint Board is a maximum of three years. The Integration Joint Board voting members appointed by the Parties will cease to be members of the Integration Joint Board in the event that they cease to be a Non-Executive or Executive member of NHS Lanarkshire or an elected member of North Lanarkshire Council. At the end of a term of office a member may be reappointed for a further term of office.

j. The Chief Social Work Officer, Chief Officer and Chief Finance Officer remain members of the Board for as long as they hold the office in respect of which they are appointed.

k. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Heath Board or Local Authority.

l. In accordance with good practice, it is expected that the Integration Joint Board will establish an audit committee to support the overall governance and scrutiny arrangements. The Parties recognise that the establishment of any committees by the IJB are a matter to be determined by the IJB. The North Lanarkshire Integrated Joint Board Performance, Finance and Audit committee has been established within North Lanarkshire to fulfil this purpose.

m. Detailed protocols and reporting arrangements will be established to ensure the Parties and the Integration Joint Board have free access to all relevant information for the purposes of planning and decision making.

5. **Delegation of functions**

The functions that are to be delegated by the Health Board to The Integration Joint Board are set out in Part 1 of Annex 1. These functions are delegated only to the extent that they relate to the listed services. The services to which these functions relate, which are currently provided by the Health Board and which are to be integrated, are set out in Part 2 of Annex 1. Broadly these are as follows;

5.1 Hospital Services

The functions in relation to the hospital services noted below will be delegated in respect of adults and children.

5.1.1 Accident and emergency services provided in a hospital;

5.1.2 Inpatient hospital services relating to the following branches of medicine:

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

5.1.1 Paediatrics;

5.1.2 Psychiatry of learning disability;

5.1.3 Inpatient hospital services provided by general medical practitioners;

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

5.1.5 Mental health services provided in a hospital except regionally or nationally organised forensic mental health services.

5.2 Community Services

The functions in relation to the community health services noted below will be delegated in respect of adults.

- District nursing services;
- Health Visiting;
- Allied health professionals in an outpatient department, clinic, or out with a hospital;
- Public dental services;
- Primary medical services
- General dental services
- Ophthalmic services;
- Pharmaceutical services;
- Primary care out-of-hours;
- Geriatric medicine;
- Palliative care;
- Community learning disability services;
- Kidney dialysis services;
- Mental health services

- Continence services
- Community paediatrics
- Community children's services
- School nursing services
- Services provided by health professionals that aim to promote public health;

5.2 .1 The functions delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate are set out in Part 2 of Annex 2 and relate to adult services only.

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptions
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare.

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

5.4 The Integration Joint Board is a Category 1 responder under the Civil Contingencies Act 2004, as per the amendment to the Act in 2021. This ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public. The IJB is represented at the Local Resilience Partnership by the Chief Officer.

6. Local Operational Delivery Arrangements

6.1 The Integration Joint Board meets a minimum of four times per year in public and publishes all agendas, papers and minutes with responsibility for the delivery of integrated functions as set out in annexes 1,2 and 3 and provides operational oversight of integrated services delegated to them. It will do this directly for all services except for those noted in

6.2 The operational role of the Chief Officer is set out within section 8.

6.3 NHS Lanarkshire will retain direct operational oversight of the acute services as set out in annexes 1,2 and 3 and will provide information on a regular basis to the Integration Joint Board about the delivery of these services.

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

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

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

6.7 The Chief officer is responsible for directly implementing the Integration Joint Board's directions to locality delivery on the ground.

6.8 From an operational and performance management perspective, the Integration Joint Board/ the Integrated Joint Board Performance, Finance and Audit Committee will receive regular reports from the chief officer and other responsible officers of the parties on the delivery of integrated services and will issue directions in response to those reports to ensure improved performance. This includes a range of thematic reports will include, but are not limited to, the following;

- Finance Reports
- Performance against the National Health and Wellbeing Outcomes;
- Regulation and scrutiny activity;
- Inspection Outcomes.
- Support, Care & Clinical Governance reports to be assured of the delivery of safe and effective services.
- Public Protection reports.
- Engagement and community co-production reports from each of the Locality Management teams.
- Annual staff governance and workforce planning report.
- Improvement plans and reports.
- Risk reports/management plan.

