



Aberdeenshire
Health & Social Care
Partnership

Health and Social Care Integration Scheme for Aberdeenshire

26 August 2024

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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) provides a framework for the effective integration of adult health and social care services. Its policy ambition is to: “...improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined-up quality health and social care services in order to care for people in their own homes or a homely setting where it is safe to do so; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.”

Aberdeenshire Council and Grampian Health Board (“NHS Grampian”) (NHS meaning the “National Health Service”) resolved in 2015 to create an Integration Joint Board to enhance, strengthen and develop the formerly separate services for the provision of adult health and social care. By becoming a fully integrated service, Aberdeenshire Council and NHS Grampian seek to enhance and promote the health and wellbeing of the people of Aberdeenshire. The creation of the Integration Joint Board meant a change in culture and some challenges for all involved. Aberdeenshire Council and NHS Grampian are committed to continuing to work through challenges in a unified and harmonious way, always remembering and working towards achieving the vision and the benefits of delivering that vision to the individuals of Aberdeenshire.

The Act requires Aberdeenshire Council and NHS Grampian to jointly prepare an integration scheme setting out how this is to be achieved. The first Aberdeenshire Integration Scheme established a “body corporate” arrangement, as set out in s1(4)(a) of the Act. This scheme was produced in 2022/3 following a review in 2022/23. It continues to provide for a body corporate model for the integration of health and social care in Aberdeenshire and confirms the detail of how NHS Grampian and Aberdeenshire Council will integrate relevant services.

The corporate body will continue to be known as Aberdeenshire Integration Joint Board (“IJB”). To give effect to the single operational management of integrated services by the Aberdeenshire Health and Social Care Partnership Chief Officer, the parties agreed that the integrated operating unit will be known as the Aberdeenshire Health and Social Care Partnership.

We shall continue to engage with members of the public at every opportunity in order to empower our people and communities to be a driving force for how integrated services are shaped and developed and in turn how they will deliver the best possible outcomes to individuals and their communities.

Aberdeenshire Council and NHS Grampian recognise that the third sector has an important role in integration and is essential to the IJB to allow services to be delivered in an effective way. The third sector brings great value through its flexibility, innovation and the active engagement of communities and individuals in the design and delivery of its services. This approach is continually being developed and will be enabled through

third sector representation on the Integration Joint Board and the Strategic Planning Group.

Spirit of Agreement

This Integration Scheme is the mechanism by which the creation of the IJB is achieved. This Integration Scheme should be read in such a way as to always follow the spirit of the agreement. Any question of interpretation should be based on reading the implied terms in order to make the interpretation compatible with the purpose of the agreement, which is to achieve a unified and seamless health and social care service where all individuals will work together to achieve the same Outcomes and follow the same vision, philosophy and principles. On that basis, it may be necessary to read the terms of this Integration Scheme in such a way as to look beyond the explicit terms to the implied terms and the overarching purpose of delivering integrated services.

Supplementary Papers

Once approved by Scottish Ministers, the contents of this Integration Scheme shall be full and final and it shall not be possible to make any modifications to the Integration-Scheme without a further consultation and subsequent further approval by Scottish Ministers. For this reason, this Integration Scheme sets out the core requirements for integration and will be supplemented by several separate documents, which will provide further detail in respect of the workings and arrangements for integration. As integrated services develop, it may be necessary to make changes and improvements to certain operational arrangements, and this can be achieved through modification of the separate documents supplementing this Integration Scheme. Any changes to the supplementary documents may be made by the approval of the Integration Joint Board as it sees fit from time to time and such changes will not require to be intimated to nor approved by Scottish Ministers.

Aims and Outcomes of the Integration Scheme

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

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

Vision

Building on a person's abilities, we will deliver high quality person centred care to enhance their independence and wellbeing in their own communities.

Philosophy

We believe the best health and wellbeing outcomes result from an individual always being at the centre of our focus.

People are entitled to expect the best possible advice, care and support from our staff, in a timely way and in the right place.

We will work to tackle health inequalities by focusing on those at greatest risk as a result of social or economic circumstances.

We believe every individual is able to contribute to their own health and wellbeing, and participate positively in their own care. We believe care, support and health improvement is at its most efficient and effective when agreed upon, planned and delivered collectively and collaboratively.

A person's capabilities, needs and desired outcomes can only be fully understood and realised in the context of their family, significant networks, and community. A range of perspectives are required.

All views have value, particularly those of the individual, their informal carers and support networks. A single team approach will embody respect and recognition of all the unique perspectives that contribute to a holistic understanding of the right outcomes for the individual.

Local principles for how we will work

Every individual is treated with dignity and respect at all times.

Health and social care staff will promote and maintain a person's independence and wellbeing as much as possible, building on and developing an individual's abilities to self care and take responsibility for improving their own health.

This principle includes a single assessment of risk to the person, to themselves, from others and to others that includes appropriate positive risk taking by the individual.

Nothing is concluded or decided about a person's care or support without the individual's involvement and agreement, and that of their significant others, unless considerations of capacity or risk intervene.

All discussions and decisions about treatment, support, and risk are made collaboratively and consensually by the team of appropriate practitioners, respecting differences. Accountability for decisions is held collectively by the team.

A 'one team' approach is fostered where we trust each team member to deliver on their unique contributions and respective obligations confident that the combined effect of all team members will deliver the best outcomes for people.

Information is shared appropriately by professionals and without restrictions that could inhibit the best interests of the individual.

Health and care practitioners will provide the right support for the person at the right time and in the right place, making the best use of available resources.

NHS Staff will be treated in accordance with the NHS Scotland Staff Governance Standard and Aberdeenshire Council Staff will be treated in accordance with the One Aberdeenshire Principles.

Integration Scheme

The Parties:

THE ABERDEENSHIRE COUNCIL, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Woodhill House, Westburn Road, Aberdeen AB16 5GB (hereinafter referred to as “the Council” which expression shall include its statutory successors);

And

GRAMPIAN HEALTH BOARD, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Grampian”) and having its principal offices at Summerfield House, 2 Eday Road, Aberdeen AB15 6RE (hereinafter referred to as “NHS Grampian” which expression shall include its statutory successors)

(together referred to as “the Parties”, and each being referred to as a “Party”)

1. Definitions and Interpretation

1.1 In this Integration Scheme, the following terms shall have the following meanings: -

“Accountable Officer” means the NHS officer appointed in terms of section 15 of the Public Finance and Accountability (Scotland) Act 2000;

“Chief Officer” means the Officer appointed by the Integration Joint Board in accordance with section 10 of the Act;

“Clinical Lead” means the registered medical practitioner who delivers primary care services or some other registered health care professional who delivers services within a community context who is appointed by the Chief Officer and the Medical Director of NHS Grampian;

“Direction” means an instruction from the Integration Joint Board in accordance with section 26 of the Act;

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

“IJB Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Integrated Budget” means the Budget for the delegated resources for the functions set out in this Scheme;

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

“Payment” means all of the following: a) the Integrated Budget contribution to the IJB; b) the resources paid by the Integration Joint Board to the Parties for carrying out directions, in accordance with section 27 of the Act and c) does not require that a bank transaction is made;

“Section 95 Officer” means the statutory post under the Local Government (Scotland) Act 1973 being the Accountable (Proper) Officer for the administration and governance of the financial affairs of the Council.

