



**Fife Health & Social Care  
Partnership**

Supporting the people of Fife together

**Health and Social Care  
Integration Scheme for Fife  
12 February 2018**

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## **A New Partnership for Fife**

- Fife Council and NHS Fife are committed to driving forward Health and Social Care Integration by the establishment of a new partnership to achieve the best adult health and social care outcomes and promote the health and wellbeing of the people of Fife.
- This new Partnership is founded on a vision to provide:  
*“Accessible, seamless, quality services, personalised and responsive to the changing needs of individuals, designed with and for the people of Fife”.*
- The Partnership is committed to the protection and enhancement of Equality and Human Rights.
- The creation of this new Partnership will mean changes in the way we work and this will create challenges. We need to create a culture of co-operation and co-ordination between health, social care, housing, independent sector, third sector and other local services.
- We recognise that working with local communities, effective leadership and good relationships are key to achieving the Partnership’s vision, aims and outcomes for the people of Fife.
- This Integration Scheme, together with the Strategic Plan, is the way by which the new Partnership will deliver on these aims and outcomes.

## **The Partnership Vision**

We will deliver high quality person-centred health and social care services in a way that promotes and enhances the health and wellbeing of the people of Fife and is founded on the following principles.

Services will be provided in a way which, so far as possible:

- Is integrated from the point of view of service-users.
- Takes account of the particular needs of different service-users.
- Takes account of the particular needs of service-users in different parts of Fife.
- Takes account of the particular characteristics and circumstances of different service-users.
- Respects the rights of service-users.
- Takes account of the dignity of service-users.
- Takes account of the participation by service-users in the community in which service-users live.
- Protects and improves the safety of service-users.

- Improves the quality of the service.
- Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care).
- Best anticipates needs and prevents them arising.
- Makes the best use of the available facilities, people and other resources.

### **The Partnership's Aims and Outcomes**

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. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes established by the Scottish Ministers 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.

Fife Council and NHS Fife are committed to working jointly and have entered into the following agreement to achieve these aims and outcomes.

## **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 (“Fife Council”);

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;

“Carers Act” means the Carers (Scotland) 2016 and its accompanying guidance and amendments;

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

“Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Prescribed Health Board Functions Regulations” means the Public Bodies (Joint Working)(Prescribed Health Board Functions)(Scotland) Regulations 2014;

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

“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 Integration Joint Board 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 Integration Joint Board as provided for in Section 1(4)(a) of the Act.
- 2.2 The arrangements for appointing the voting membership of the Integration Joint Board are that Fife Council will appoint 8 Councillors and NHS Fife will appoint 8 Board members to be members of the Integration Joint Board in accordance with article 3 of the Integration Joint Board Order. The Board members appointed by the Parties will hold office for a maximum period of 3 years. 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 a Fife Councillor.
- 2.3 The first chair of the Integration Joint Board will be a Board Member appointed on the nomination of Fife Council and they will hold office as chair for a period of 12 months. The Party which has not nominated the chair will nominate the vice-chair for appointment and the vice-chair will hold office for a period of 12 months. At the end of the period of 12 months, responsibility for nominating the chair and vice-chair will switch to the other Party and a new chair and vice-chair will be appointed for a period of 2 years. Thereafter, responsibility for nominating the chair and vice-chair will alternate between the Parties and the appointments will be made for a period of 3 years.
- 2.4 In addition to the voting members described in paragraph 2.2 above, the Integration Joint Board will also comprise the non-voting members specified in article 3(1) of the Integration Joint Board Order.
- 2.5 Once established, the Integration Joint Board will appoint non-voting members in accordance with articles 3(6) and 3(7) and may appoint additional non-voting members in accordance with article 3(8) of the Integration Joint Board Order.

