



Fife Health and Social Care Integration Scheme

between

Fife Council and NHS Fife

March 2022

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INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 (“The Act”) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social services.

The Act requires NHS Fife and Fife Council to prepare jointly an Integration Scheme setting out how this joint working is to be achieved.

Between Fife Council and NHS Fife it has been agreed that this delegation will be a third body called the Integration Joint Board (“IJB”) (under S1 (4) (a) of the Act commonly referred to as a “Body Corporate” arrangement.

This document sets out the integration arrangements adopted by NHS Fife and Fife Council as required by Section 7 of the Act. This Integration Scheme follows the format of the model document produced by the Scottish Government, and includes all matters prescribed in the regulations.

As a separate legal entity, set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB has full autonomy and capacity to act in its own behalf and can, accordingly, make decisions about the exercise of its functions as it sees fit. However, the legislation that underpins the IJB requires that its voting members are appointed by the relevant Health Board and Council. While serving on the IJB its members carry out the functions under the Act on behalf of the IJB itself, and not as delegates of their respective Health Board or Council. This work is carried out in accordance with the Standards Commission Model Code of Conduct for Members of Devolved Public Bodies.

The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in this Integration Scheme. This Integration Scheme should be read in such a way as to follow the spirit of the agreement. Any questions on interpretation should be based on reading the implied terms in order to make the interpretation compatible with the purpose of the agreement. This purpose is to achieve a unified and seamless health and social care service for the people of Fife. All individuals work together to achieve the same outcomes and follow the same vision, philosophy and principles.

AIMS, OUTCOMES AND VALUES OF THIS 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. This Integration Scheme is intended to support achievement of 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, and resource allocation is underpinned by the principle of delivering “value based” health and social care services.

The IJB is committed to enabling the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities, using our collective resources effectively to transform services, ensuring these are safe, timely, effective, high quality and based on achieving personal outcomes. This will be underpinned by our agreed values to be person focused, respectful, inclusive, empowering and acting with integrity and care. The IJB is committed to the protection and enhancement of equality and human rights.

Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems will be better able to deliver the improvements we strive for; faster access, effective treatment and care, respect for people's preferences, support for self-care and the involvement of family and carers.

The IJB will be committed to ensuring that service transformation takes place. It will operate in a transparent manner in line with the Langlands Good Governance Standards and the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty. The IJB will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach it will ensure that it is well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.

Integration must be about much more than the structures that support it and must reflect the values of integrated and collaborative working. It is only by improving the way we work together that we can in turn improve our services and outcomes for individuals and communities who use them.

THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR FIFE

The Parties:

Fife Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Fife House, North Street, Glenrothes Fife KY7 5LT ;

And

Fife Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Fife”) and having its principal offices at Hayfield House, Hayfield Road, Kirkcaldy, Fife KY2 5AH (“NHS Fife”) (together referred to as “the Parties”)

Hereby agree to the following:

1. DEFINITIONS AND INTERPRETATION

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

The “Chief Officer” (Director of Health and Social Care) undertakes a joint function and is the Accountable Officer to the IJB.

“Directions” means the legal mechanism intended to direct and allocate responsibilities between partners as set out in section 52 the Act. Directions are the means by which the IJB directs NHS Fife and Fife Council what services are to be delivered using the integrated budget to achieve to agreed outcomes.’

The “Director of Health and Social Care” is the operational Director jointly responsible to the Chief Executives of the Health Board and Local Authority.

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

“Integration Joint Board” or “IJB” means this Integration Joint Board for Fife established by an order made under section 9 of the Act;

“Health and Social Care Partnership” is the name given to the delivery of services under the leadership of the Director of Health and Social Care for functions which have been delegated to this Integration Joint Board.

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

“Scheme” means this Integration Scheme;

“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.

2. LOCAL GOVERNANCE ARRANGEMENTS

- 2.1 The Parties have agreed to proceed by way of adopting the body corporate model of integration and to establish an IJB as provided for in Section 1(4)(a) of the Act.
- 2.2 The arrangements for appointing the voting membership of this Integration Joint Board are that Fife Council will appoint 8 Councillors and NHS Fife will appoint 8 Board members to be members of this Integration Joint Board in accordance with article 3 of this Integration Joint Board Order. The Board members appointed by the Parties will hold office for a maximum period of 3 years and will be bound by the Standards Commission Advice for IJB Members. Board members appointed by the Parties will cease to be members of the Board in the event that they cease to be a Board member of NHS Fife or an Elected Fife Councillor.
- 2.3 The Chair of the IJB will serve a three-year term and will rotate between the voting members nominated by Fife Council and NHS Fife. The Vice-Chair will also serve a 3-year term and will be selected from the partner body which does not hold the chair.
- 2.4 In addition to the voting members described in paragraph 2.2 above, the IJB will also comprise the non-voting members specified in article 3(1) of the IJB Order.
- 2.5 The IJB will appoint non-voting members in accordance with articles 3(6) and 3(7) of the IJB Order and may appoint additional nonvoting members in accordance with article 3(8) of the IJB Order.