6.9 The Act requires the Integration Joint Board to publish an Annual Performance Report by July of each year.

7. Corporate Service Support

7.1 The Parties will support the work of the Integration Joint Board by supplying all relevant information, data and corporate support services such as financial, legal, human resources, IT, planning, risk management, audit, administrative etc. for the Integration Joint Board to carry out its functions. This will include information on cross boundary flow into and out with NHS Lanarkshire.

7.2 The current arrangements for providing corporate support services in respect of delegated functions and the associated service provision will be reviewed by the Chief Officer and the responsible officers of the Parties on an ongoing basis.

8. Supporting Strategic Planning

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

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

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

9. Performance Measurement

9.1 Through the development of the Strategic Commissioning Plan, the Outcomes are used to develop a performance reporting framework which underpins the Plan.

9.2 The Parties have established an integrated performance reporting framework which considers and develops a local suite of measures and targets that relate to the provision of integration functions. The measures and targets are aligned to the Outcomes and any subsequent guidance/core suit of indicators. The Parties develop the targets, measures and other arrangements that are devolved to the Integration Joint Board. In developing this, the Parties share with the Integration Joint Board other relevant NHS Board and Council targets and measures which the Integration Joint Board must take account of.

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

9.4 The work in respect of 9.2 and 9.3 takes into account:

9.4.1 The Outcomes.
9.4.2 Delegated performance targets related to the commissioning and delivery accountabilities of the NHS Board and the Council.
9.4.3 Delayed discharge.
9.4.4 Recovery activity.
9.4.5 Locally agreed outcomes and targets identified through Community Planning and from the Local Outcomes Improvement Plan and attributable to Health and Social Care Outcomes and targets, including Health Improvement, for each of the localities identified and agreed in line with local needs determined for each population.
9.4.6 The Nationally prescribed core suite of integration indicators.

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

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

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

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

10. Support, Care and Clinical Governance

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

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

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

10.4 The Integration Joint Board will have regard to the support, care and clinical framework that is set out in Section 6.6 when developing and agreeing its strategic plan and corresponding directions to the Parties.

10.5 As set out in Section 9 the Integration Joint Board will receive regular reports from professional leadership members for medical; nursing, AHPs; and Social Work to assure itself that support, care and clinical governance requirements are being met through these existing arrangements and that safe, effective person centred care is being consistently delivered.

11. Clinical and Professional Governance Framework

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

11.2 The Parties recognise that the establishment and continuous review of the arrangements for support, care and clinical Governance and Professional Governance are essential in delivering their obligations and quality ambitions.

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

11.4 The Healthcare Quality Assurance and Improvement Committee is responsible for the development of a strategic approach to quality assurance and improvement across the Health Board, ensuring that quality standards are being set, met and continuously improved for clinical activity. It ensures that effective arrangements for supporting, monitoring and reporting on quality assurance and improvement are in place and working, demonstrating compliance with statutory requirements in relation to clinical governance and authorising an accurate and honest annual clinical governance statement.

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

11.6 The Parties are committed to developing a shared support, care and clinical governance framework for integrated services. The professional leadership of the Parties will work together to develop and agree this support, care and clinical governance framework. In the first instance this will be based on a self-assessment exercise to help identify areas of common practice, provide opportunities to learn from one another and streamline processes.

11.7 The existing process, procedures and reporting structures for support, care and clinical governance of integrated services will be reviewed in light of the agreed support, care and clinical framework. The framework will encompass the following:

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

11.8 Each of these domains 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.

11.9 The Parties and the Integration Joint Board will be asked to approve the framework and will then be responsible for ensuring that it is embedded within service planning, delivery and performance reporting mechanisms. The Integration Joint Board will be responsible for ensuring effective mechanisms for service user and carer feedback and for complaints handling.

