

Falkirk
Health and Social Care
Integration Scheme
2026

This integration scheme is to be used in conjunction with the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014

These regulations can be found at <http://www.scotland.gov.uk>

The Preamble

Our shared Vision for Integration

NHS Forth Valley and Falkirk Council are the partners in this Integration Scheme. As partners we recognise that the main purpose of integration is:

- To improve the wellbeing of people who use health and social care services, in particular those whose needs are complex, and which require support from health and social care at the same time;
- To improve the wellbeing of those for whom it is necessary to provide timely and appropriate support in order to keep them well;
- To promote informed self-management and preventative support to avoid crisis or ill health; and
- To jointly deliver on the national health and wellbeing outcomes.

Our shared vision for integration between NHS Forth Valley and Clackmannanshire, Stirling and Falkirk Councils is for confident and ambitious Integration Joint Boards which support people to achieve better outcomes and experience fewer inequalities, where voices are heard, and people are supported to enjoy full and positive lives in the community.

We aim to deliver success in integration where:

- People experience improved health and wellbeing;
- Integrated services provide holistic care focused on outcomes;
- Pathways between health, social work and social care services become seamless;
- Inequalities are reduced;
- Shared resources are deployed using best value principles to achieve better outcomes, maximise efficiencies from integrated care allowing public funds to go further to meet demand; and
- Good clinical, care and professional governance improves the quality of service delivery.

To achieve this, we will:

- Build on the Integration delivery principles set out in the Public Bodies (Joint Working) (Scotland) Act 2014;
- Respect the principles of human rights, equalities, and independent living, treating people fairly;
- Work collaboratively to embed this shared vision within staff teams, supporting and developing staff from all organisations to respond appropriately, putting people first;
- Recognise that our people are our greatest asset, and it is through their talents and ambitions that real improvement will continue to be made and

- Support staff to learn from and build on best practice.
- Support the Integration Joint Board to deliver on its strategic plan, progressing the national health and wellbeing outcomes.
- Provide sufficient funds to meet needs in the Local Authority area,
- Work together on human resources, finance, integrating IT and other areas that will promote integrated working by our staff.
- Support the unique role of the Chief Officer by avoiding unnecessary duplication and parallel systems, the creation of integrated or single systems that support patient/ service user/ supported people in an integrated manner. Equally, support the Chief Officer operationally to achieve single finance functions, performance management, assurance, risk and staff governance approaches.

Integration Scheme

Between

Falkirk Council, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at The Foundry, 4 Central Boulevard, Central Park, Larbert (“**the Council**”);

and

Forth Valley Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Forth Valley”) and having its principal offices at Carseview House, Castle Business Park, Stirling, FK9 4SW hereinafter referred to as “**the Health Board**”

Together referred to as “**the Parties**”.

DEFINITIONS AND INTERPRETATIONS

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

“**Agreed Purposes**” means:- to manage and plan services, including, but not restricted to, the delivery of certain health and social services; to improve and support service delivery, resulting in better outcomes for individuals in contact with services; to preserve community and personal safety; to safeguard the well-being of individuals who may be in need of care or protection; to streamline data collection so that individuals are not asked the same questions by a range of different organisations; and to assess need at an individual and community level.

Care governance means a robust system for assuring high standards in the delivery of safe, personalised and effective health and social care services ; and clinical governance means a framework through which the Health Board is accountable for continuously improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish (together, “**Clinical and Care Governance**”).

“**Chief Finance Officer**” means the Chief Finance Officer appointed by the Integration Joint Board in terms of section 95 of the Local Government (Scotland) Act 1973.

“**Chief Officer**” means the individual appointed to the Integration Joint Board by virtue of Section 10 of the Act;

“**Chief Social Work Officer**” means the chief social work officer appointed by the Council pursuant to section 3 of the Social Work (Scotland) Act 1968;

“**Clackmannanshire**” means the local government area for Clackmannanshire as defined in the Local Government etc. (Scotland) Act 1994

“**Community Planning Partnership**” means all those services that come together to take part in community planning as set out in the Community Empowerment (Scotland) Act 2015

“**Data Protection Legislation**” means data protection legislation as defined in section 3 of the Data Protection Act 2018.