## **3 Delegation of Functions**

- 3.1 The functions that are to be delegated by NHS Fife to the Integration Joint Board (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 to be delegated by Fife Council to the Integration Joint Board (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

- 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 is responsible for the operational oversight of Integrated Services, and through the Director of Health and Social Care will be responsible for the operational management of Integrated Services.
- 4.3 The Integration Joint Board will be responsible for the planning of Acute Services in scope but NHS Fife will be responsible for the operational oversight of Acute Services in scope and through the Director of Acute Services will be responsible for operational management of Acute Services. The Director of Health and Social Care and the Director of Acute Services will work closely together to ensure appropriate planning and delivery of the services they respectively plan for and manage. NHS Fife will provide information on a regular basis to the Director of Health and Social Care and The Integration Joint Board on the operational delivery of these Services.
- 4.4 The Integration Joint Board will be responsible for monitoring and reporting in relation to the delivery of the integrated services on behalf of NHS Fife and Fife Council. The 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. The Integration Joint Board will receive reports for performance monitoring and for informing the future strategic planning from the Parties.
- 4.5 The Parties will identify 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 will be collated to form a Performance Framework and will provide information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators through the Performance Framework with the Integration Joint Board. The improvement measures will be a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures will be linked to the national and local Outcomes to assess the timeframe and the scope of change.
- 4.6 The Performance Framework will also state 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 will be taken into account by the Integration Joint Board when preparing the Strategic Plan.
- 4.7 The Performance Framework will also be used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which

are to be taken account of by the Integration Joint Board when preparing the Strategic Plan.

- 4.8 The Performance Framework will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.
- 4.9 The work on the core indicators and establishing the Performance Framework will be completed by the time that the Integration Joint Board assumes full responsibility, and no later than 31 March 2016.
- 4.10 The Parties will provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures.
- 4.11 The reporting and measurement arrangements will be in place by 1<sup>st</sup> April 2016 and reviewed regularly in line with the Strategic Plan and any emerging guidance. A range of performance monitoring reports covering both finance and activity measures will be put in place.
- 4.12 The Parties agree to provide the Integration Joint Board with the corporate support services required to fully discharge its duties under the Act. The arrangements for providing these services will be reviewed by March 2016 and appropriate models of service will be agreed. The process will involve senior representatives from the Parties and the Director of Health and Social Care. The models agreed will be subject to further review as the Integration Joint Board develops in its first year of operation and to ongoing review as part of the budget and planning processes for the Integration Joint Board and the Parties
- 4.13 The Parties agree that the current support will continue until new models of service delivery have been developed.
- 4.14 The NHS Fife Board will share with the 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.
- 4.15 The Council will share with the 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.
- 4.16 The Director of Health and Social Care 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.
- 4.17 The Parties will ensure that their officers acting jointly will consider the Strategic Plan of the other Integration Joint Boards or Authorities 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 the Integration Planning and Delivery principles and to ensure that they contribute to achieving the National Health and Wellbeing Outcomes.

## **5 Clinical and Care Governance**

- 5.1 The Medical Director, Director of Public Health and Nurse Director, NHS Fife will remain accountable for quality of care and professional governance in relation to the NHS Fife functions delegated to the Integration Joint Board.
- 5.2 The Chief Social Work Officer, Fife Council will be accountable for ensuring proper standards and values are maintained in respect of Social Work Services delegated to the Integration Joint Board.
- 5.3 The Parties will continue to monitor and report on clinical, care and professional governance matters through their existing mechanisms to comply with legislative and policy requirements.
- 5.4 The Chief Social Work Officer for Fife Council, and the Nursing and Medical Directors of NHS Fife will be members of the Integration Joint Board providing oversight and advice at that level.
- 5.5 The Medical Director, the Director of Public Health and the Nurse Director will 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 will be provided throughout the Partnership by the Associate Medical Director, Associate Nurse Directors, Clinical Director for Healthcare and Professional Lead Social Workers.
- 5.7 The Parties will have a management structure where professionals may report to someone of a different profession and/or employer. For all professional groups, an appropriate professional structure will be in place to support both managers and practitioners. Professional supervision and accountability arrangements will be in place.
- 5.8 Professional advice will be provided to the Integration Joint Board, the Strategic Planning Group and Localities through 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.
- 5.9 The quality and safety of health and care delivered by the Integration Joint Board will be overseen by a Clinical and Care Governance Committee. This Committee will report directly to the Integration Joint Board and will provide assurance and updates on quality of care to the NHS Fife Clinical Governance Committee and the relevant Scrutiny Committee of Fife Council for Social Work and Social Care. It will provide assurance to the Integration