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

11.11 The Healthcare Quality Assurance and Improvement Committee and the Chief Social Work Officer (or his/her delegates) will provide advice, oversight and guidance to the North Lanarkshire Strategic Planning Group in respect of support, care, clinical and professional governance, for the delivery of health and social care services and to the localities identified in the strategic plan.

11.12 The Chief Officer will have access to professional advice from the Chief Social Work Officer of the local authority and the Medical Director and the Nursing Director of the Health Board in both their operational role as a senior officer of the parties and as the accountable officer to the Integration Joint Board.

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

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

professional regulatory bodies and Scottish Ministers.

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

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

11.17 The Integration Joint Board will have three health professional advisors. These members of the Integration Joint Board will be professionally accountable to the Medical Director and the Nurse Director as appropriate.

11.18 This arrangement does not limit the ability of the Medical Director and/or the Nurse Director to provide advice directly to the Integration Joint Board. Where this advice is offered, the Integration Joint Board must respond in writing and notify the Parties. The Chief Social Work Officer can provide advice directly through their membership of the Integration Joint Board.

11.19 The Chief Social Work Officer, through delegated authority holds professional accountability for the delivery of safe and effective social work and social care services within the Council. An annual report on these matters will continue to be provided to the relevant Council committee and will also be made available to the Integration Joint Board.

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

12. Chief Officer

12.1 The Integration Joint Board will appoint a Chief Officer in accordance with section 10 of the Act.

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

12.3 The Chief Officer will be operationally responsible with regards to the delivery of the delegated services (as set out in Annex 1 & 2) that do not relate to the acute medicine and Accident and Emergency services provided for within NHS Lanarkshire Hospitals. These services will continue to be operationally managed by NHS Lanarkshire, through the

Director of Acute Services, in line with the Integration Joint Board's Strategic Plan to ensure coherence across integrated and non-integrated hospital service provision.

12.4 The Acute Director will be a single point of managerial responsibility for NHS Lanarkshire hospitals. The Acute Director will provide updates to the Chief Officer on the operational delivery of integrated functions delivered within the acute hospital and the set aside budget on a regular basis.

12.5 The Chief Officer may also have responsibility for managing services that are hosted by the Integration Joint Board across North and South Lanarkshire. These arrangements will be determined by the North Integration Joint Board and the South Lanarkshire Integration Joint Board through the strategic planning process.

12.6 The Chief Officer will be a member of the Corporate Management Teams of the Health Board and Local Authority.

12.7 The Chief Officer will establish a senior management team to oversee day to day operation of the integrated services.

12.8 The Chief Officer's objectives will be set annually. This will form the basis of the Chief Officer's performance appraisal with the Council's Chief Executive and the Chief Executive of the Health Board.

12.9 The Heads of Service will deputise for the Chief Officer as and when required. At the request of the Integration Joint Board the Heads of Service will carry out the functions of the Chief Officer if/when the Chief Officer is absent or otherwise unable to carry out their functions.

12.10 The Chief Officer has established and maintains effective working relationships with a range of key stakeholders across the NHS Board, the Council, the third and independent sectors, services users and carers, the Scottish Government, trade unions and relevant professional organisations.

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

13. Workforce

13.1 Human resource services and workforce planning information will continue to be provided by the appropriate corporate human resource functions within the Council and NHS Lanarkshire.

13.2 The Parties, with the involvement of the Chief Officer, will identify appropriate officers to develop a joint Workforce Development and Support Plan. In doing so the officers will be required to consider professional views and previous workforce modelling etc. however, there may be opportunities to adapt these plans when considering an integrated

workforce. This will also have to build in consideration around Third Sector and Independent Sector capacity. The Workforce Development and Support plan will be regularly updated to ensure it remains contemporary.

13.3 An Organisational Development strategy ("OD Strategy") will be maintained in relation to teams who will deliver integrated services. Through an intense focus on locality modelling, locality based focus groups and action learning sets, we have identified significant potential for harnessing the positivity and enthusiasm of frontline staff to achieve better outcomes for the public, the organisation and the staff. We intend to continue this process combined with other aspects of our plan which focuses on;

- Integration Joint Board Development
- Key Leaders Development Programme
- Integrated Locality Team Development
- Wider Stakeholder Development

13.3.1 In all cases, we will endeavour where appropriate, to carry out development work which is inclusive of all partners. Considerable progress has been made to develop an OD strategy, but it will need to be reviewed and revised over time. The Integration Joint Board will be given the opportunity to provide comment on the draft strategy upon its establishment. The strategy will be updated over the period of the strategic planning process.