“**Delegated Functions**” means the functions referred to in section 60 of the Act and listed in Annex 1 and 2 of this Scheme that are delegated to the Integration Joint Board.

“**Direction**” means the formal instruction to the Parties by the Integration Joint Board that is to be undertaken by each party on behalf of the Integration Joint Board and the financial resources that are being made available to each party in undertaking these services in accordance with section 26 of the Act.

“Falkirk” means the local government area for Falkirk as defined in the Local Government etc. (Scotland) Act 1994;

“Health and Social Care Partnership” means the single integrated operational arrangement established by the Parties in order to implement the Directions of the Integration Joint Board

“Host” means the designated Chief Officer operationally responsible for a service managed within the Health Board;

“Integration Authority” is the Integration Joint Board established in pursuance of this Integration Scheme

“Integrated Budget” means the budget for the delegated resources for the Integrated Functions comprising:

- i. The payment made to the Integration Joint Board by the Local Authority for delegated adult social care services; and
- ii. The payment made to the Integration Joint Board by the Health Board for primary and community healthcare services and for those delegated hospital services which will be managed by the Chief Officer.

“Integration Functions” means the functions that are to be delegated to the Integration Joint Board under section 1 or 2 of the Act

“Integration Joint Board” means the Falkirk Integration Joint Board established by order under section 9(2) of the Act

“Integration Joint Board Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 285/2014)

“Integration Planning Principles” are as defined in section 4 of the Act;

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

“Integrated Services” means the services that are delivered by the Parties as Directed by the Integration Joint Board

“Large hospital” means a hospital serving two or more local authority areas.

“Large Hospital Services” means services that are provided in exercise of Integration Functions delegated by the Health Board to the Integration Joint Board which (a) are carried out in a hospital in the area of the Health Board and (b) are provided for the population of two or more local authorities (unless the Health Board deems that they do not require to be treated as such). These services are managed by the Director of Acute Services. Services provided in a community hospital do not ordinarily fall within this definition unless a material proportion of the care is provided for the population of two or more local authorities.

“Local Authorities” means Falkirk Council or either or both of Clackmannanshire Council and Stirling Council as the context admits.

“National Health and Wellbeing Outcomes” means the outcomes prescribed under section 5 of the Act

“NHS Nursing Director” means the individual appointed by the Health Board to provide professional leadership for nursing and midwifery services and appointed by the Scottish Ministers as an Executive Board Member of the Health Board.

“NHS Medical Director” means the individual appointed by the Health Board to provide the professional leadership for medical services and appointed by the Scottish Ministers as an Executive Board Member of the Health Board.

“Operational Management” means all the day-to-day functions required to control the delivery of delegated health and social care services including clinical, care and professional standards and governance, financial management, operational risk management and staff governance, the configuration of those services and all functions associated with ensuring the implementation of Directions issued by the Integration Joint Board.

“Operational Risk” means the risk of incurring detriment due to inadequate or failed internal processes, people, controls or from external events.

“Oversight” means the requirement to be assured that functions are being delivered as directed, that the Strategic Plan is being delivered and that Integrated Services operate safely and to the quality expected (i.e clinical care and professional governance). This might include receiving reports about shifts in service delivery that demonstrate the implementation of Directions and the Strategic Plan. Oversight is not about day-to-day Operational Management

"Outcomes" means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers

“Parties” means the Falkirk Council and the Health Board;

“Partners” means communities, staff, third sector, service users and carers and independent sector.

“Planning Period” means the 3-year term of the Integration Joint Board Strategic Plan

"Payment" means the contribution made by the Parties to the Integration Joint Board in respect of the Integration Functions or similarly the amount directed by the Integration Joint Board to the Parties for the operational discharge of the Integration Functions. Payment does not mean an actual cash transaction but a representative allocation for the delivery of the Integration Functions in accordance with the Strategic Plan.

“Scheme” means this Integration Scheme.