3. DELEGATION OF FUNCTIONS

- 3.1 The functions that are delegated by NHS Fife to the IJB (subject to the exceptions and restrictions specified or referred to in Part 1 of Annex 1) are set out in Part 1 of Annex 1. The services currently provided by NHS Fife in carrying out these functions are described in Part 2 of Annex 1.
- 3.2 The functions that are delegated by Fife Council to the IJB (subject to the restrictions and limitations specified or referred to in Parts 1A and 1B of Annex 2) are set out in Parts 1A and 1B of Annex 2. For indicative purposes only the services which are currently provided by Fife Council in carrying out these functions are described in Part 2 of Annex 2.

4. LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

- 4.1 The Integration Joint Board has a responsibility for the planning of Services. This will be achieved through the Strategic Plan.
- 4.2 The Integration Joint Board directs the Parties to deliver services in accordance with the Strategic Plan.

- 4.3 The Integration Joint Board, through the Chief Officer, is responsible for the operational oversight of Integrated Services, through the issuing and monitoring of Directions.
- 4.4 The Chief Officer as Director of Health and Social Care will be responsible for the operational management of Integrated Services in line with the Parties respective Schemes of Delegation.
- 4.5 The Integration Joint Board is responsible for the planning of Acute Services in partnership with the hospital sector, for those hospital services most commonly associated with the urgent, unscheduled and emergency care pathways, alongside primary and community health care and social care. The Act and regulations require that the budget for these hospital services for Fife's population is included in the scope of the strategic plan. The Director of Acute Services will be a member of the IJB Strategic Planning Group. In line with the Act NHS Fife is required to provide financial, activity and performance monitoring reports to the Chief Officer and Integration Joint Board at a frequency in line with the IJB performance framework and directions. The Chief Officer and Director of Acute Services will work closely together to support a coherent single cross-sector system. An Accountability Framework has been developed between the Parties to ensure there is a clear understanding of the balance of risk between this integration authority and NHS Fife and how any variances will be addressed in line with national guidance on financial planning for large hospital services and hosted services.
- 4.6 The Integration Joint Board will be responsible for monitoring and reporting in relation to the oversight of delivery of the integrated services. This Integration Joint Board will receive detailed work plans and reports from the Parties outlining the key objectives for the year against the delivery of the Strategic Plan. This Integration Joint Board will receive reports for performance monitoring and for informing the future Strategic Plans from the Parties.
- 4.7 The Parties have identified a core set of indicators that relate to services from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions are collated to form a Performance Framework which provides information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators with the Chief Officer and Head of Strategic Planning, Performance and Commissioning to enable an Integrated Performance Report to be presented to this Integration Joint Board. The improvement measures are a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures are linked to the national and local Outcomes to assess the timeframe and the scope of change.
- 4.8 The Performance Framework also states where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement

in respect of organisational accountability for a performance target for NHS Fife or Fife Council, this is taken into account by this Integration Joint Board when preparing the Strategic Plan and is requested through the use of Directions and a suite of performance measures reported to the IJB.

- 4.9 The Performance Framework is used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to this Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by this Integration Joint Board when preparing the Strategic Plan. Information will be requested through the use of Directions and a suite of performance measures reported to the IJB.
- 4.10 The Performance Framework is reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.
- 4.11 In line with Section 43 of the Act the Integration Joint Board will prepare an Annual Performance Report for the reporting year relating to the planning and carrying out of integrated functions and delivery of the Strategic Plan. The parties are required to provide the information to the Chief Officer that this Integration Joint Board may reasonably require for the purpose of preparing the Annual Performance Report and Strategic Plan.
- 4.12 The Parties provide support to this Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures in line with the Strategic Plan and National Reporting Framework.
- 4.13 The reporting and measurement arrangements are reviewed regularly in line with the Strategic Plan and any emerging guidance. A range of performance monitoring reports covering both finance and activity measures is in place.
- 4.14 The Parties provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures and delivery of the Strategic Plan.
- 4.15 The Parties agree that the current support will continue until new models of service delivery have been developed.
- 4.16 The NHS Fife Board will share with this Integration Joint Board the necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other health boards.
- 4.17 Fife Council will share with this Integration Joint Board necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other councils.
- 4.18 The Chief Officer will ensure that, where there is an impact of the Strategic Plan on the Integration Authorities for the Council areas within the health board

areas of Tayside, Forth Valley and Lothian, then arrangements will be in place to identify any risks and management plans required.