Joint Board, the Senior Leadership Team who are responsible for locality planning and delivery, and the Strategic Planning Group that appropriate governance systems and processes are in place to assure the quality of care being delivered. A key role for the Clinical and Care Governance Committee will be to provide advice to the Integration Joint Board, Senior Leadership Team who are responsible for locality planning and delivery, and the Strategic Planning Group if changes to service delivery are required to improve quality of care in any of the services delegated to the Integration Joint Board.

- 5.10 The Chief Social Work Officer will provide specific reports including the annual report and assurance to the relevant Committee of Fife Council.
- 5.11 The Integration Joint Board will use a care and clinical governance reporting template to provide assurance about service quality to the NHS Fife Clinical Governance Committee. The same template will support the reporting and scrutiny requirements of the Chief Social Work Officer. Each of the three Divisions of the Partnership will have an operational Clinical and Care Governance Group reporting to the Clinical and Care Governance Committee for their respective service areas.
- 5.12 Senior professionals within the locality structure will ensure that the values set out in the Clinical and Care Governance Framework are embedded in all strategic planning processes and service delivery. These senior staff, who will be professionally accountable to the Chief Social Work Officer, NHS Fife Board Director of Nursing and Medical Director through the clinical leadership and management structure, will provide assurance about the quality of care provision within their localities.
- 5.13 All professional staff across the Parties will continue to be professionally accountable to their Senior Officers and respective regulatory bodies.
- 5.14 The Strategic Planning Group will have medical, nursing, social work and other professional staff in its membership to ensure advice is provided throughout the process of strategy development, implementation and review.

## **6 Chief Officer (Director of Health and Social Care)**

- 6.1 The Chief Officer (Director of Health and Social Care) will report 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 will take place on a regular basis in accordance with each organisation's normal performance management arrangements.
- 6.2 The Director of Health and Social Care will have a senior team of 'direct reports'. These direct reports will deputise for the Director as required.
- 6.3 The Director of Health and Social Care will be a member of the Senior Management teams of NHS Fife and Fife Council.

- 6.4 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.
- 6.5 The Director of Health and Social Care is the Accountable Officer for Health & Social Care to the Integration Joint Board. A key element of the role will be to develop close working relationships with elected members of Fife Council and NHS Fife Board members.
- 6.6 In addition, the Director of Health and Social Care will establish and maintain effective relationships with a range of key stakeholders including the Third Sector and Independent sectors, service-users, Scottish Government, Trade Unions and professional organisations.

## 7 Workforce

- 7.1 An agreed Joint Workforce and Organisational Development Strategy, developed by NHS Fife and Fife Council, has been endorsed by the Shadow Integration Joint Board for Fife. This workforce strategy will continue to be developed and reviewed in line with the Strategic Plan.
- 7.2 Workforce planning information will continue to be provided by the Human Resource functions in Fife Council and NHS Fife. A detailed workforce plan will be an integral component of the Strategic Plan and will be completed by April 2016. Core Human Resource services will continue to be provided by the appropriate corporate Human Resource and workforce functions in Fife Council and NHS Fife.
- 7.3 The employment status of staff will not change as a result of this Integration Scheme ie staff will continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.
- 7.4 The Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised Trades Unions and professional organisations involved in Health and Social Care Integration.
- 7.5 Trade Union and professional organisations representatives are, and will 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.
- 7.6 The establishment of any group including employees or Trade Union Representatives does not replace or in any way supersede the role and functions of existing established consultative and partnership arrangements within Fife Council and NHS Fife.
- 7.7 Future service changes will be developed on a planned and coordinated 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.