“Set Aside” MEANS the activity-based budget for commissioned hospital services used by the Integration Authority population as set out in the Strategic Plan. This is the amount required to be set aside by the Health Board for use by the Integration Authority.

"Service Users" means persons to whom or in relation to whom services in respect of the Integration Functions are provided;

“Standing Orders” means the written rules which regulate the proceedings of the Integration Joint Board.

"Strategic Plan" means the plan with 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;

"Strategic Planning Group" means the group established under Section 32 of the Act;

"Third and Independent Sector " includes commercial and non-commercial providers of health and social care, representative groups, interest groups, social enterprises and community organisations.

1 CHOICE OF INTEGRATION MODEL

- 1.1 In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will be put in place in Falkirk namely the delegation of functions by the Parties to a body corporate established by Order under section 9 of the Act. This Scheme comes into effect on the date approved by Scottish Ministers.
- 1.2 As the Parties intend to delegate functions 'to a body corporate' there will be no wholesale transfer of staff either between the Council and the Health Board, or vice versa, or from both organisations.

2 DELEGATION OF FUNCTIONS

- 2.1 The functions that are to be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1 annexed as relative hereto. The description of the services to which these functions relate are set out in Part 1 of Annex 1 of the Scheme. Unless otherwise stated, health functions are delegated only in relation to persons over the age of 18 years. The description of the services to which these functions relate are set out in Parts 2 and 3 of Annex 2.
- 2.2 The functions that are delegated by the Council to the Integration Joint Board are set out in Parts 1,2 and 3 of Annex 2 annexed as relative hereto. The description of the services to which these functions relate are set out in Part 4 of Annex 2.

3 MEMBERSHIP

- 3.1 Membership of the Integration Joint Board will be determined in accordance with the Integration Joint Board Order.
- 3.2 The Council will nominate four of its councillors to the Integration Joint Board and the Health Board will nominate four Board members to the Integration Joint Board, to be voting members.

4 LOCAL GOVERNANCE ARRANGEMENTS

- 4.1 The term of office of a member of the Integration Joint Board is a maximum of the term of office as a Non-Executive Board member of the Health Board or in respect of Elected Members the term of the Council. Integration Joint Board members may be reappointed for a further term(s) of office. Board members appointed by the Parties will cease to be members of the Integration Joint Board in the event that they cease to be a non-executive board member of the Health Board or an elected member of the Council. The Chief Social Work Officer, Chief Officer and Chief Finance Officer remain members of the Integration Joint Board for as long as they hold the office in respect of which they are appointed.
- 4.2 The Chairperson and Vice Chairperson will be drawn from the Health Board and the Council voting Members of the Integration Joint Board. If a Council Member is to serve as Chairperson, then the Vice Chairperson will be a member nominated by the Health Board and vice versa. The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years from the date of appointment and carried

out on a rotational basis between the Council and Health Board appointed Chairpersons. The Council or the Health Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

5 LOCAL OPERATIONAL MANAGEMENT ARRANGEMENTS

- 5.1 The Integration Joint Board has the responsibility for the planning of services in relation to the Delegated Functions and is required by section 29 of the Act to prepare a Strategic Plan. The Strategic Plan must set out the arrangements for carrying out the integration and how these arrangements are intended to achieve or contribute to achieving the National Health and Wellbeing Outcomes.
- 5.2 The Integration Joint Board is responsible for the planning of Delegated Functions as specified in Annex 1 and Annex 2 of this Scheme. For the avoidance of doubt this includes strategic planning responsibility for those Delegated Functions for which another manager of the Health Board retains Operational Management responsibility as set out in paragraph 5.12 below.
- 5.3 The Integration Joint Board shall be responsible for carrying out the Integration Functions but shall do so by way of Direction to one or both Parties to carry out each Integration Function having regard to the Strategic Plan.
- 5.4 The Parties agree to integrate Delegated Functions at an operational level through the Chief Officer who will manage a Health and Social Care Partnership where the integration of services for the benefit of people who use services can happen. This will allow the Parties to have arrangements in place to carry out the integration planning principles as set out in section 4 of the Act.