- 4.19 The Parties will ensure that their officers acting jointly will consider the Strategic Plan of the other Integration Joint Boards or this Integration Authorities for the Council areas within the health board areas of Tayside, Forth Valley and Lothian to ensure that they do not prevent the Parties and Fife's Integration Joint Board from carrying out their functions appropriately and in accordance with this Integration Planning and Delivery principles and to ensure that they contribute to achieving the National Health and Wellbeing Outcomes.

5. CLINICAL AND CARE GOVERNANCE

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

- 5.1 The Executive Medical Director, Director of Public Health and Executive Nurse Director, NHS Fife are accountable to the NHS Fife Clinical Governance Committee for quality of care delivery and professional governance in relation to the delegated NHS Fife functions.
- 5.2 The Chief Social Work Officer, Fife Council is accountable for ensuring proper standards and values are maintained in respect of the delivery of Social Work Services delegated to this Integration Joint Board. The Chief Social Work Officer provides specific reports including the annual report and assurance to the relevant committee of Fife Council.
- 5.3 The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.
- 5.4 The Parties will continue to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.
- 5.5 The Executive Medical Director, the Director of Public Health and the Executive Nurse Director continue to attend the NHS Fife Clinical Governance Committee which oversees the clinical governance arrangements of all NHS Fife service delivery divisions.
- 5.6 Professional oversight, advice and accountability in respect of care and clinical governance are provided throughout the Partnership by the Executive Medical Director Executive Nurse Director, and Professional Lead Social Worker.
- 5.7 Professional advice is provided to this Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes.

- 5.8 Assurance will be given through arrangements which will come together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks.
- 5.9 The Parties will ensure clinical and/or care governance arrangements are congruent with those of the IJB. Any changes to these arrangements will be agreed between the Parties and implemented through a minute of variation signed on behalf of both Parties and the IJB.
- 5.10 This Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43).
- 5.11 The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

6. CHIEF OFFICER

The IJB shall appoint a Chief Officer in accordance with the Act. The arrangements for the Chief Officer are:

- 6.1 The Chief Officer as Director of Health and Social Care reports to the Chief Executive, Fife Council and the Chief Executive, NHS Fife. Joint performance review meetings involving both Chief Executives and the Director of Health and Social Care take place on a regular basis in accordance with each organisation's normal performance management arrangements.
- 6.2 The Chief Officer in their role as Director of Health and Social Care has delegated operational responsibility for the delivery of integrated services as outlined in Annex 1 and 2 of this Scheme.
- 6.3 The Chief Officer has a senior team of 'direct reports'. The Chief Officer will nominate one of the Direct Reports to act for him or her during periods of absence. In the absence of a nomination the Chair and Vice-Chair of the IJB and the Chief Executives of both Parties will agree a person to act.
- 6.4 The Chief Officer as Director of Health and Social Care is a member of the Senior Management Teams of NHS Fife and Fife Council.

- 6.5 It is recognised and accepted that all members of the Senior Management teams of both NHS Fife and Fife Council have key roles to play in supporting Health and Social Care Integration and delivery of the Strategic Plan.
- 6.6 The Chief Officer is the Accountable Officer to this Integration Joint Board for Health and Social Care. A key element of the role is to develop close working relationships with elected members of Fife Council and NHS Fife Board members.
- 6.7 In addition, the Chief Officer has established and maintains effective relationships with a range of key stakeholders including Scottish Government, the third and independent sectors, service-users, trade unions and professional organisations.