13.4 Joint HR/OD processes have been agreed by the Parties over a number of years and many joint policies already exist which will assist in the process of integration. This integration scheme has no effect on these joint policies so, for example, any joint appointments will continue to report to one-line manager, except for the Chief Officer where different provision is made within this scheme.

14. Finance

14.1 Contributions from the Parties for delegated functions to the Integration Joint Board will be overseen by the Chief Officer and the Integration Joint Board Chief Financial Officer. They will develop a resource plan and budget based on available resources. The Integration Joint Board Chief Financial Officer will be responsible for the preparation of the annual financial statements as required by section 39 of the Act.

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

14.3 The budget will be evidenced based with transparency of assumptions including, but not limited to Pay Award, Contractual Uplift, Savings Requirements etc.

14.4 The method for determining the amount set aside for hospital services will follow

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

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

14.5 Each partner will agree the formal budget setting timelines and reporting periods as defined in the Financial Regulations.

14.6 A schedule of notional payments will be provided by the Parties to the Integration Joint Board following the approval of the Strategic Plan and the Financial Plan.

14.7 It will remain the duty of the Local Authority Section 95 Officer and the NHS Board Accountable Officer to monitor and regulate the financial performance of their respective share of the resources available to the Integration Joint Board during each reporting period, throughout the financial year.

14.8 It will be the responsibility of the Local Authority Section 95 Officer and the NHS Board Accountable Officer to comply with the agreed reporting timetable and to make available to the Integration Joint Board Chief Financial Officer the relevant financial information, including the sum set aside in line with 9.4.15, required for timely financial reporting to the Integration Joint Board. This will include such details as may be required to inform financial planning of revenue expenditure.

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

14.10 Regular management reports will be prepared in line with the financial regulations which will be agreed by the Integration Joint Board, and will include actual and projected outturns. The existing budgetary control frameworks adopted by each of the Parties will form the basis of generating the required information.

14.11 The Integration Joint Board Chief Financial Officer will manage the respective financial plan so as to deliver the agreed outcomes within the Strategic Plan viewed as a whole.

14.12 The Parties do not expect that there will be a schedule of cash payments, but rather annual accounting entries for the agreed budgets. There may be a requirement for an actual cash transfer to be made between the Parties to reflect the difference between the payment being made and the resources delegated to the party by the Integration Joint

Board. Any cash transfer will take place at least annually. Any change to frequency will be jointly agreed by the Integration Joint Board and the Parties.

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

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

14.13.2 If an overspend is forecast on either partner's in scope budget, the Chief Officer and the Integration Joint Board's Chief Financial Officer will aim to agree a recovery plan with the relevant partner to balance the overspending budget and determine the actions required to be taken to deliver the recovery plan. If the overspend arises from assumptions in the Integration Joint Board's strategic plan on the impact of service changes that are not realised as anticipated this should be subject to a report and corrective action. This corrective action may include a recovery plan which should consider revisions to the commissioning of services and / or financial plans to account for the changed circumstances, and the use of any available reserves.

14.13.3 If the recovery plan is unsuccessful then the parties have the option to:

- the relevant partner provides additional resources to the Integration Joint Board which is then recovered in future years from subsequent underspends in that partner's contribution, (subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this) or;
- the relevant partner makes additional one-off adjustment to the resources that it is making available to the Integration Joint Board.

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

14.14 The Parties do not expect to reduce them in year payment to the Integration Joint Board without the consent of the Integration Joint Board and the other Party out with the following circumstances Unplanned underspends as defined above and the Financial Regulations and Reserves Policy.