- 7.8 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.
- 7.9 The Parties are committed to ensuring staff possess the necessary knowledge and skills to provide service-users with high quality services.
- 7.10 The Parties are planning to have a fully 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.
- 7.11 Arrangements will continue to ensure statutory professional supervision for clinicians and social workers.
- 7.12 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.
- 7.13 The Parties shall ensure that their Officers/Managers acting jointly, in partnership with staff and in discussion with the Director of Health and Social Care or their representative, will review the Workforce and Organisational Development Plan every 12 months in line with the Strategic Plan, to ensure that they continue to support the Integration Joint Board to carry out its functions.

## **8 Finance**

### **8.1 Resources**

- 8.1.1 The Parties will agree the amounts to be made available to the Integration Joint Board in respect of each of the functions delegated by them to the Integration Joint Board. The amounts will reflect those services which are delegated by virtue of this Scheme.
- 8.1.2 The Resources to be made available to the Integration Joint Board fall into two categories:
- (a) Payments for the delegated functions.
  - (b) Resources used in “large hospitals” that are set aside by NHS Fife and made available to the Integration Joint Board for inclusion in the Strategic Plan.

#### Payment in the first year to the Integration Joint Board for delegated functions

- 8.1.3 The payment will reflect the baseline established from a review of the past three years’ performance, to provide the Parties and the Integration Joint Board with assurances that the delegated resources are sufficient to deliver the agreed delegated functions and level of service to be

provided. These amounts will recognise existing plans for the Parties for the functions which are delegated, adjusted for material items in the shadow period. Additional funding allocations will be reflected in the Integration Joint Board payment when the partner is advised.

#### Payment in subsequent years to the Integration Joint Board for delegated functions

8.1.4 The method for determining the allocations to the Integrated Budget in subsequent years will be contingent on the respective financial planning and budget-setting processes of both Parties.

8.1.5 The Director of Health and Social Care and the Chief Finance Officer will develop a case for the 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
- Efficiencies
- 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.

8.1.6 The Parties will evaluate the case for the Integrated Budget against their other priorities and will agree their respective contributions accordingly.

#### Method for determining the amount set aside for large hospital services

8.1.7 The amounts set aside by NHS Fife will reflect those services as described by Regulation 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 amount set aside for large hospital services in future years

8.1.8 The future amounts 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 & Social Care will strive to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational budget, the Director of Health & Social Care, the Chief Finance Officer of the Integration Joint Board, 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 Integration Joint Board.
- 8.2.2 The Integration Joint Board may increase the payment to the affected body, by either:
- Utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or
  - Utilising the balance on the integrated general fund, if available, of the Integration Joint Board in line with the reserves policy.
- 8.2.3 If the recovery plan is unsuccessful and there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the Integration Joint Board shall have the option to:
- Make additional one-off payments to the Integration Joint Board; or
  - Provide additional resources to the Integration Joint Board 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 contributions to the Integration Joint Board.

### 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 budget. Where there is a planned underspend this will be retained by the Integration Joint Board. Any underspend which is not planned by the Integration Joint Board but arises fortuitously, must be returned to the Parties by adjusting the relevant payment.
- 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 variations to the payment amount to the Integration Joint Board in year by either of the Parties is expected to be in extremis. In such circumstances, a report will be provided to the Integration Joint Board to seek agreement to the change in payments 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 payments made to the Integration Joint Board and resources delegated to the Integration Joint Board, Resource Transfer and virement between the Parties and the Integration Joint Board will be transferred between the Parties quarterly in arrears, with 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 Integration Joint Board Chief Finance Officer will establish a process of regular in-year reporting and forecasting to provide the Director of Health & Social Care with management accounts for both arms of the operational budget and for the Integration Joint Board as a whole.

8.3.2 The Chief Finance Officer will provide the Director of Health & Social Care with financial advice for the respective operational budgets.