7. WORKFORCE

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

- 7.1 The IJB will approve a Joint Workforce and Organisational Development Strategy in order to support delivery of effective integrated services as an integral component of the Strategic Plan. The Strategy will be updated in line with each revision of the Strategic Plan to support this Integration Joint Board to carry out its functions.
- 7.2 Workforce planning information continues to be provided by the Human Resource functions in Fife Council and NHS Fife. The parties will ensure that the IJB is consulted on their Strategic Workforce Plans which must incorporate the IJB Joint Workforce and Organisational Development Strategy. The parties will provide assurance to the IJB on the delivery of those aspects relevant to the functions of the IJB as well as on the implementation of staff governance standards and training and development where relevant to the Strategic Plan.
- 7.3 Core Human Resource services continue to be provided by the appropriate corporate Human Resource and workforce functions in Fife Council and NHS Fife.
- 7.4 The employment status of staff has not changed as a result of this Integration Scheme i.e. staff continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.
- 7.5 The Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised trade unions and professional organisations involved in Health and Social Care Integration.
- 7.6 Trade Union and professional organisation representatives continue to be very much involved in the process of health and social care integration. Senior staff-side representatives from the Parties are members of the Strategic Planning Group.
- 7.7 The establishment of any group including employees or trade union representatives will not replace or in any way supersede the role and functions

of existing established consultative and partnership arrangements within Fife Council and NHS Fife.

- 7.8 Future service changes will be developed on a planned and co-ordinated basis involving the full engagement of those affected by the changes in accordance with established policies and procedures. This includes NHS Scotland's legal commitment to its employees to act as an exemplar employer under staff governance standards.
- 7.9 It is recognised that those currently involved in service delivery are well placed to identify how improvements can be made and to determine how the Parties can work together to provide the best services with, and for, the people of Fife.
- 7.10 The Parties are committed to ensuring staff possess the necessary knowledge and skills to provide service-users with high quality services.
- 7.11 The Parties are committed to an integrated management approach where individuals may report through a person employed by either Party. The Parties are in agreement that staff employed by their organisations will take and follow instruction from a manager employed by either Party.
- 7.12 Arrangements continue to ensure statutory professional supervision for clinicians and social workers.
- 7.13 The need to take due cognisance of extant recruitment policies and procedures within NHS Fife and Fife Council is well recognised. A fair, equitable and transparent recruitment process will be followed.

8 FINANCE

8.1 Resources

- 8.1.1 The Parties agree the allocations to be made available to the IJB in respect of each of the functions delegated by them to the IJB. The allocations will reflect those services which are delegated by virtue of this Scheme.
- 8.1.2. The resources to be made available to the IJB fall into two categories:
- (a) Allocations for the delegated functions, any exclusions to be agreed by both parties.
 - (b) It is the intention that resources used in "large hospitals" that are set aside by NHS Fife are made available to the IJB for inclusion in the Strategic Plan, subject to the quantum being agreed by the Parties.

Allocations to the IJB for delegated functions

- 8.1.3 The method for determining the annual allocations to the Integrated Budget will be aligned with and be contingent on the respective financial planning and budget-setting processes of both Parties. To allow timely financial planning, an early indication of the allocation for the following

financial year is required. This should be provided by the parties during the 3rd quarter of each financial year and confirmed as early in the 4th quarter as is possible. This will allow early discussions about spending plans and a collective focus on the financial sustainability of the IJB.

8.1.4 The Director of Health and Social Care and the Chief Finance Officer will develop a proposed Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget-setting process. The case will be evidence-based with full transparency on its assumptions on the following:

- Activity changes.
- Cost inflation.
- Efficiency savings.
- Performance against outcomes.
- Legal requirements.
- Transfers to/from the amounts made available by NHS Fife for hospital services.
- Adjustments to address equity of resources allocation across the integrated budget.

8.1.5 The Parties evaluate the proposal for the Integrated Budget against their other priorities and will agree their respective allocations accordingly.

Method for determining the resources set aside for large hospital services

8.1.6 The resources set aside by NHS Fife reflect those services currently provided in large hospital service settings for the Fife population. As Fife is a coterminous partnership, the total resources available to deliver those health care services will be identified. Cost and activity information will be identified taking into account any planned changes due to the implementation of existing or new interventions in the Strategic Plan.

Method for determining the resources set aside for large hospital services in future years

8.1.7 The future resources set aside shall be determined in response to changes in hospital activity and case mix due to interventions in the Strategic Plan and changes in population need. Timing differences between reduction in capacity and the release of resources will be taken into account.

8.2 Financial Management Arrangements and Budget Variations

Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health and Social Care strives to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must

agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB.

8.2.2 The IJB may re-align budgets to address an overspend by either:

- Utilising an underspend in an element of the operational Integrated Budget to reduce an overspend in another element. An assessment should be made on the forecast annual requirement of the underspending element to ensure sufficient resource remains to cover all costs in that area and the transfer of resource should be on a non-recurring basis; and/or
- Utilising the balance on integrated general fund, if available, of the IJB in line with the reserves policy.