Corporate support

- 5.5 It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the Integration Joint Board to carry out its functions and requirements. The Parties agree to make available to the Integration Joint Board such professional, technical, or administrative resources as are required to support the development of the Strategic Plan and the carrying out of Delegated Functions. The workforce to support some of these functions may work within the Health and Social Care Partnership. These arrangements will be reviewed through regular reports from the Chief Officer of the Integration Joint Board.
- 5.6 The Parties agree to ensure sufficient corporate support is available within the operating parameters of the Parties to ensure the delivery of operational services through the Health and Social Care Partnership and to support the workforce.

Support for Strategic Planning

- 5.7 The Integration Joint Board will participate as a partner in the Community Planning Partnership in line with local arrangements.
- 5.8 The Health Board will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services, provided by other Health Boards, by people who live within Falkirk.

- 5.9 The Council will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other local authority areas by people who live within Falkirk.
- 5.10 The Parties agree to use all reasonable endeavours to ensure that the Clackmannanshire and Stirling Integration Joint Board and any other relevant integration authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use of resources by residents in their integration authority area.

Operational management

- 5.11 The Health Board are responsible for the Operational Management of all health services where Operational Management is through the Chief Officer, Health and Social Care Partnership and the Director of Acute Services.
- 5.12 Large Hospital Services will be operationally managed by the Director of Acute services who will act on Directions from the Integration Joint Board in relation to Delegated Functions and provide all required information on performance, finance and Clinical and Care governance as required by the Integration Joint Board.
- 5.13 The Integration Joint Board will have Oversight of integrated services delivered through the Health and Social Care Partnership and integrated Large Hospital Services to ensure compliance with the Strategic Plan of the Integration Joint Board.
- 5.14 The Health Board will through the Chief Officer and Director of Acute Services provide information on a regular basis to the Integration Joint Board on the performance and governance of these services and compliance with Directions.
- 5.15 The Council is responsible for the Operational Management of all social work and social care services through the Chief Officer.
- 5.16 Certain delegated housing functions will be operationally managed by the Head of Housing and Communities or equivalent who will act on Directions from the Integration Joint Board and provide all required information on performance, finance and Clinical and Care governance as required by the Integration Joint Board.
- 5.17 The Council will through the Chief Officer provide information on a regular basis to the Integration Joint Board on the performance and governance of those services and compliance with Directions.
- 5.18 The Parties, with Clackmannanshire and Stirling Councils recognise that certain Integrated Services require Operational Management best delivered on a Forth Valley wide basis. It is proposed that a Hosting approach to these services is adopted (known as Hosted Services). The role of the Host Chief Officer is set out in paragraph 6.7 below.
- 5.19 The arrangements for Hosted services are set out in Annex 1 Part 3 with one Chief Officer acting as Host in most circumstances. The Host may be subject to change in agreement between the Falkirk, Clackmannanshire, and Stirling Councils, the Health Board and the Falkirk, and Clackmannanshire and Stirling Integration Joint Boards.
- 5.20 The Integration Joint Board is responsible for Oversight of all Delegated Functions through the Chief Officer.
- 5.21 The Parties will advise the Integration Joint Board where they intend to change operational service provision in any area of provision including support services that may have a resultant impact on the Strategic Plan.

Performance Management

- 5.22 The Integration Joint Board has a performance framework which contains the lists of targets and measures that relate to the Delegated Functions, and which show progress against their Strategic Plan. The reporting cycle is set out in the Performance Framework but will be no less than annually in order that the Integration Joint Board can prepare its annual report in accordance with section 42 of the Act.
- 5.23 The Parties will provide the relevant information, including activity and financial information, to the Integration Joint Board to meet the requirements of the performance framework and to enable the Integration Joint Board to prepare a report as required by section 42 of the Act and in accordance with The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014. This report will be shared with the Council's Scrutiny Committee (or any other committee which may replace its scrutiny obligations) and the equivalent committee in the Health Board.
- 5.24 The Parties will also provide information on the non-integrated functions of the Parties that will have to be taken into account by the Integration Joint Board in relation to the preparation of their Strategic Plan.