14.15 Where the budget assumed a specific allocation from the Scottish Government which did not materialise in year to the extent anticipated. (The converse of this also applies in

that should a specific allocation pertaining to a delegated function exceed the anticipated level, an additional payment to the Integration Joint Board may be agreed).

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

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

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

14.19 Initially, recording of financial information in respect of the Integration Joint Board will be processed via the Local Authority ledger. The means for recording financial information will be reviewed by the Chief Financial Officer to ensure this method remains appropriate giving due regard to the needs of the Integration Joint Board. Should an amendment to this method be required the Chief Financial Officer will consult with both parties and present recommendations to the Integration Joint Board for approval.

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

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

14.22 The Chief Officer will consider all of the resources which are required to deliver the integration outcomes including the relevant non-current assets owned by the Parties. The Chief Officer will consult with the Parties to make best use of existing resources.

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

14.24 Detailed Financial Regulations governing the Integration Joint Board will be agreed between the Parties and approved by the Integration Joint Board before functions and resources are delegated.

15. Communication, Participation and Engagement

15.1 Communication, participation and engagement with all stakeholders is central to the

development of the Integration Scheme and is stated requirements as outlined in Section 6 (2) of the Act. The stakeholders who have been directly engaged with to date include:

- Health & Social Care Professionals;
- Service Users & Carers;
- Non Commercial Providers of Health & Social Care;
- Non Commercial Providers of Housing;
- Independent Sector;
- Third Sector;
- Staff likely to be affected by the integration;
- Other Local Authorities operating within the area of the Health Board.

15.2 The Parties have well-established local arrangements for involving and engaging with service users, carers, patients and communities. These have become embedded within North Lanarkshire and include the Public Partnership Forum. North Lanarkshire Integration Joint Board collaborates with the nationally recognised Third Sector Interface, and as such provides a seat on the IJB in order to develop and coordinate activity with third sector partners.

15.3 This public engagement activity will adhere to national standards for community engagement and participation.

15.4 The Integration Joint Board has an existing participation and engagement plan, supported via access to the corporate/directorate communication teams of both parties and a dedicated communications officer and support from staff who work directly in the field of community engagement/public involvement.

15.5 In preparing its strategic plan, the Integration Joint Board has established mechanisms to seek the views of key stakeholders, including a strategic planning group in accordance with the requirements of the Act.

16. Information-Sharing and Data Handling

16.1 The Parties agree to continue to operate under the existing Lanarkshire Information Sharing Protocol and the agreed procedures for sharing information, which is governed by the Lanarkshire Data Sharing Partnership (LDSP), until such time as any necessary changes are made by the process outlined below. The Lanarkshire Data Sharing Partnership Board is the key multi-agency forum with current partnership arrangements and includes representation from North and South Lanarkshire Councils, the NHS Board, Police Scotland, Fire Service and Third Sector. All staff employed by the Parties will continue to comply with all current polices and protocols with regards to information sharing.

16.2 The protocol and procedures for sharing information will be regularly reviewed and updated to reflect the new governance arrangements that pertain to health and social care by the Lanarkshire Data Sharing Partnership. The Chief Officer of the Integration Joint Board chairs the Local Data Sharing Partnership: and the revised protocol has been provided to the Parties and the Integration Joint Board.

16.3 The Lanarkshire Information Sharing Protocol is reviewed regularly by the LDSP. If the Parties or the Integration Joint Board have concerns about the Lanarkshire Information Sharing Protocol or agreement, or the processes for sharing information, they may request a review. Any such changes or amendments must be agreed by the Integration Joint Board and the Parties.

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

16.5 The Parties entered into an information sharing protocol (Scottish Accord on the Sharing of Personal Information – SASPI) in relation to health and social care integration, primarily to support strategic planning, commissioning and service design.

17. Complaints

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

17.2 The Parties agree that feedback, comments, concerns and complaints should be viewed with a positive attitude and valued as feedback on service performance leading to a culture of learning from complaints.

17.3 The Parties agree the principle of frontline resolution to complaints wherever possible and have existing mechanisms in place to achieve this.

17.4 The Parties agree that irrespective of the point of contact the Parties will show a willingness to appropriately direct complaints to ensure an appropriate response.