8.2.3 If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to:

- Make additional one-off payments to the IJB; or
- Provide additional allocations to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB less:

- the adjustment for allocations which fall outside the scope of the agreed risk share methodology where agreed between the parties and
- any adjustment to reflect agreed in-year, non-recurring budget realignment where the source relates to the transfer of an underspend in one element of the annual allocations to another area.

Process for Resolving Budget Variances in Year - Underspend

8.2.5 Where there is a forecast underspend in an element of the operational budget, the first priority for use of the forecast underspend will be to offset any forecast overspend within the operational integrated budget. In the event of an overall underspend which is not planned by the IJB, the underspend will be returned to the Parties based on the proportion of their current year final allocations to the IJB. Where there is an overall planned underspend this will be retained by the IJB and transferred to reserves.

8.2.6 Underspends in “ring-fenced” allocations may not be available for alternative use and may need to be returned to the Scottish Government.

- 8.2.7 Any changes to the allocations to the IJB in year by either of the Parties is expected to be in extremis. In such circumstances, a report will be provided to the IJB to seek agreement to the change in annual allocations justification and the recalculation of the relevant amounts.

Process for a balancing cash payment between the Parties in the event of variances

- 8.2.8 The net difference between allocations made to the IJB, as agreed by both parties, and actual expenditure incurred by the Parties as directed by the IJB, will require the balance to be transferred between the Parties as a final adjustment on closure of the Annual Accounts.

8.3 Reporting Arrangements

- 8.3.1 Fife Council's Section 95 Officer, NHS Fife's Director of Finance and the IJB Chief Finance Officer have established a process of regular in-year reporting and forecasting to provide the Director of Health and Social Care with management accounts for both arms of the operational budget and for the IJB as a whole.
- 8.3.2 The Chief Finance Officer provides the Director of Health and Social Care with financial advice for the respective operational budgets.
- 8.3.3 The preparation of management accounts in respect of the delegated functions includes an objective and subjective analysis of budget and estimated outturn and is provided monthly in arrears to the Director of Health and Social Care. This may be amended to a monthly accruals basis should Fife Council change its accounting basis.
- 8.3.4 NHS Fife provides financial monitoring reports to the IJB in respect of the set aside functions at least quarterly in arrears. The report includes activity, the content of which will be agreed with the Director of Health and Social Care.
- 8.3.5 The IJB receives financial management support from the Chief Finance Officer.
- 8.3.6 Accounting records and financial ledgers are held independently by Parties. IJB Financial Reporting and year-end accounts are consolidated using Excel spreadsheets.
- 8.3.7 Financial services are provided to the Director of Health and Social Care and the IJB, as appropriate, to carry out their functions i.e. the staff and other resources are made available to support the preparation of the annual accounts, the financial statement prepared under Section 39 of the Act, the financial elements of the Strategic Plan, and any other such reports on financial matters as may be required.
- 8.3.8 The IJB financial statements are completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The timetable

ensures that NHS Fife and Fife Council can meet their statutory audit and publication requirements for their individual and group financial statements as appropriate.

8.3.9 Reserves and transactions are reviewed on a quarterly basis during the financial year by the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and the NHS Fife's Director of Finance to help to ensure that the timetable of the IJB will be met. This quarterly review will be a formal meeting and actions and agreements so recorded.

8.3.10 An annual accounts timetable is agreed in advance with the external auditors of the Parties and the IJB.

8.4 Arrangements for use of Capital Assets

8.4.1 The IJB does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. The Parties continue to own and manage any property and assets used by the IJB. Access to sources of funding for capital expenditure will be retained by each Party. The Parties will set out any relevant revenue consequences of capital expenditure made by either Party, including confirmation of the recurring funding source of any revenue consequences and subsequent agreement from the IJB.

8.4.2 The Director of Health and Social Care consults with the Parties to ensure best value from resource allocation and will participate in the development of relevant future capital programmes.

9. PARTICIPATION AND ENGAGEMENT

9.1 Consultation on the original Integration Scheme was undertaken in accordance with the requirements of the Act. This was the start of an ongoing dialogue recognising that there is ongoing engagement regarding the development of the Strategic Plan and public involvement in the decisions made by the Integration Joint Board.

9.2 The IJB will approve a Participation and Engagement Strategy to fully implement the recommendations within the National Planning for People Guidance (2021) And some of the recommendations made in the Independent Adult Review of Adult Social Care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. Through the Health and Social Care Partnership there will be public engagement processes linked to the unique requirements of the seven locality profiles and this will report into the governance structures of the IJB and connect with the arrangements in place within both parties.