“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 in accordance with section 29 of the Act;

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

“Scheme” means this Integration Scheme;

- 1.2 In implementation of their obligations under the Act, the Parties hereby agree as follows:
- 1.3 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 Scheme comes into effect on the date approved by the Scottish Ministers.

2. Preparation of Strategic Plan

- 2.1 The remit of the IJB is to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in their area in accordance with sections 29-39 of the Act.
- 2.2 The IJB Strategic Plans are developed by the Strategic Planning Group and approved by the IJB.

3. Board Governance

- 3.1 The Membership of the IJB will be determined in accordance with the Membership Order.
- 3.2 The Council shall nominate five councillors and NHS Grampian shall nominate five NHS Grampian Health Board members to be voting members.
- 3.3 The arrangements for appointing the Chair and Vice Chair of the IJB are as set out in the Standing Orders contained within the IJB’s Governance Handbook Arrangements are in place for the Chair to rotate every 18 months between NHS Grampian and The Council.

- 3.4 The voting membership of the IJB shall be appointed for a term of three years however a member may be reappointed for further three-year terms of office. Board members appointed by the Parties will cease to be members of the IJB in the event that they cease to be a Non-Executive Board Member of NHS Grampian Health Board or an Elected Member of the Council.

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

4. Delegation of Functions

- 4.1 The functions that are to be delegated by NHS Grampian to the IJB are set out in Part 1 of Annex 1. The services to which these functions relate, which are currently provided by NHS Grampian and which are to be integrated, are set out in Part 2 of Annex 1. The functions listed in Part 1 of Annex 1 are delegated only to the extent that they relate to the services listed in Part 2 of Annex 1 and only in so far as they are provided to persons of 18 years and over.
- 4.2 The functions that are to be delegated by the Council to the IJB are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2. The functions listed in Part 1 of Annex 2 are delegated only to the extent that they relate to the services listed in Part 2 of Annex 2 and only in so far as they are provided to persons of 18 years and over.
- 4.3 In the delegation of functions, the Parties recognise that they will require to work together, and with, the IJB, to achieve the Outcomes. Through local management, the Parties will put arrangements in place to avoid fragmentation of services provided to persons of 18 years and over. In particular, the community health services for persons under 18 years of age – set out in Part 3 of Annex 1 shall be operationally devolved by the Chief Executive of NHS Grampian to the Chief Officer of the IJB who will be responsible and accountable for the operational delivery and performance of these services.
- 4.4 In exercising its functions, the IJB must take into account the Parties' requirements to meet their respective statutory obligations, standards set by government and other organisational and service delivery standards set by the Parties. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.
- 4.5 The delegation of functions from the Parties to the IJB shall not affect the legality of any contract made between either of the Parties and any third party, which relates to the delivery of integrated or non-integrated services. The Commissioning and Procurement Group has responsibility for oversight and monitoring of the IJB's Commissioning and Procurement Plan, ensuring the work of the various sub-groups leading on specific contracts is completed within required timescales and compliant with legislation and regulations. The social care commissioning, procurement and contracts team are delegated procurers

for health and social care services, designated as such by the Council's Head of Procurement.

- 4.6 Some integrated services may be hosted by the IJB on behalf of other integration authorities, or some integrated services may be hosted by another integration authority on behalf of the IJB. The IJB will consider and agree the hosting arrangements. Details of hosted services are provided in Annex 3.

5. Delegation of Functions

- 5.1 The IJB will have operational oversight of integrated services, including services that it hosts but not including the health services listed in Annex 4 or services which are hosted on its behalf by another integration authority.
- 5.2 The IJB will have responsibility for performance management of integrated services for which it has operational oversight.
- 5.3 The IJB shall use performance information to monitor the delivery of integrated services on an ongoing basis.
- 5.4 The IJB's annual performance management report will be available to the Parties and will be regularly reviewed.
- 5.5 The IJB will take decisions in respect of integrated services for which it has operational oversight.
- 5.6 The IJB may develop a governance framework to provide itself with a mechanism for assurance and monitoring of the management and delivery of integrated services. This will enable scrutiny of performance and of appropriate use of resources. If required, the Parties will support the IJB in the development of this framework.
- 5.7 The IJB shall ensure that resources are managed appropriately for the delivery of integrated services for which it has operational oversight, in implementation of the Strategic Plan.
- 5.8 The IJB will, through the Chief Officer, have an appropriate role in the operational delivery of services by the Parties in the carrying out of integration functions. The Parties acknowledge that the Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace:
- (a) the responsibilities of each Party regarding compliance with Directions issued by the IJB; or
 - (b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

- 5.9 The IJB will have responsibility for the strategic planning of the integrated services listed in Annex 4, which will continue to be operationally managed by NHS Grampian.

NHS Grampian will be responsible for the operational oversight of these services and through the respective Portfolio Executive Lead who will be responsible for the operational management of these services. NHS Grampian already has in place an existing mechanism for the scrutiny and monitoring of delivery of these services. Appropriate links will be made between this structure and any governance framework to be put in place by the IJB.

- 5.10 For integrated services that the IJB does not have operational oversight of, the IJB shall monitor performance of those services in terms of Outcomes delivered via the Strategic Plan.

- 5.11 NHS Grampian and the Council will be responsible for the operational delivery of integrated services in implementation of Directions of the IJB.

- 5.12 NHS Grampian and the Council will provide such information as may be reasonably required by the Chief Officer, the IJB and the Strategic Planning Group to enable the planning, monitoring and delivery of integrated services.

- 5.13 NHS Grampian and the IJB will work together to ensure that the planning and delivery of integrated (and non-integrated) hospital services are consistent.

6. Business Support Services

- 6.1 The Parties recognise that the IJB will require various business support services in order to fully discharge its duties under the Act.

- 6.2 In preparation for integration, the Parties have each provided appropriate advice and support on areas such as finance, legal, human resources, information sharing etc.

- 6.3 The Parties may review, from time to time, the business resources required including the provision of any professional, technical or administrative services for the purpose of preparing a Strategic Plan and carrying out integration functions and for ensuring that the IJB has provision of suitable resources for business support, to allow it to fully discharge its duties under the Act. This assessment shall be available to the Parties.

- 6.4 The Parties and the IJB shall reach an agreement in respect of how these services will be provided to the IJB which will set out the details of the provision.

- 6.5 The Parties and the IJB will review the support services being provided on an annual basis to ensure they are sufficient. The Parties and the IJB shall agree on the arrangements for future provision, including specifying how these requirements will be built into the IJB's annual budget setting and review process.

7. Support for Strategic Planning

- 7.1 The Parties shall share with such other relevant integration authorities, the necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by those integration authorities for people who live within Aberdeenshire.
- 7.2 The Strategic Plan is written for the citizens of Aberdeenshire. A number of individuals will receive services across a boundary of an integration authority. A number of Aberdeenshire citizens are registered and receive their general medical services from Aberdeen City practices. Also, a number of citizens from other local authority areas receive their general medical services from Aberdeenshire practices. NHS Grampian will provide support to enable the appropriate planning of such services for these individuals. This shall be done in pursuance of the duty under s30(3) of the Act.
- 7.3 The Parties shall consult with the IJB on any plans to change service provision of non-integrated services which may have a resultant impact on the Strategic Plan.