8.3.3 The preparation of management accounts in respect of the delegated functions will include an objective and subjective analysis of budget and estimated outturn and will be 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 will provide financial monitoring reports to the Integration Joint Board in respect of the set aside functions at least quarterly in arrears. The report will include activity, the content of which will be agreed with the Director of Health & Social Care.

8.3.5 The Integration Joint Board will receive financial management support from the Chief Finance Officer.

8.3.6 Initially, the NHS Fife Finance system will be used to host the accounting records and maintain financial ledgers of the Integration Joint Board.

8.3.7 Financial services will be provided to the Director of Health & Social Care and the Integration Joint Board, as appropriate, to carry out their functions i.e. the staff and other resources will be 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 Integration Joint Board financial statements will be completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The timetable will also ensure 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 Balances and transactions shall be reviewed on a quarterly basis during the financial year by the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and the NHS Fife's Director of Finance to help to ensure that the timetable of the Integration Joint Board will be met.

8.3.10 An Annual Accounts timetable will be agreed in advance with the external auditors of the Parties and the Integration Joint Board.

#### 8.4 Arrangements for use of Capital Assets

8.4.1 The Integration Joint Board will not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. The Parties will continue to own and manage any property and assets used by the Integration Joint Board. Access to sources of funding for capital expenditure will be retained by each Party.

8.4.2 The Director of Health and Social Care will consult with the Parties to make best use of existing resources and will participate in the development of future capital programmes.

### 9 Participation and Engagement

9.1 The stakeholders who were consulted in the development of this scheme were:

<b>Stakeholder Group</b>	<b>Methodology</b>
Health Professionals; GPs, Management Teams, Clinical Groups including mental health nurses	Dispatches (NHS email) Newsletter Front page of Intranet Website Face-to-face meetings On-line and postal survey.
Users of health services; peoples' panel, public partnership fora, disability groups	Focus Group On-line survey Website Letter and leaflet
Carers of users of health care	Focus group On-line survey Website
Commercial providers of health care; Opticians, pharmacists, dentists	E-mail and Mail – drop off leaflet and letter
Non-commercial providers of health care	E-mail with copy of information leaflet
Social care professionals; Social workers, management teams and home care workers	Face-to-face meeting Intranet /internet on-line survey Postal survey E-mail cascade with leaflet
Users of social care; Health & Social Care (HSCI) User/carer group	Focus group Postal survey on-line survey Media release to advertise

Carers of users of social care; HSCI user/carer group	Focus Group Online survey Media Release to advertise
Commercial providers of social care	Face to face meeting on-line survey. E-mail with copy of leaflet
Non-commercial providers of social care	E-mail with copy of leaflet
Non-commercial providers of social housing	E-mail with copy of leaflet
Third sector bodies carrying out activities related to health or social care; Third sector Health and Social Care Forum	Face to face meeting Online and postal survey E-mail and copy of leaflet Cascade via Public Reference Group

9.2 The Parties jointly agree to provide the following support to the Integration Joint Board.

- 9.2.1 Existing systems for participation and engagement, including staff teams, are being maintained whilst the partnership identifies opportunities to harmonise policy, practice, resources and operational arrangements for delivery. A person who will be designated to lead on the development of the strategy will be identified.
- 9.2.2 The Communication Workstream, with support from the Organisational Development Section, is arranging a programme of workshops – **“Public Involvement – The Way Forward”**. These workshops will be in relation to the development of a model of engagement and a *‘Participation and Engagement Strategy’*.
- 9.2.3 Fife Council and NHS Fife are committed to the National Standards for Community Engagement and follow Fife Council’s Standards for Excellence in Communication, Scottish Government Planning Advice note 2010 and CEL 4(2010) ‘Informing, engaging and consulting people in developing health and community care services’ and any guides to best practice, in line with the Equality Act 2010.
- 9.2.4 Existing Partnership networks will be involved in the development, introduction, review and monitoring of any new arrangements.
- 9.2.5 The *‘participation and engagement strategy’* will be developed by 1 April 2016.