9.3 The aim of this is to ensure engagement processes are meaningful, effective, measurable and involves public representatives in a way that builds and develops a working relationship between communities, community organisations, public and private bodies to help them to identify and act on community needs and ambitions and be involved in the planning, design and delivery of health and social care services.

- 9.4 This will allow the Health and Social Care Partnership to develop stronger collaborative relationships between members of the public and communities, local engagement processes within the NHS, Fife Council and linked to the third and independent sectors to ensure public participation engagement networks are joined up for the people of Fife and aligned to the responsibilities held by the IJB to support localities and community engagement.

10. INFORMATION SHARING AND DATA HANDLING

- 10.1 Fife Council, NHS Fife and the IJB have developed and agreed an overarching Information Sharing Agreement (“ISA”) which governs and supports the sharing of personal information between the Fife partner agencies.
- 10.2 The ISA utilises the templates and guidance provided in the Scottish Government’s Information Sharing Toolkit, which was developed as a data sharing standard for public bodies. The Toolkit aligns with the Data Sharing Code of Practice published by the Information Commissioner and takes account of changes introduced through the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.
- 10.3 The ISA will be reviewed by the IJB every two years, or sooner if appropriate. To support the ongoing integration of health and social care services, further data sharing agreements, work instructions and related guidance for practitioners will be developed as required together with relevant data processing agreements. This approach ensures that information sharing and processing arrangements will continue to meet both operational needs and the legislative requirements of the evolving external environment as the IJB is now a Category 1 Responder in terms of the Civil Contingencies Act 2004.

11. COMPLAINTS

- 11.1 The Parties agree that complaints received from one or more members of the public about the actions or lack of action by either Party in respect of the Integrated Services, or about the standard of Integrated Services, or about the standard of Integrated Services provided by or on behalf of either of the Parties shall be handled in accordance with the following provisions.
- 11.2 Where the complaint involves more than one Party, agency or service, the Parties shall work together and agree which Party, agency or services will take the lead in handling the complaint (“the Lead Party”). The Lead Party shall inform the complainant that they are leading this process.
- 11.3 Where possible, complaints shall be resolved by front line staff. In these cases, a decision will be given within 5 working days or less, unless there are exceptional circumstances. If it is not possible to resolve a complaint at this stage, the complainant will be advised of this and it may be suggested that they escalate their complaint to the next stage.
- 11.4 If a complaint has not been resolved by front line staff, is particularly complex or requires further investigation, the Lead Party will carry out a detailed investigation and give a full response within 20 working days where possible. If it is not possible to meet this timescale, the Lead Party will advise the complainant and agree a revised time limit.

- 11.5 If a complainant remains dissatisfied at the end of the investigation stage, the Lead Party shall direct them to the Scottish Public Services Ombudsman, if appropriate. There will be no further level of appeal to either of the Parties.
- 11.6 The Parties shall ensure that details of how to make a complaint are readily available to members of the public, online and in their respective premises.
- 11.7 A report shall be provided to the IJB on a six-monthly basis advising of the complaints received by the Parties, resolution timescales and complaint outcomes.

12. CLAIMS HANDLING, LIABILITY and INDEMNITY

- 12.1 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.
- 12.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them and in accordance with any relevant requirement relating to insurance cover.
- 12.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.
- 12.4 Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.
- 12.5 Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.
- 12.6 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 Director of Health and Social Care (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

13. RISK MANAGEMENT

- 13.1 The Parties and the IJB have jointly agreed a shared Risk Management Strategy which identifies, assesses and prioritises risks related to the planning and delivery of integrated services, particularly any which are likely to affect this Integration Joint Board's delivery of the Strategic Plan regardless of whether these are held by the IJB, NHS Fife or Fife Council. This included the development of an IJB Strategic Risk Register that sets out the key risks that apply to the delivery of the Strategic Plan and the carrying out of integrated functions. Any updates to the shared Risk Management Strategy shall be approved by the IJB and the Parties.
- 13.2 The shared Risk Management Strategy identifies and describes processes for mitigating those risks and sets out the agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations.

- 13.3 The Risk Management Strategy and the Risk Register have been approved by this Integration Joint Board. The Risk Management Strategy allows for any subsequent changes to the Strategy to be approved by this Integration Joint Board.
- 13.4 The shared Risk Management Strategy includes an agreed Risk Monitoring Framework and arrangements for reporting risks and risk information to the relevant bodies. It also sets out the arrangements for providing assurance on both operational and strategic risks and how and by whom these will be disseminated to all bodies.
- 13.5 The Chief Officer ensures that the Risk Register is reported to this Integration Joint Board on a timescale and format agreed by this Integration Joint Board, this not to be less than twice per year.
- 13.6 The process for amending this Integration Joint Board Risk Register is set out in the risk management strategy.
- 13.7 The Parties provide sufficient support, from their existing risk management resources, to this Integration Joint Board to enable it to fully discharge its duties in relation to risk management. The Parties also make appropriate resources available to support this Integration Joint Board in its risk management.