8. Performance and Assurance

- 8.1 Performance governance within Aberdeenshire Health and Social Care Partnership is based on a tiered approach with the aim of providing assurance to the IJB, to NHS and Council partners and the Scottish Government. This recognises that there are different types of performance data needed to ensure different parts of the organisation have the information they require for effective service planning, delivery and decision-making. Ultimate accountability for and scrutiny of performance is held by the IJB as those with the statutory responsibility for the delivery of the services under its remit.
- 8.2 The IJB's performance framework will have a central focus on demonstrating Outcomes for people and communities and in particular the difference that integration has made. Performance reports to the IJB focus on the key transformational initiatives under the Strategic Delivery Plan, to provide assurance as to delivery of the strategic plan and evidence of the key milestones and outcomes at a strategic organisational level that the IJB has agreed to work towards.
- 8.3 The performance of all Health and Social Care Partnerships in Scotland is measured against a National Core Suite of Integration Indicators with the aim of ensuring a consistent measurement approach using national data sources and encompassing both outcome and data measures. The IJB publishes an annual performance report setting out our performance against these indicators and other local performance measures.
- 8.4 Performance information is shared and reviewed with NHS and Council partners on a regular basis encompassing both the annual performance report and IJB quarterly strategic performance reports. The IJB works collaboratively with both Parties in ensuring appropriate input from our regular data collection to their respective performance management systems and frameworks.

9. Clinical and Professional Governance

9.1 Outcomes

9.1.1 The IJB will improve and provide assurance on the Outcomes through its clinical and professional governance arrangements. The Outcomes are as follows:

- 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 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 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; and
- Resources are used effectively and efficiently in the provision of health and social care services.

9.1.2 The Parties and the IJB will have regard to the integration planning and delivery principles and will determine the clinical and professional governance assurances and information required by the IJB to inform the development, monitoring and delivery of its Strategic Plan. The Parties will provide that assurance and information to the IJB.

9.1.3 The Strategic Planning Group (“SPG”) has responsibility for oversight of the transformational workstreams arising from the IJB’s Strategic Delivery Plan, monitoring and reporting on progress to the IJB as part of its performance reporting framework. The Strategic Delivery Plan sets out the programme of transformational, operational and improvement work to enable the IJB to meet its strategic priorities. A high-level summary of performance against all projects under the Strategic Delivery Plan will be reported to the IJB on a quarterly basis.

9.2 General Clinical and Professional Governance Arrangements

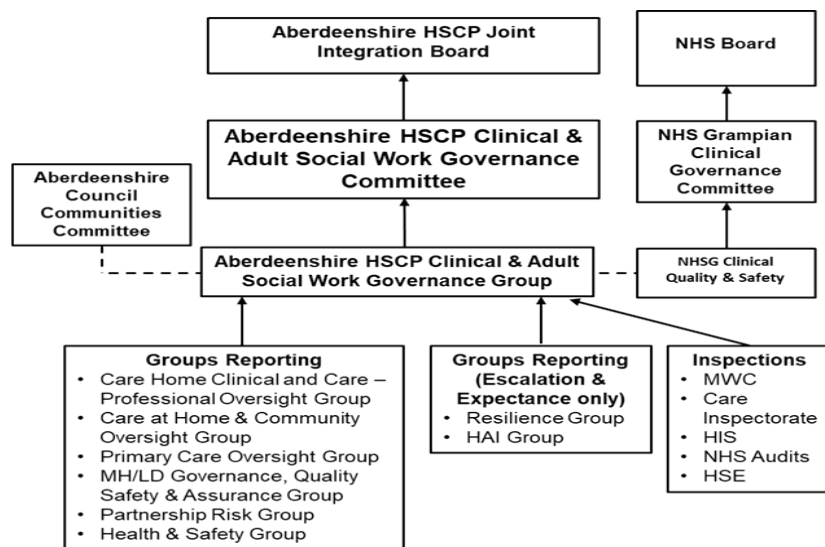
9.2.1 The Parties and the IJB are accountable for ensuring appropriate clinical and professional governance arrangements for their duties under the Act.

- 9.2.2 The Parties remain responsible for the clinical and professional governance of the services which the IJB has instructed the Parties to deliver.
- 9.2.3 The Parties remain 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 in the Strategic Plan.
- 9.2.4 The IJB will have regard to healthcare and social care governance, quality, and risks when developing and agreeing its Strategic Plan and its corresponding Directions to the Parties. These risks may be identified by either of the Parties or the IJB and may include professional risks.
- 9.2.5 The IJB has established and may review its approach to measuring and reporting to the IJB on the quality-of-service delivery, organisational and individual care risks, the promotion of continuous improvement and ensuring that all professional and clinical standards, legislation and guidance are met.
- 9.2.6 The IJB fulfils its responsibilities in 9.2.5 via the Clinical and Adult Social Work Governance Committee, which reports to the IJB and provides assurance to the IJB on all aspects of the Clinical and Professional Governance Framework.

9.3 Clinical and Professional Framework

9.3.1 The IJB have established a Clinical and Adult Social Work Governance Committee, terms of reference for which are narrated in the IJB’s Governance Handbook, to ensure accountability of the quality of health and social care and how that is monitored. The Clinical and Adult Social Work Governance Committee is supported by professional advisors from both the NHS and the Council including the Chief Social Work Officer, the Clinical Governance Lead and the Quality Improvement & Assurance Facilitator.

9.3.2 The following organogram narrates how the Clinical and Adult Social Work Committee links to the assurance frameworks of the Parties.



- 9.3.3 Aberdeenshire Clinical and Adult Social Work Governance Group has been established to oversee the clinical and professional governance arrangements for integrated services. The Clinical and Adult Social Work Governance Group has membership of senior professionals which are representative of the range of professional groups involved in delivering health and social care services. This includes the Partnership's Clinical Lead, the Chief Nurse, the Lead AHP, the Lead Social Worker and Partnership Managers.
- 9.3.4 The Terms of Reference for the Clinical and Adult Social Work Governance Group shall set out the role, remit and membership of the Group, and shall be agreed and reviewed by the Clinical and Adult Social Work Governance Committee.
- 9.3.5 The Clinical and Adult Social Work Governance Group will provide clinical health care and professional social work advice on all functions delegated to the IJB. It shall support the Clinical and Adult Social Work Governance Committee and report to it.
- 9.3.6 The IJB and the Chief Officer shall also be able to obtain clinical and professional advice from the IJB non-voting membership, which shall include (subject to any amendment of the IJB Order):
- (a) the Chief Social Work Officer;
 - (b) A registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
 - (c) A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
 - (d) A registered medical practitioner employed by the Health Board and not providing primary medical services.
- 9.3.7 The Clinical and Adult Social Work Governance Group will be represented on the established clinical and professional forums/groups of both the Council and NHS Grampian to address matters of risk, safety and quality.
- 9.3.8 A schematic showing the Clinical and Adult Social Work Governance Group's relationship to the NHS Grampian Clinical Governance Committee and the health board is set out in the organisational governance document.
- 9.3.9 A schematic is not available for the Council's assurance mechanisms, since this does not have a similar structure. If the Chief Social Work Officer is not a member of the Clinical and Adult Social Work Governance Group, then that Group will provide such information as may be required by the Chief Social Work Officer to provide him/her with the necessary assurance regarding the arrangements for social care governance for integrated services. In turn, the Chief Social Work Officer may then report to the Council to provide any necessary assurance as required.
- 9.3.10 The NHS Grampian Area Clinical Forum (and clinical advisory structure), Managed Clinical and Care Networks, Local Medical Committees, other

appropriate professional groups, and the Adult and Child Protection Groups and the clinical advisory structure will be available to provide clinical and professional advice to the IJB.