17.5 Due to different legislative requirements the Parties agree that complaints will continue to be dealt with according to the procedures and policies in place for the Local Authority and the Health Board.

17.6 Where complaints cross the boundaries of health and social care the Parties will work together to achieve, where possible, a joint response to a complaint.

17.7 The Parties agree that complaints by patients, service users or carers will be managed and responded to by the lead organisation responsible for the delivery of the service to which the complaint refers in accordance with the procedures and policies in place for that Party, completed within the timescales for the relevant procedure and monitored by the Chief Officer.

17.8 There are two established processes a complaint will follow depending on the lead organisation, these are the Statutory Social Work Complaints process; and NHS Lanarkshire's complaints process.

17.9 These processes, together with the timescales for acknowledgement and response, are widely publicised by the respective organisations. Complaints to North Lanarkshire Council

can be made through their website[1] using the online form or by telephoning the Council. The arrangements for making complaints to NHS Lanarkshire Health Board are set out on their website[2] or can be made by telephoning NHS Lanarkshire Health Board.

17.10 External service providers are required to have a complaints procedure in place. Where complaints are received that relate to a service provided by an external service provider the lead organisation will either arrange for investigation or refer the complainant to the external service provider for resolution of their complaint.

17.11 All complaints will be investigated and responded to according to the lead organisation's procedure, completed within the timescales for the relevant procedure and monitored by the Chief Officer.

17.12 The Chief Officer will have an overview of complaints related to integrated functions and will provide a commitment to joint working, wherever necessary, between the Parties when dealing with complaints about integrated services.

17.13 If a complaint remains unresolved through the defined complaints-handling procedure, complainants will be informed of their right to go either to the Scottish Public Services Ombudsman for services provided by the Health Board, or to the Social Work Complaints Review Committee following which, if their complaints remains unresolved, they have the right to go to the Scottish Public Services Ombudsman for services provided by the Local Authority.

17.14 This arrangement will respect the statutory complaints-handling processes currently in place for health and social care services. This arrangement will benefit service users and carers by making use of existing complaints procedures and will not create an additional complaint handling process.

17.15 Data sharing requirements relating to any complaint will follow the Information and Data sharing protocol set in the Information and Data Handling section of this Scheme.

17.16 Relevant performance information and lessons learned from complaints will be collected and reported in line with the Support, Care and Clinical Governance section of this Scheme.

17.17 A joint performance report will be produced annually for consideration by the Integration Joint Board.

18. Claims Handling, Liability and Indemnity

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

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

18.3 So far as reasonably practicable the normal common law and statutory rules relating to liability will apply, however it is also noted that decisions relating to claims and liabilities will also be subject to any requirements, obligations or conditions of any relevant insurance policies held by the Parties.

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

18.5 Where a claim has been settled by one of the Parties, and it thereafter transpires that liability (in whole or in part) should have rested with the other Party, then that Party shall indemnify the Party that settled the claim.

18.6 Claims regarding policy and/or strategic decisions made by the Integration Joint Board shall be the responsibility of the Integration Joint Board. For such claims, the Integration Joint Board will require to assess the need for, and if appropriate, obtain appropriate insurance cover. It may also require to engage independent legal advice.

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

18.8 Each Party will ensure that appropriate risk financing arrangements are put in place and maintained, to meet the cost of claims and other associated costs.

18.9 Claims which pre-date the establishment of the Integration Joint Board will be dealt with by the Parties through the procedures that were in place prior to Integration.

19. Risk Management

19.1 The Parties and the Integration Joint Board have an agreed risk management strategy and methodology in relation to Health & Social Care Integration. The shared strategy and methodology ensures:

- Identification, assessment, prioritisation and pro-active management of risk related to the delivery of services, particularly those which are likely to affect the Integration Joint Board's delivery of the strategic plan;
- Identification and description of processes for mitigating these risks;
- Mechanisms in place for risk sharing between the organisations;
- Agreed reporting standards.