## 10 Information Sharing and Confidentiality

- 10.1 The Parties will develop an ‘Information Sharing Protocol’ (ISP) as part of their existing agreement to use the ‘Scottish Accord on the Sharing of Personal Information’ (SASPI).
- 10.2 The ISP and any associated operational procedures will be submitted to the Integration Joint Board for consideration and comments prior to being adopted by the Parties and the Integration Joint Board.
- 10.3 The SASPI framework identifies the commitments required by each Party

while promoting a clear and consistent approach to enable sharing of personal information while ensuring the rights of all involved are properly protected.

- 10.4 This ISP will support the sharing of personal information between the Parties. The ISP focuses on the purposes underlying the sharing of specific sets of information. It is intended for operational management and staff and provides the details of the processes for sharing information, the specific purposes served, the people it impacts upon, the relevant legislative powers, what data is to be shared, the consent processes involved, any required operational procedures and the process for review.
- 10.5 The utilisation of SASPI, will ensure that any resultant information sharing arrangements will be established, maintained and amended within legislative requirements.
- 10.6 The ISP for Health and Social Care Integration in Fife will have been developed and submitted to the Integration Joint Board for comments within 3 months of establishment of the Integration Joint Board. The ISP will have been agreed by the Parties and be operational within 6 months of the establishment of the Integration Joint Board.
- 10.7 The Parties undertake to review the ISP on an annual basis with the Integration Joint Board.

## 11 Complaints

- 11.1 The Parties agree the following arrangements in respect of complaints.
- 11.2 The Parties will work together with the Director of Health and Social Care to agree a single streamlined process for complaints relating to integrated arrangements that comply with all applicable legal and sector requirements.
- 11.3 The Parties agree that, as far as possible, complaints will be dealt with by front line staff. Thereafter, the existing complaints procedures of the Parties provide the appropriate formal process for resolving complaints. The Parties are committed to ensuring that the complaints process is accessible for anyone who wishes to raise a complaint and on that basis complaints can be raised as described: complaints to the Fife Council can be made by submitting an online complain form, available via the website FifeDirect [www.fifedirect.org.uk](http://www.fifedirect.org.uk); by telephoning 01383 441177; or by writing to FREEPOST RTBZ-BBJT-BBYC, Comments and Complaints, Fife Council, Fife House, Glenrothes, KY7 5LT. Complaints to the Fife NHS Board can be made in writing to the Patient Relations Department, First floor, Hayfield House, Hayfield Road, Kirkcaldy, KY2 5AH; by telephoning 01592 648153 or by emailing [patientrelations.fife@nhs.net](mailto:patientrelations.fife@nhs.net). A decision regarding the complaint will be provided as soon as possible and within 20 working days from receipt of complaint, unless there is good reason for requiring more time and this reason is communicated to the service user. If the service user remains dissatisfied the final stage will be the consideration of

complaints by the Scottish Public Service Ombudsman. In relation to Social Work complaints these will be subject to review by the independent Social Work Review Committee prior to consideration by the Ombudsman or The Care Inspectorate. A protocol will be put in place to ensure that any complaint is immediately directed to and dealt with by the appropriate service, irrespective of which service receives the initial complaint.

11.4 In the event that complaints are received by the Integration Joint Board or the Director of Health and Social Care, the parties will work together to achieve where possible a joint response, identifying the lead party in the process and confirming this to the individual raising the complaint to ensure the process is integrated from the perspective of the complainant.

11.5 Details of the complaints procedures will be provided online, in complaints literature and on posters.

11.6 If a service-user is unable, or unwilling, to make a complaint directly, complaints will be accepted from the following:

- A representative, with the consent of the service-user,
- A person holding welfare power of attorney or welfare guardianship for someone who cannot make decisions for themselves,
- A relative of, or a person who has had a relationship with the service-user who has died and there is a complaint about treatment before death,
- An advocate.