9.4 Staff Governance

9.4.1 The Parties will ensure that staff working in integrated services have the right training and education required to deliver professional standards of care and meet any professional regulatory requirements.

9.4.2 The IJB and the Parties shall ensure that staff will be supported if they raise concerns relating to practice that endangers the safety of service users and other wrong doing in line with local policies and regulatory requirements. There are appropriate Whistleblowing policies in place that are regularly reviewed.

9.4.3 Staff employed by NHS Grampian are bound to follow the NHS Staff Governance Standard. The Staff Governance Standard requires all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions which affect them;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

9.4.4 The NHS Staff Governance Standard places a reciprocal duty on staff to:

- Keep themselves up to date with developments relevant to their job within the organisation;
- Commit to continuous personal and professional development;
- Adhere to the standards set by their regulatory bodies;
- Actively participate in discussions on issues that affect them either directly or via their trade union/professional organisation;
- Treat all staff and patients with dignity and respect while valuing diversity; and
- Ensure that their actions maintain and promote the health, safety and wellbeing of all staff, patients and carers.

9.4.5 The Council staff will be treated in accordance with the One Aberdeenshire Principles which are:-

1. Everyone brings their 'best self' to work every day.

- We try to do our best every day, going above and beyond when necessary.
 - We treat each other the way we want to be treated.
 - We recognise that leadership and team-working is for everybody.
2. We are clear about what is expected of us and ask for clarity if unsure.
 - We work in our communities, for our communities.
 - We communicate clearly and honestly with each other.
 - Where our work falls below the standards expected we accept the support offered to improve.
 3. We take informed decisions as close to the action as possible.
 - We use information and skills to make the right things happen.
 - Our freedom to make sensible decisions is supported.
 - We are involved in making sure we have as few 'rules' as possible and our ways of working are as simple as they can be.

9.5 Professional Leadership

- 9.5.1 The Act does not change the professional regulatory framework within which health and social care professionals work, or the established professional accountabilities that are currently in place within the NHS and local government. The Act through drawing together the planning and delivery of services aims to better support the delivery of improved outcomes for the individuals who receive care and support across health and social care.
- 9.5.2 Medical Directors, the Director of Public Health and Nursing Directors are ministerial appointments made through health boards to oversee systems of professional and clinical governance within the Health Board. Their professional responsibilities supersede their responsibilities to their employer. These Directors continue to hold responsibility for the actions of NHS Grampian clinical staff who deliver care through integrated services. They, in turn, continue to attend the NHS Grampian Clinical Governance Committee which oversees the clinical governance arrangements of all services delivered by health care staff employed by NHS Grampian.
- 9.5.3 In addition to the Clinical and Adult Social Work Governance Group, advice can be provided to the IJB and the Strategic Planning Group through the Clinical Executive Directors of NHS Grampian and the Chief Social Work Officer of the Council on professional / workforce, clinical / care and social care / social work governance matters relating to the development, delivery and monitoring of the Strategic Plan, including the development of integrated service arrangements. The professional leads of the Parties can provide advice and raise issues directly with the IJB either in writing or through the representatives that sit on the IJB. The IJB will respond in writing to these issues where asked to do so by the Parties.

9.5.4 The key principles for professional leadership are as follows:

- Job descriptions will reflect the level of professional responsibility at all levels of the workforce explicitly.
- The IJB will name the Clinical Lead and ensure representation of professional representation and assurance from both health and social care. The Nurse, Public Health and Medical Directors will continue to have professional managerial responsibility.
- All service development and redesign will outline participation of professional leadership from the outset, and this will be evidenced in all IJB papers.
- The effectiveness of the professional leadership principles will be reviewed annually.

10. Chief Officer

10.1 The IJB shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

10.2 The Chief Officer will be a member of the appropriate senior management teams of NHS Grampian and the Council. This will enable the Chief Officer to work with senior management of both Parties to carry out the functions of the IJB in accordance with the Strategic Plan.

10.3 The Chief Officer will be line managed by the Chief Executives of the Parties.

10.4 The Chief Officer will be responsible for the operational management of integrated services, other than those listed in Annex 4 or those hosted by another integration authority. Further arrangements in relation to the Chief Officer's responsibilities are laid out in the IJB's Governance Handbook which may be amended by time to time by the IJB.

10.5 The Chief Officer shall be accountable to the IJB for the management of integrated services for which the IJB has operational oversight. Accountability of the Chief Officer may be ensured by the IJB through appropriate scrutiny and monitoring of the delivery of integrated services under the Chief Officer's management, if necessary through an appropriate governance framework that the IJB may put in place.

10.6 The Chief Officer will be responsible for the development and monitoring of operational plans which set out the mechanism for the delivery of the Strategic Plan.

10.7 The Chief Executive of NHS Grampian will be the Accountable Officer for the delivery of the acute services that the IJB has strategic planning responsibility for and will provide updates to the Chief Officer on the operational delivery of integrated services provided within those acute hospitals and the set aside budget on a regular basis.

- 10.8 The Chief Officer will have a formal relationship with the portfolio management team for acute services to determine that appropriate progress is made on the delivery of the Strategic Plan. The Chief Officer will meet with the Portfolio Executive Leads for acute services under chairmanship of the Chief Executive of NHS Grampian on a weekly basis at the NHS Grampian Chief Executive Team. These meetings are also be attended by the Chief Officers of Aberdeen City and Moray integration authorities.
- 10.9 The Chief Officer will develop close working relationships with elected members of the Council and nonexecutive and executive NHS Grampian board members.
- 10.10 The Chief Officer will establish and maintain effective working relationships with a range of key stakeholders across NHS Grampian, the Council, the third and independent sectors, service users and carers, the Scottish Government, trade unions and relevant professional organisations.
- 10.11 The Chief Officer will work with trade unions, staff side representatives and professional organisations to ensure a consistent approach to their continued involvement in the integration of health and social care.
- 10.12 For planned absences of the Chief Officer, and on the request of the IJB, the Chair of the IJB and the Chief Officer will agree a suitable interim Chief Officer. For unplanned absences and on the request of the IJB the Parties' Chief Executives will work with the Chair of the IJB to identify a suitable interim Chief Officer.

11. Workforce

- 11.1 The employment status of staff will not change as a result of this Scheme i.e. staff will continue to be employed by their current employer and retain their current terms and conditions of employment.
- 11.2 Both NHS Grampian and the Council have Workforce Plans, and as the integrated teams are developed, so the integrated Workforce plan will follow. The joint Workforce plans relate to the development and support to be provided to the workforce who are employed in pursuance of integrated services and functions.
- 11.3 The joint workforce plan will cover the strategic Organisational Development Outcomes of the Parties and the IJB, including workforce planning and development. The plan will cover staff communication, staff engagement, staff and team development, leadership development and the training needs for staff that will be responsible for managing integrated teams. This will encourage the development of a healthy organisational culture. The Parties will work together in developing this plan along with stakeholders. There is an annual workforce plan published in line with national guidance.