19.2 The risk management strategy and methodology sets out:

- Roles and Responsibilities for managing risk;
- How the Parties and the Integration Joint Board prepare risk registers, and arrangements to amend and update such registers;
- Risks that should be reported from the date of delegation of functions and

Resources;

- An agreed risk monitoring framework;
- An agreed risk reporting framework to senior management and those charged with governance;
- An agreed process for sharing risks between partners;
- The process for agreeing changes with the Integration Joint Board;
- Protocols for communication and sharing risk information between the Parties.

19.3 The Parties and the Integration Joint Board will work collectively to support three risk registers:

- IJB strategic register.
- NHS Lanarkshire operational register for health services, as part of NHS Lanarkshire's corporate risk processes.
- NLC operational register for social work services, as part of North Lanarkshire Council's corporate risk processes.

19.4 The Integration Joint Board regularly reviews and updates its Risk Register, with more detailed analysis through the Performance, Finance and Audit Sub Committee.

19.5 In addition to the above, the NHS Board, the Council and Integration Joint Board will consider and agree which risks should be taken from their own risk registers and placed on the shared risk register. Where these risk change, the NHS Board, the Council and Integration Joint Board will notify each other of where they have changed. This will be done formally through the risk register reports to Integration Joint Board and its Finance, Performance and Audit Sub Committee.

19.6 A risk sharing form has been agreed with both partners so that joint risks can be identified and shared timeously.

20. Dispute Resolution Mechanism

20.1 In the event of a failure by the Parties to reach agreement between themselves in relation to any aspect of this Scheme or any of the duties or powers placed on them by the Act then they will follow the process laid out below:

20.2 Either Party can invoke this Dispute Resolution Mechanism by serving written notice of their intention to do so on the other Party. Such notice will be deemed to be received on the day following the issuing of the notice. The date following the issuing of the notice is herein referred to as "the relevant date".

20.3 The Chief Executives of the Health Board and the Local Authority will meet, within 7 days of the relevant date, to attempt to resolve the issue.

20.4 If unresolved, and within 21 days of the relevant date, the Parties will each prepare a written note of their position on the issue and exchange it with the each other.

20.5 In the event that the issue remains unresolved, representatives of the Parties will proceed to mediation with a view to resolving the issue.

20.6 Within 28 days of the relevant date, duly authorised representatives of the Parties will meet with a view to appointing a suitable independent person to act as a mediator. If agreement cannot be reached, then a referral will be made to the President of the Law Society of Scotland inviting the President to appoint a person to act as mediator. The mediation process shall be determined by the mediator appointed and shall take place within 28 days of the mediator accepting appointment.

20.7 Where the issue remains unresolved after following the processes outlined above, the Parties agree that they will notify Scottish Ministers that agreement cannot be reached.

20.8 The notification will explain the nature of the dispute and the actions taken to try to resolve the dispute including any written opinion or recommendations issued by the mediator.

20.9 The Parties agree to be bound by this determination of this dispute resolution mechanism.

Annex 1 – Delegated Functions

Part 1
Functions delegated by the Health Board to The Integration Joint Board

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

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

Column A *Enactment conferring function*	*Column B* *Limitation*
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB(of Health Boar (Functions outside ds Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C medic or dental (personal services); al
	section 17I (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38 (care of mother an youn children); s d g
	section 38A (breastfeeding);
	section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);
	section 48 (provision of residential and practice accommodation);
	section 55 (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);
	section 64 (permission for use of facilities in private practice);

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

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

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

section 79 (purchase of land and moveable property);

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

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

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

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

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

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

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

and functions conferred by—

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

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

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

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

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

The National Health Service (Discipline Committees) Regulations 2006/330;
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183; The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation); section 38 (Duties on hospital managers: examination notification etc.); section 46 (Hospital managers' duties: notification); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);
section 267 (Orders under sections 264 to 266: recall);

	section 281 (Correspondence of certain persons detained in hospital); and functions conferred by—
	The Mental Health (Safety and Security) (Scotland) Regulations 2005;
	The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;
	The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
	The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act**)**	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Part 2- Integrated Services

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

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

Interpretation

1. In this part—

"Allied Health Professional" means a person registered as an allied health professional with the Health Professions Council;

"general medical practitioner" means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

"general medical services contract" means a contract under section 17J of the National Health Service (Scotland) Act 1978;

"hospital" has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

"inpatient hospital services" means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

"out of hours' period" has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004; and

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

Services

2. Accident and Emergency services provided in a hospital.

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

(a) general medicine;
(b) geriatric medicine;
(c) rehabilitation medicine;
(d) respiratory medicine; and
(e) psychiatry of learning disability.