14. DISPUTE RESOLUTION MECHANISM

- 14.1 Where the Parties fail to agree on any issue related to this Scheme, then the following process will be followed:
- (a) The Chief Executives of the Parties will meet to resolve the issue and if resolved will report through the appropriate governance routes of the partner organisations.
 - (b) If unresolved, the Parties will prepare and exchange a written note of their position within 10 working days of the date of the decision to proceed to written submissions or such period as the Parties agree.
 - (c) In the event that the issue remains unresolved, representatives of the Parties will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue. The cost of mediation will be shared equally between the Parties.
 - (d) If the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree they will notify the Scottish Ministers that agreement cannot be reached; the notification will explain the actions taken to try to resolve the dispute and request that the Scottish Ministers give directions.

PART 1 - Functions Delegated by NHS Fife to the IJB

Column A The National Health Service (Scotland) Act 1978	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 Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children) section 38a (breastfeeding) section 39 (medical and dental inspection, supervision and treatment of pupils and young persons) section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency) section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of (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; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018.
The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
The National Health Service (General Dental Services) (Scotland) Regulations 2010.
The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.

All sections, duties, functions and Services as they relate to adult carers as defined in the Carer Act”

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: cooperation)
section 38 (duties on hospital managers: examination, notification etc.) (c);
section 46 (hospital managers' duties: notification)
section 124 (transfer to other hospital);
section 228 (request for assessment of needs: duty on local authorities and Health Boards);
section 230 (appointment of patient's responsible medical officer);
section 260 (provision of information to patient)
section 264 (detention in conditions of excessive security: state hospitals);
section 267 (orders under sections 264 to 266: recall)
section 281 (correspondence of certain persons detained in hospital);
and functions conferred by—
The Mental Health (Safety and Security) (Scotland) Regulations 2005;
The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005
The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or Except functions conferred by by virtue of, the Public Services Reform

Section 31(public functions: duties to provide (Scotland) Act 2010 information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient All functions of Health Boards conferred by, the Patient Rights (Scotland) Act 2011

Rights (complaints Procedure and by or virtue of, Consequential Provisions) (Scotland) Regulations 2012/36

Carers (Scotland) Act 2016

Section 31

(Duty to prepare local Carers Strategy)But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014, so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

PART 2

Services Currently Provided by NHS Fife Which Are to be Integrated

Interpretation of this Part 2 of Annex 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, and includes 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.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

PART 2A

Provision for People Over the Age of 18

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

- a) The function is exercisable in relation to persons of at least 18 years of age;
- b) The function is exercisable in relation to care or treatment provided by health professions for the purpose of health care services listed at numbers 1 to 22 below: and
- c) The function is exercisable in relation the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) inpatient hospital services relating to the following branches of medicine —
 - (i) general medicine;
 - (ii) geriatric medicine;
 - (iii) rehabilitation medicine;
 - (iv) respiratory medicine; and
 - (v) psychiatry of learning disability,
 - 3) palliative care services provided in a hospital;
 - 4) inpatient hospital services provided by general medical practitioners;
 - 5) services provided in a hospital in relation to an addiction or dependence on any substance;
 - 6) mental health services provided in a hospital, including secure forensic mental health services.
 - 7) district nursing services;
 - 8) services provided outwith a hospital in relation to an addiction or dependence on any substance;
 - 9) services provided by allied health professionals in an outpatient department, clinic, or outwith 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 outwith a hospital in relation to geriatric medicine;
- 17) palliative care services provided outwith a hospital;
- 18) community learning disability services;
- 19) mental health services provided outwith a hospital;
- 20) continence services provided outwith a hospital;
- 21) kidney dialysis services provided outwith a hospital;
- 22) services provided by health professionals that aim to promote public health.

PART 2B

NHS Fife has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

Provision for People Under the Age of 18

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

- 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:
 - 1) accident and emergency services provided in a hospital;
 - 2) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 3) the public dental service;
 - 4) 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;
 - 5) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
 - 6) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
 - 7) 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;
 - 8) services providing primary medical services to patients during the out-of-hours period;
 - 9) community learning disability services;
 - 10) mental health services provided outwith a hospital including Child and Adolescent Mental Health services;
 - 11) Community Children's Services - Health Visitors, School Nursing, Community Children and Young Persons Nursing Service, family Nurse Partnership Team, Child Health Admin Team, Allied Health Professions, Child Protection Nursing Team.