12. Finance

12.1 Financial Governance

12.1.1 Details of financial governance and financial regulations are contained in the IJB's Governance Handbook and will be reviewed and amended regularly.

12.2 Payments to the IJB General

12.2.1 The Payment made by each Party is not an actual cash transaction for the IJB. There will be a requirement for an actual cash transfer to be made between the Parties to reflect the difference between the Payment being made by a Party and the resources delegated by the IJB to that Party to deliver services. Any cash transfer will take place between the Parties monthly in arrears based on the annual budgets set by the Parties and the Directions from the IJB. A final transfer will be made at the end of the financial year on closure of the annual accounts of the IJB to reflect in-year budget adjustments agreed.

12.2.2 Resource Transfer – The existing resource transfer arrangements will cease upon establishment of the IJB and instead NHS Grampian will include the equivalent sum in its budget allocation to the IJB. The Council Payment to the IJB will accordingly be reduced to reflect this adjustment.

12.2.3 Value Added Tax ("VAT") – the budget allocations made will reflect the respective VAT status and treatments of the Parties. In general terms budget allocations by the Council will be made net of tax to reflect its status as a Section 33 body in terms of the Value Added Tax Act 1994 and those made by NHS Grampian will be made gross of tax to reflect its status as a Section 41 body in terms of the Value Added Tax Act 1994.

12.3 Payments to the IJB – 2nd Financial Year onwards

12.3.1 The Payment that will be determined by each Party requires to be agreed in advance of the start of the financial year. Each Party agrees that the baseline Payment to the IJB for delegated functions will be formally advised to the IJB and the other Party by 28th February each year.

12.3.2 In subsequent years, the Chief Officer and the Chief Finance Officer of the IJB will develop a case for the Integrated Budget based on the Strategic Plan and present it to the Council and NHS Grampian for consideration as part of the annual budget setting process, in accordance with the timescales contained therein. The case should be evidence based with full transparency on its assumptions and analysis of changes, covering factors such as activity changes, cost inflation, efficiencies, legal requirements, transfers to / from the "set aside" budget for hospital services and equity of resource allocation.

12.3.3 The final Payment into the IJB will be agreed by the Parties in accordance with their own processes for budget setting.

12.4.4 The IJB will approve and provide direction to the Parties by 31st March each year regarding the functions that are being directed, how they are to be delivered and the resources to be used in delivery.

12.4 Method for determining the amount set aside for hospital services

12.4.1 The IJB will be responsible for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway.

12.4.2 The IJB and the hospital sector will agree a method for establishing the amount to be set aside for services that are delivered in a large hospital as part of the emergency care pathway which will show consumption by the residents of the IJB.

12.4.3 The method of establishing the set aside budget will take account of hospital activity data and cost information. Hospital activity data will reflect actual occupied bed day and admissions information, together with any planned changes in activity and case mix.

12.5 Financial Management of the IJB

12.5.1 The Council will host the financial transactions specific to the IJB.

12.5.2 The IJB has appointed a Chief Finance Officer who is accountable for the annual accounts preparation (including gaining the assurances required for the governance statement) and financial planning (including the financial section of the Strategic Plan) and will provide financial advice and support to the Chief Officer and the IJB. The Chief Finance Officer will also be responsible for the production of the annual financial statement (Section 39). The Chief Officer's role and responsibilities are clearly set out in the Governance Handbook.

12.5.3 As part of the process of preparing the annual accounts of the IJB the Chief Finance Officer of the IJB will be responsible for agreeing balances between the IJB and Parties at the end of the financial year and for agreeing details of transactions between the IJB and Parties during the financial year. The Chief Finance Officer of the IJB will also be responsible for provision of other information required by the Parties to complete their annual accounts including Group Accounts.

12.5.4 Recording of all financial information in respect of the integrated services will be in the financial ledger of the Party which is delivering the services on behalf of the IJB.

12.5.5 The Parties will provide the required financial administration to enable the transactions for delegated functions (e.g., Payment of suppliers, Payment of staff, raising of invoices etc.) to be administered and financial reports to be provided to the Chief Finance Officer of the IJB. The Parties will not charge the IJB for this service.

12.6 Financial reporting to the IJB and the Chief Officer

- 12.6.1 Financial reports for the IJB will be prepared by the Chief Finance Officer of the IJB. The format and frequency of the reports to be agreed by the IJB, the Council and NHS Grampian, but will be at least on a quarterly basis. The Director of Finance of NHS Grampian and the Section 95 Officer of the Council will work with the Chief Finance Officer of the IJB to ensure that the information that is required to produce such reports can be provided.
- 12.6.2 To assist with the above the Parties will provide information to the Chief Finance Officer of the IJB regarding costs incurred by them on a monthly basis for services directly managed by the IJB. Similarly, NHS Grampian will provide the IJB with information on use of the amounts set aside for hospital services. This information will focus on patient activity levels and not include unit costs.
- 12.6.3 The Chief Finance Officer of the IJB will agree a timetable for the preparation of the annual accounts with the Director of Finance of NHS Grampian and the Section 95 Officer of the Council. The timetable for production of the annual accounts of the IJB will be set following the issue of further guidance from the Scottish Government.
- 12.6.4 In order to give assurance to the Parties that the delegated budgets are being used for their intended purposes, financial monitoring reports will be produced for the Parties in accordance with timetables to be agreed at the start of each financial year. The format of such reports will be agreed by the Director of Finance of NHS Grampian and the Section 95 Officer of the Council, in conjunction with the Chief Finance Officer of the IJB.

12.7 The process for addressing in-year variations in the spending of the IJB

12.7.1 Increases in Payment by Parties to the IJB

- 12.7.1.1 The Parties may increase in-year the Payments to the IJB for the delegated services with the agreement of the IJB.

12.7.2 Reductions in Payment by Parties to the IJB

- 12.7.2.1 The Parties do not expect to reduce the Payment to the IJB in year unless there are exceptional circumstances resulting in significant unplanned costs for the Party. In such exceptional circumstances the following escalation process would be followed before any reduction to the in-year Payment to the IJB was agreed: -
- (a) The Party would seek to manage the unplanned costs within its own resources, including the application of reserves where applicable;
 - (b) Each Party would need to approve any decision to seek to reduce the in-year Payment to the IJB; and

- (c) Any final decision would need to be agreed by the Chief Executives of both Parties and by the Chief Officer of the IJB and be ratified by the Parties and the IJB.

12.7.3 Variations to the planned Payments by the IJB

- 12.7.3.1 The Chief Officer is expected to deliver the agreed Outcomes within the total delegated resources of the IJB. Where a forecast overspend against an element of the operational budget emerges during the financial year, in the first instance it is expected that the Chief Officer, in conjunction with the Chief Finance Officer of the IJB, will agree corrective action with the IJB.
- 12.7.3.2 If this does not resolve the overspending issue then the Chief Officer, the Chief Finance Officer of the IJB and the Director of Finance of NHS Grampian and the Section 95 Officer of the Council must agree a recovery plan to balance the overspending budget.