11.7 The Parties will produce a joint report on a six-monthly basis for consideration by the Integration Joint Board.

## **12 Claims' Handling, Liability & Indemnity**

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

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 Integration Joint Board, 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 will develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of integrated services, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan. This will include the development of a risk register that will set out the key risks that apply in relation to the carrying out of integrated functions.

13.2 The risk management strategy will identify and describe processes for mitigating those risks and set 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 will be approved by the Integration Joint Board within 6 months of the first meeting of the Integration Joint Board. The risk management strategy will allow for any subsequent changes to the strategy to be approved by the Integration Joint Board.

13.4 The risk management strategy will include an agreed risk monitoring framework and arrangements for reporting risks and risk information to the relevant Party.

13.5 The Director of Health and Social Care will ensure that the Risk Register is reported to the Integration Joint Board on a timescale and format agreed by the Integration Joint Board, this not to be less than once per year.

13.6 The process for amending the Integration Joint Board Risk Register will be set out in the risk management strategy.

13.7 The Parties will provide sufficient support, from their existing risk management resources, to the Integration Joint Board to enable it to fully discharge its duties in relation to risk management. The Parties will also make appropriate resources available to support the 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.
- (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.

### Functions delegated by NHS Fife to the Integration Joint Board

Column A The National Health Service (Scotland)	Column B Except functions conferred by or by virtue of
<p><b>Act 1978</b> All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</p>	<p>- 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 in to general medical services contracts); section 28A (remuneration for Part II services); 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<sup>th</sup> 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</p>

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  
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;

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

The National Health Service (Discipline Committees) (Scotland) Regulations 2006;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;

The National Health Service (General Dental Services) (Scotland) Regulations 2010; and

The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.

"Carers (Scotland) Act 2016 - 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  
Crossborder 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 by virtue of, the Public Services Reform  
(Scotland) Act 2010

Except functions conferred by—  
Section 31(public functions: duties to provide  
information on certain expenditure etc.); and  
section 32 (public functions: duty to provide  
information on exercise of functions).

**Patient Rights (Scotland) Act 2011**

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

Except functions conferred by The Patient  
Rights (complaints Procedure and  
Consequential Provisions)(Scotland)  
Regulations 2012/36

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.

**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 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(a); 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:

**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.

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 Childrens 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.

## Functions delegated by Fife Council to the Integration Joint Board

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)  
housing support services.

Except in so far as it is exercisable in relation to the provision of

Section 12A

(duty of local authorities to assess needs)

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

Section 12AZA

(assessments under section 12A - assistance)

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

Section 12AA

(assessment of ability to provide care)

Section 12AB  
(duty of local authority to provide information to carer)

Section 13  
(power of local authorities to assist persons in need in disposal of produce of their work)

Section 13ZA  
(provision of services to incapable adults) function. So far as it is exercisable in relation to another integration

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) for or assisted under another integration function. So far as it is exercisable in relation to persons cared

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

Section 59  
(provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision) So far as it is exercisable in relation to another integration function.

**The Local Government and Planning (Scotland) Act 1982**

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)  
under functions contained in  
welfare enactment within the  
meaning of section 16 and which  
are integration functions.

In respect of the assessment of  
need for any services provided

Section 8  
(duty of local authority to take into account  
under functions abilities of  
carer)contained in welfare  
enactments (within the meaning set  
out in section 16 of that Act) which  
are integration functions.

In respect of the assessment of  
need for any services provided

### **The Adults with Incapacity (Scotland) Act 2000**

Section 10  
(functions of local authorities)  
Section 12  
(investigations)

Section 37  
(residents whose affairs may be managed)  
Under integration functions.

Only in relation to residents of  
establishments which are managed

Section 39  
(matters which may be managed)  
under integration functions.

Only in relation to residents of  
establishments which are managed

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)  
under integration functions.

Only in relation to residents of  
establishments which are managed

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)  
under integration functions.

Only in relation to residents of  
establishments which are managed

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

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

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 3  
(support for adult carers)  
functions.

Only in relation to assessments  
carried out under integration

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*

*Column B*

*Enactment conferring function 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 Integration Joint Board 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