Part 1A

Functions Delegated by Fife Council to the IJB

Functions prescribed for the purposes of section 1(7) of the Act.

Column A

Enactment conferring function

Column B

Limitations

National Assistance Act 1948

Section 48

(duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

So far as it is exercisable in relation to another integration function.

Section 4

(provisions relating to performance of functions by local authorities)

So far as it is exercisable in relation to another integration function.

Section 8

(research)

So far as it is exercisable in relation to another integration function.

Section 10

(financial and other assistance to voluntary organisations etc. for social work)

So far as it is exercisable in relation to another integration function.

Section 12

(general social welfare services of local authorities)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(duty of local authorities to assess needs)

So far as it is exercisable in relation to another integration function.

Section 12AZA

(assessments under section 12A - assistance)

So far as it is exercisable in relation to another integration function.

Section 13

(power of local authorities to assist persons in need in disposal of produce of their work)

Section 13ZA

(provision of services to incapable adults)

So far as it is exercisable in relation to another integration function.

Section 13A

(residential accommodation with nursing)

Section 13B

(provision of care or aftercare)

Section 14

(home help and laundry facilities)

Section 28

(burial or cremation of the dead)

So far as it is exercisable in relation to persons cared

for or assisted under another integration function.

Section 29
(power of local authority to defray expenses of parent, etc.,
visiting persons or attending funerals)

Section 59
(provision of residential and other
establishments by local authorities and maximum period for
repayment of sums borrowed for such provision)

So far as it is exercisable in
relation to another integration
function.

Carers (Scotland) Act 2016

Section 6
(Duty to prepare an adult 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 carers strategy)

Section 34
(information and advice service for carers)

Section 35
(short breaks services statement)

The Local Government and Planning (Scotland) Act 1982

Section 24(1)

(The provision of gardening assistance for the disabled and the elderly)

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 2

(rights of 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 enactment within the meaning of section 16 and which are integration functions.

Section 8

(duty of local authority to take into account

In respect of the assessment of need for any services provided under functions abilities of carer) 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)

Section 39

(matters which may be managed)

Section 41

(duties and functions of managers of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Only in relation to residents of establishments which are managed under integration functions.
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

Section 92
(assistance to a registered for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 5
(local authority arrangements for residential accommodation outwith Scotland)

Section 14
(payments by local authorities towards expenditure by NHS bodies on prescribed functions)

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

Section 17
(duties of Scottish Ministers, local authorities and others as respects Commission)

Section 25
(care and support services etc)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26
(services designed to promote well-being and social development)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27
(assistance with travel)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 33
(duty to inquire)

Section 34
(inquiries under section 33: Co-operation)

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

Section 259
(advocacy)

The Housing (Scotland) Act 2006

Section 71(1)(b)
(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4
(council's duty to make inquiries)

Section 5
(co-operation)

Section 6
(duty to consider importance of providing advocacy and other services)

Section 11
(assessment Orders)

Section 14
(removal orders)

Section 18
(protection of moved persons property)

Section 22
(right to apply for a banning order)

Section 40
(urgent cases)

Section 42
(adult Protection Committees)

Section 43
(membership)

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

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 Act.

Column A
Enactment conferring function

Column B
Limitation

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

In each case so far as the functions are exercisable in relation to persons of at least 18 years of age.

PART 1B

In addition to the functions that must be delegated, Fife Council has chosen to delegate the functions listed in Part 1A as they relate to Adult Social Work Services provided to persons aged 16-18 years.

PART 2

Services Currently Provided by Fife Council Which Are to be Integrated

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the IJB as specified in Parts 1A and 1B of Annex 2.

- Adult Social work services for people aged 16 and over
- 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

PARTICIPATION AND ENGAGEMENT

Our key stakeholders for the review of the participation and engagement strategy will include:

- individual members of the public, identified communities and protected characteristics providers/contractors of health and social groups (including marginalised groups, Black Asian and Minority Ethnic groups, non-English speakers, those who are non-IT organisations literate.
- public, third and independent sector.
- patients, service users, carers, their families and their representatives or advocates.
- equality group representatives.
- Fife Community Planning Partnership.
- HSCP staff and linked professionals (for networks example GPs).
- Fife Community Councils.
- Professional networks.
- Fife IJB Members.

We will use a variety of medium to communication and receive feedback to inform the strategy building on the profile of the first strategy and supporting our locality working.