12.7.4 IJB overspend against Payments

- 12.7.4.1 In the event that the recovery plan is unsuccessful and an overspend is evident at the year-end, uncommitted reserves held by the IJB, in line with the Reserves Policy, would firstly be used to address any overspend.
- 12.7.4.2 In the event that an overspend is evident following the application of reserves, the following arrangements will apply for addressing that overspend: -
- 12.7.4.3 The overspend will be met by either:
- (a) A single Party may make an additional one off Payment to the IJB; or
 - (b) The Parties may jointly make additional one off Payments to the IJB in order to meet the overspend. The split of one off Payments between Parties in this circumstance will be based on each Party's proportionate share of the baseline Payment to the IJB, regardless of in which arm of the operational budget the overspend has occurred in.
- 12.7.4.4 The recovery plan may include provision for the Parties to recover any such additional one off Payments from their baseline Payment to the IJB in the next financial year.
- 12.7.4.5 The arrangement to be adopted will be agreed by the Parties.

12.7.5 IJB underspend against Payments

- 12.7.5.1 In the event of a forecast underspend the IJB will require to decide whether this results in a redetermination of Payment or whether surplus funds will contribute to the IJB's reserves.
- 12.7.5.2 The Chief Officer and Chief Finance Officer of the IJB will review the previously IJB approved Reserves Policy on a periodic basis.

12.7.5.3 In the event of a return of funds to the Parties, the split of returned Payments between Parties will be based on each Party's proportionate share of the baseline Payment to the IJB, regardless of which arm of the operational budget the underspend occurred in.

12.7.6 Planned Changes on Large Hospital Services

12.7.6.1 The IJB and the hospital sector will agree a methodology for the financial consequences of planned changes in capacity for set aside budgets in large hospital services.

12.7.6.2 Planned changes in capacity for large hospital services will be outlined in the IJB Strategic Plan. A financial plan (reflecting any planned capacity changes) will be developed and agreed that sets out the capacity and resource levels required for the set aside budget for the IJB and the hospital sector, for each year.

The financial plan will take account of:-

- activity changes based on demographic change;
- agreed activity changes from new interventions;
- cost behaviour;
- hospital efficiency and productivity targets; and
- an agreed schedule for timing of additional resource / resource released.

12.7.6.3 The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the IJB and the Health Board. Changes will not be made in year and any changes will be made by annual adjustments to the Strategic Plan of the IJB.

12.8 Capital

12.8.1 The use of capital assets in relation to integration functions

12.8.1.1 Ownership of capital assets will continue to sit with each Party and capital assets are not part of the Payment or "set aside".

12.8.1.2 If the IJB decides to fund a new capital asset from revenue funds then ownership of the resulting asset shall be determined by the Parties.

12.8.1.3 The Strategic Plan will drive the financial strategy and will provide the basis for the IJB to present proposals to the Parties to influence capital budgets and prioritisation.

12.8.1.4 A business case with a clear position on funding is required for any change to the use of existing assets or proposed use of new assets. The Chief Officer of the IJB is to develop business cases for capital investment for consideration by NHS Grampian and the Council as part of their respective capital planning processes.

- 12.8.1.5 The Chief Officer of the IJB will liaise with the relevant officer within each Party in respect of day-to-day asset related matters including any consolidation or relocation of operational teams.
- 12.8.1.6 It is anticipated that the Strategic Plan will outline medium term changes in the level of budget allocations for assets used by the IJB that will be acceptable to the Parties.
- 12.8.1.7 Any profits or loss on sale of an asset will be held by the Parties and not allocated to the IJB.
- 12.8.1.8 Depreciation budgets for assets used on delegated functions will continue to be held by each Party and not allocated to the IJB operations in scope.
- 12.8.1.9 The management of all other associated running costs (e.g., maintenance, insurance, repairs, rates, utilities) will be subject to local agreement between the Parties and the IJB.

13. Participation and Engagement

- 13.1 The original Scheme of Integration was consulted on between November 2014 and February 2015 and approved by IJB at the end of 2015. A light touch review was carried out after 3 years and the revised Integration Scheme was published in February 2018.
- 13.2 Significant learning over the last 4 years has improved understanding of the legislation, improved arrangements around clinical, care and professional governance, risk management and financial management. In order to ensure this Integration Scheme reflects this progress a full and comprehensive review of the Scheme took place between October 2022 and March 2023.
- 13.3 As part of the review a proportional public consultation was carried out to gather views on the revised scheme using a side-by-side method allowing the 2018 Scheme to be compared with the revised version. It was a genuine consultation exercise with all views being valued. Where appropriate, responses were shared with specific services in relation to the comments made which were out with the scope of the Integration Scheme.
- 13.4 The Parties will enable the IJB to develop a Participation and Engagement Strategy by providing appropriate resources and support. The Participation and Engagement Strategy shall ensure significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of integration functions. The Parties will encourage the IJB to access existing forums that the Parties have established, such as Public Partnership Forums, Community Councils, groups and other networks and stakeholder groups with an interest in health and social care.

14. Information Sharing and Confidentiality

- 14.1 The Parties shall agree to an appropriate information sharing accord for the sharing of information in relation to integrated services. The information sharing accord shall set out the principles, policies, procedures and management strategies around which information sharing is carried out. It will encapsulate national and legal requirements.
- 14.2 The Parties will work together to progress the specific arrangements, practical policies and procedures, designated responsibilities and any additional requirements for the sharing of information for any purpose connected with the preparation of an integration scheme, the preparation of a strategic plan or the carrying out of integration functions. These arrangements shall be set out in a separate information sharing protocol.
- 14.3 The information sharing accord may be amended or replaced by agreement of the Parties and the IJB. Regard will be taken of the Scottish Accord on the Sharing of Personal Information ('SASPI') template when revising or replacing the information sharing accord and the information sharing protocol.
- 14.4 The Parties will continue to develop information technology systems and procedures to enable information to be shared appropriately and effectively between the Parties and the IJB.

15. Complaints

- 15.1 The Parties agree the following arrangements in respect of complaints:
- 15.2 Complaints should continue to be made to the Council and NHS Grampian using the existing mechanisms.
- 15.3 Complaints can be made to the Parties through any member of staff providing integrated services.

Complaints to the Council can be made in writing to the Feedback Team, Aberdeenshire Council, Woodhill House, Westburn Road, Aberdeen AB16 5GB or by telephone to 0845 6081207 or by email to feedback.team@aberdeenshire.gov.uk

Complaints to NHS Grampian can be made in writing to NHS Grampian Feedback Service, Summerfield House, 2 Eday Road, Aberdeen, AB15 6RE or by telephone to 0845 3376338 or by email to nhsgrampian.feedback@nhs.net.
- 15.4 The Parties shall communicate with each other in relation to any complaint which requires investigation or input from the other organisation. This shall ensure that complaints procedures operate smoothly and in an integrated and efficient manner for the benefit of the complainant.
- 15.5 The Chief Officer will have an overview of complaints made about integrated services and subsequent responses. Complaints about integrated services will be recorded and reported to the Chief Officer on a regular and agreed basis.