4. Palliative care services provided in a hospital.

5. Inpatient hospital services provided by General Medical Practitioners.

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

7. Mental health services provided in a hospital except regionally or nationally organised forensic mental health services

8. District nursing services.

9. Services provided out with a hospital in relation to an addiction or dependence on any substance Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital.

10. The public dental service.

11. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978.

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

13. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
14. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
15. Services providing primary medical services to patients during the out-of-hours period.
16. Services provided out with a hospital in relation to geriatric medicine.
17. Palliative care services provided out with a hospital.
18. Community learning disability services.
19. Mental health services provided out with a hospital.
20. Continence services provided out with a hospital.
21. Kidney dialysis services provided out with a hospital.
22. Services provided by health professionals that aim to promote public health.
23. Health visiting Services – denotes that this is in addition to the statutory list as outlined in points 8-23 above.
24.

Annex 2 - Part 1 - Functions delegated by the Local Authority to the Integration Joint Board

Set out below is the list of functions that will be delegated by North Lanarkshire Council to the Integration Joint Board.

Schedule Regulation 2
Part 1
Functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
Section 45 **(**Recovery in cases of misrepresentation or non-disclosure.).)	
The Disabled Persons (Employment) Act 1958 Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 5 **(**Powers of Secretary of State.)	
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 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 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
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.
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 Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	

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)

Disabled Persons (Services, Consultation and Representation) Act 1986
Section 2
(Rights of authorised
representatives
of disabled persons.)

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 40 (Supervisory bodies.)	
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

Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions

Column A *Enactment conferring function*	*Column B* *Limitation*
The Housing (Scotland) Act 2001	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	
Section 5 (Local authority arrangements for of residential accommodation out with Scotland.)	
Section 6 Deferred payment of accommodation costs.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	

Section 228
(Request for assessment of needs: duty on local authorities and Health Boards.)

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 7 (Visits)	
Section 8 (Interviews)	
Section 9 (Medical examinations)	
Section 10 (Examination of records etc.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 16 (Right to remove adult at risk)	
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.)

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
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 (b)

Section 6
(Duty to provide Adult carer support plan)

Section 21
(Duty to set local eligibility criteria)

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 24 (duty to provide support)	
Section 25 (provision of support to carers: break from caring)	
Section 31 (duty to prepare local carer strategy)	
Section 34 (information and advice service for carers)	
Section 35 (short breaks services statements)	

Part 2 -Services currently provided by the Local Authority which are to be integrated

The services that pertain to the functions in Part 1 and will be delegated are set out below.

Social work services for adults and older people

The functions in relation to social work services for adults and older people noted below will be delegated.

a) Services and support for all adults with disabilities and long term conditions;
b) Mental health services;
c) Addiction services;
d) Adult protection;
e) Carers' services;
f) Community care assessment and planning services;
g) Support services provided by contracted services;
h) Care home services;
i) Intermediate Care Services;
j) Health and wellbeing improvement services;
k) Aspects of housing support, including provision of equipment and adaptations to people's homes;
l) Day opportunities and day services;
m) Homecare Services;
n) Supported Living Services;

o) Respite Support;
p) Occupational therapy services;
q) Re-ablement services;
r) Smart technology, equipment and telecare.

Annex 3 – Hosted Services Arrangements

Hosted Services Proposed Arrangements between North and South Lanarkshire Integration Joint Board.

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

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

Annex 4 – Health and Wellbeing Outcomes

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

Outcome 2- People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

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

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

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

Outcome 6- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

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

Outcome 8- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

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