- 15.6 The Parties shall support the IJB in developing a process for complaints against the IJB and the Chief Officer which will follow any Scottish Government Guidance.
- 15.7 The Parties and the IJB will use complaints as a valuable tool for improving services and to identify areas where further staff training may be of benefit.
- 15.8 The Parties and the IJB will ensure that all staff working in the provision of integrated services are familiar with the complaints procedures and that they can direct individuals to the appropriate complaints procedures.
- 15.9 The complaints procedures will be clearly explained, well-publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.
- 15.10 The Parties will support the IJB in any aspiration it has to develop a streamlined process for complaints and will work with the Chief Officer to ensure that any future arrangements for complaints are clear and integrated from the perspective of the complainant. Any material changes in the complaints procedures will result in this Scheme being amended using the procedure required by the Act.
- 15.11 In developing a streamlined process for complaints, the Parties shall ensure that all statutory requirements will continue to be met, including timescales for responding to complaints.
- 15.12 In developing a single complaints process, the Parties and the IJB will endeavour to develop a uniform way to review unresolved complaints before signalling individuals to the appropriate statutory review authority.

16. Claims Handling, Liability and Indemnity

- 16.1 The Parties and the IJB recognise that they could receive a claim arising from or which relates to the work undertaken on behalf of the IJB.
- 16.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them.
- 16.3 So far as reasonably practicable the normal common law and statutory rules relating to liability will apply.
- 16.4 Each Party will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 16.5 Each Party will assume responsibility for progressing and determining any claim which relates to any heritable property which is owned by them. If there are any heritable properties owned jointly by the Parties, further arrangements for liability will be agreed upon in consultation with insurers.
- 16.6 In the event of any claim against the IJB or in respect of which it is not clear which Party should assume responsibility then the Chief Officer (or his/her representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

- 16.7 If a claim is settled by either Party, but it subsequently transpires that liability rested with the other Party, then that Party shall indemnify the Party which settled the claim. 16.8 Claims regarding policy and/or strategic decisions made by the IJB shall be the responsibility of the IJB. The IJB may require to engage independent legal advice for such claims.
- 16.9 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.
- 16.10 The IJB will develop a procedure for claims relating to hosted services with the other relevant integration authorities. Such claims may follow a different procedure than as set out above.
- 16.11 Claims which pre-date the establishment of the IJB will be dealt with by the Parties through the procedures used by them prior to integration.

17. Risk Management

- 17.1 The IJB is responsible for the management of risk in relation to the Aberdeenshire Health Social Care Partnership operations and as such they will be responsible for the Risk Policy including the recording, managing and mitigation of risk regardless of whether NHS Grampian or the Council are delivering the service operationally.
- 17.2 The IJB has an agreed Risk Policy and Procedures which are review by the IJB Audit Committee.
- 17.3 A single Risk Register has been developed with the IJB. This encompasses both IJB and Health and Social Care Partnership risks. This is monitored by the IJB’s Clinical and Adult Social Work Committee for clinical and care risks and by IJB’s Audit Committee for resource risks. In addition, the IJB reviews the IJB risks annually at IJB development sessions.
- 17.4 Any changes to the risk management strategy shall be requested through formal paper to the IJB. 17.5 The IJB will make the Risk Register available to NHS Grampian and the Council for the purpose of securing assurance for those areas of service delivery for which they are responsible.
- 17.6 The IJB is a Category 1 responder in any situation under the Civil Contingencies Act 2004 and arrangements are in place in relation to responsibilities for planning and execution of the plans as and when required. Detailed arrangements will be reviewed regularly and in discussion with the Parties.

18. Dispute Resolution Mechanism

- 18.1 This provision relates to disputes between NHS Grampian and the Council in respect of the IJB or in respect of their duties under the Act. This provision does not apply to internal disputes within the IJB itself. Where either of the Parties fails

to agree with the other on any issue related to this Scheme and/or the delivery of integrated health and social care services, then they will follow the process as set out below:

- (a) The Chief Executives of NHS Grampian and the Council and the Chief Officer of the IJB will meet to resolve the issue;
- (b) If unresolved, NHS Grampian and the Council and the IJB will each prepare a written note of their position on the issue and exchange it with the others within 21 calendar days of the meeting in (a);
- (c) The written notes will be considered internally by the Parties and the IJB, using such procedures as they may consider appropriate, for example, with the wider membership of the Council or NHS Grampian;
- (d) Within 21 calendar days of the exchange of written notes in (b) the Chief Executives and Chief Officer must meet to discuss the written positions;
- (e) In the event that the issue remains unresolved, the Chief Executives and the Chief Officer will proceed to mediation with a view to resolving the issue. The Chief Officer will appoint a professional independent mediator. The cost of mediation will be split equally between the Parties. The mediation process will commence within 28 calendar days of the meeting in (c);
- (f) Where the issue remains unresolved after following the processes outlined in (a)-(d) above and if mediation does not allow an agreement to be reached within 6 months from the date of its commencement, or any other such time as the parties may agree, either party may notify Scottish Ministers that agreement cannot be reached; and
- (g) Where the Scottish Ministers make a determination on the dispute, that determination shall be final and the Parties and the IJB shall be bound by the determination.

Annex 1

PART 1 – Functions delegated by the Health Board to the integration Joint Board

The functions which are to be delegated by NHS Grampian to the Integration Joint Board are set out in this Part 1 of Annex 1 and are subject to the exceptions and restrictions specified or referred to. The services to which these functions relate are set out in Part 2 of this Annex 1.

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

The National Health Service (Scotland) Act 1978

Column A	Column B
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978.	Except functions conferred by or by virtue of –
	Section 2(7) (Health Boards);
	Section 2CB (Functions of Health Boards outside Scotland);
	Section 9 (Local consultative committees);
	Section 17A (NHS Contracts);
	section 17C (Personal medical or dental services);
	section 17I (Use of accommodation);
	Section 17J (Health Board's power to enter into general medical services contracts);
	Section 28A (Remuneration for Part II Services);
	Section 38 (Care of mothers and young children);
	Section 38A (Breastfeeding);
	Section 39 (Medical and dental Inspection, supervision and treatment of pupils and young persons);
	Section 48

	(Provision of residential and practice accommodation);
	Section 55 (Hospital accommodation on part Payment);
	Section 57 (Accommodation and services for private patients);
	Section 64 (Permission for use of facilities in private practice);
	Section 75A (Remission and re Payment 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;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018;
	The National Health Service (Discipline Committees) Regulations 2006;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
	The National Health Service (General Dental Services) (Scotland) Regulations 2010; and
	The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.

Disabled Persons (Services, Consultation and Representation) Act 1986

Column A	Column B
Section 7 (Persons discharged from hospital).	

Community Care and Health (Scotland) Act 2002

Column A	Column B
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

Column A	Column B

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by or by virtue of –
	section 22 (Approved medical practitioners);
	Section 34 (Inquiries under section 33 co-operation);
	Section 38t (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 Board 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.
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Education (Additional Support for Learning) (Scotland) Act 2004

Column A	Column B
Section 23 (Other agencies etc. to help in exercise of functions under the Act).	

Public Services Reform (Scotland) Act 2010

Column A	Column B
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by or by virtue of –
	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

Column A	Column B
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.

PART 2 – Services currently provided by the Health Board which are to be integrated.

A - Interpretation of this Part 2 of Annex 1

Interpretation of this Part 2 of Annex 1

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 3 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018; and

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

B - Provision for people over the age of 18

The functions listed in Part 1 of Annex 1 are delegated only to the extent that:

1.
 - a) *the function is exercisable in relation to persons of at least 18 years of age;*
 - a) *the function is exercisable in relation to care or treatment provided by health professionals for the purpose of health care services listed at numbers 2 to 7 below; and*
 - c) *the function is exercisable in relation to the following health 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 secure 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.
10. Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital.
11. The public dental service.
12. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978.

13. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
14. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978.
15. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978.
16. Services providing primary medical services to patients during the out-of- hours period.
17. Services provided out with a hospital in relation to geriatric medicine.
18. Palliative care services provided out with a hospital.
19. Community learning disability services.
20. Mental health services provided out with a hospital.
21. Continence services provided out with a hospital.
22. Kidney dialysis services provided out with a hospital.
23. Services provided by health professionals that aim to promote public health.

Non-Statutory Services

24. Sexual health services provided in the community.

C - Provision for people under the age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

1.
 - a) *the function is exercisable in relation to persons of less than 18 years of age; and*
 - b) *the function is exercisable in relation to the following health services:*
2. The public dental service.
3. 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.
4. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978.
5. Ophthalmic services provided under arrangements made in pursuance of section 17AA or

section 26 of the National Health Service (Scotland) Act 1978.

6. 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.

PART 3 – Services currently provided by the Health Board to those under 18 years of age, which are to be operationally devolved to the Chief Officer of the Integration Joint Board.

1. Health Visiting
2. School Nursing
3. All services provided by Allied Health Professionals, as defined in Part 2A of this Annex 1, in an outpatient department, clinic, or out with a hospital.

Annex 2

PART 1 – Functions delegated by the Local Authority to the integration Joint Board

The functions which are to be delegated by the Local Authority to the Integration Joint Board are set out in this Part 1 of Annex 2 and are subject to the exceptions and restrictions specified or referred to. The services to which these functions relate are set out in Part 2 of this Annex 2.

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

National Assistance Act 1948

Column A Enactment conferring function	Column B Limitation
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	

The Disabled Persons (Employment) Act 1958

Column A Enactment conferring function	Column B Limitation
Section 3 (Provision of sheltered employment by local authorities).	

The Social Work (Scotland) Act 1968

Column A Enactment conferring function	Column B Limitation
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.
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 functions).	
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 re Payment of sums borrowed for such provisions).	So far as it is exercisable in relation to another integration function.

The Local Government and Planning (Scotland) Act 1982

Column A Enactment conferring function	Column B Limitation
Section 24(1) (The provision of gardening assistance for the disabled and the elderly).	

Disabled Persons (Services, Consultation and Representation) Act 1986

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

Column A Enactment conferring function	Column B Limitation
Section 10 (Functions of local authorities)	
Section 12 (Investigations).	
Section 37 (Residents whose affairs may be	Only in relation to residents of establishments which are managed under

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

The Housing (Scotland) Act 2001

Column A Enactment conferring function	Column B Limitation
Section 10 (Functions of local authorities)	Only in so far as it relates to an aid or adaption.

The Community Care and Health (Scotland) Act 2002

Column A Enactment conferring function	Column B Limitation
Section 5 (Local authority arrangements for of residential accommodation out with Scotland)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed	

functions)	
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The Mental Health (Care and Treatment) (Scotland) Act 2003

Column A Enactment conferring function	Column B Limitation
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 and 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 and support services.
Section 27 (Assistance with travel).	Except in so far as it is exercisable in relation to the provision of housing and support services.
Section 33 (Duty to inquire).	
Section 34 (Inquiries under section 33; Co-operation).	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards).	
Section 259 (Advocacy).	

The Housing (Scotland) Act 2006

Column A Enactment conferring function	Column B Limitation
Section 5 (Local authority arrangements for of residential accommodation out with Scotland)	Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Column A Enactment conferring function	Column B Limitation
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 43 (Membership).	

Social Care (Self-directed Support) (Scotland) Act 2013

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).	

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

Carers (Scotland) Act 2016

Column A Enactment conferring function	Column B Limitation
Section 6 (Duty to prepare adult carer support plan).	
Section 21 (Duty to set local eligibility criteria).	
Section 24 (Duty to provide support),	
Section 25 (Provision of support to carers: breaks from caring).	
Section 31 (Duty to prepare local carer strategy).	

Section 34 (Information and advice service for carers).	
Section 35 (Short breaks services statements).	

The Community Care and Health (Scotland) Act 2002

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

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(5) of the Public Bodies (Joint Working (Scotland) Act 2014.

In addition to the functions that must be delegated the Council has chosen to delegate the following functions in relation to persons of at least 18 years of age.

Criminal Procedure (Scotland) Act 1995

Column A Enactment conferring function	Column B Limitation
Sections 51(1) (aa), 51(b) and 51(5) (Remand and committal of children and young persons in to care of local authority).	
Section 203 (Local authority reports pre-sentencing).	
Section 234B (Report and evidence from local authority officer regarding Drug Treatment and Testing Order).	
Section 245A (Report by local authority officer regarding Restriction of Liberty Orders).	

Management of Offenders etc. (Scotland) Act 2005

Column A	Column B
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Enactment conferring function	Limitation
Section 10 (Arrangements for assessing and managing risks posed by certain offenders).	
Section 11 (Review of arrangements).	

Social Work (Scotland) Act 1968

Column A Enactment conferring function	Column B Limitation
Section 27 (Supervision and care of persons put on probation or released from prison).	
Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence is deferred).	

PART 2 – Services currently provided by the Local Authority which are to be integrated

The functions listed in Part 1 of this Annex 2 are delegated only to the extent that:

a) the function is exercisable in relation to persons of at least 18 years of age; and

b) the function is exercisable in relation to the following services:

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

Annex 3

Hosted Services

NHS Grampian has noted the services that are currently hosted across the Partnership areas of the IJBs and offer this for consideration to the IJB as they take forward strategic planning:

Service	Current Host
Sexual Health Services	Aberdeen City
Woodened Assessment and Rehabilitation Services	Aberdeen City
Marie Curie Nursing	Aberdeenshire
Heart Failure Service	Aberdeenshire
Diabetes Specialist Nursing and Diabetic Eye Screening	Aberdeenshire
Chronic Oedema Service	Aberdeenshire
HMP and YOI Grampian Health Services	Aberdeenshire
Forensic and Custody Health Care	Aberdeenshire
Inpatient & Specialist Mental Health and Learning Disability Service	Aberdeen City
Out of Hours Service Primary Care GMED	Moray
Primary Care Contracts	Moray

Annex 4

This Annex lists the services provided within hospitals which the IJB will have strategic planning responsibilities for which will continue to be operationally managed by NHS Grampian:

Services:

- Emergency Department provided in a hospital;
- Inpatient hospital services relating to: general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and psychiatry of learning disability; and
- Palliative Care services provided in a hospital.

In so far as they are provided within the following hospitals:

- Hospitals at the Foresterhill Site, Aberdeen (which includes Aberdeen Royal Infirmary, Royal Aberdeen Childrens Hospital and Aberdeen Maternity Hospital)
- Hospitals in Elgin (which includes Dr Gray's Hospital)