Directions

- 5.25 The Integration Joint Board will routinely receive from the Chief Officer and Chief Finance Officer, for agreement and approval, reports as relevant. The Integration Joint Board upon consideration of such reports may issue, amend, or withdraw a Direction to the relevant party in line with their Directions Policy.
- 5.26 A Direction is the end point in a planning or change process that includes appropriate and sufficient engagement with the Parties involved as detailed in the Directions Policy.
- 5.27 Information will be provided by the Parties, to the Integration Joint Board setting out the arrangements they have made to ensure that a Direction has been delivered and that the objectives of the Strategic Plan will be achieved. If it is considered by the Integration Joint Board that any of the arrangements made by either of the parties are not sufficient, the Chief Officer will bring this to the attention of the party in question, in writing, with details of any further action which the Integration Joint Board considers should be taken.

6 Chief Officer

- 6.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:
- 6.2 The Chief Officer will be employed by one of the Parties on behalf of the Integration Joint Board, to which they will be accountable. The Chief Officer will be a substantive member of the senior management teams of both the Council and the Health Board. The Parties agree to a single integrated model for Operational Management for Integrated Services by the Chief Officer through a single integrated operating unit known as the Health and Social Care Partnership.
- 6.3 The Chief Officer shall not also hold the office of Chief Social Work Officer, NHS Medical Director, or NHS Nursing Director.
- 6.4 The Chief Officer will report to the Chief Executives of both Parties on Operational Management. Joint performance review meetings, involving the Parties Chief Executives will take place regularly and at a minimum of quarterly. A key element

of the Chief Officer's role will be to develop close working relationships with elected members of the Council and Non-Executive and Executive Health Board members.

- 6.5 The Chief Officer will be responsible for the operational management and performance of Integrated Services, including hosted services as set out in Annex 1 and 2. Large Hospital Services with the exception of Mental Health Inpatients will be operationally managed by the Director of Acute Services.
- 6.6 The operational role of the Chief Officer is detailed in a job description agreed by the Integration Joint Board and Parties.
- 6.7 Appropriate communication and liaison will be in place between the Chief Officer and the Director of Acute Services in order that the strategy, resourcing and performance of Large Hospital Services and inpatient mental health services can be agreed by the Integration Joint Board and any required Directions can be issued.
- 6.8 Where a Chief Officer is the Host in relation to a hosted service set out in Annex 1 part 3 the Parties agree that the Host will:
- Have Operational Management responsibility for those services across Forth Valley.
 - Co-ordinate the Strategic Planning of those hosted services with the chief Officer of the other Integration Joint Board and have regard to all localities across Forth Valley.
 - Will seek approval from both Integration Joint Boards on proposed strategy for those services as required in section 29 of the Act and having regard to all localities in the Forth Valley area.
 - Will ensure that the service complies with agreed Clinical and Care governance standards and participate in the respective Integration Joint Board clinical, care and professional governance processes, and
 - Will provide reports on those services to the other Integration Joint Board at least in every Planning Period, ensuring consultation where significant service change is planned at any point or where efficiency savings or other financial targets are to be applied to the service. Reports will include both performance and financial information in respect of the service.
- 6.9 The Chief Officer will have in place management structures and a Senior team of direct reports that ensure adequate and effective oversight and assurance to the Integration Joint Board in relation to performance, professional and Clinical and Care governance.
- 6.10 The Chief Officer shall establish and maintain effective working relationships with a range of key stakeholders across the Health Board, the Council, the Third and Independent Sector, Service Users and carers, Scottish Government, trade unions and relevant professional organisations. The Chief Officer will be a partner in the Community Planning Partnership.
- 6.11 Where the Chief Officer is absent or otherwise unable to carry out their responsibilities, a member of the team of directly managed staff who is an employee of either the Council or the Health Board will be designated as Depute Chief Officer. If the Chief Officer's absence is expected to be more than three months, an interim recruitment process will be put in place by the Parties, unless the Parties' Chief Executives agree that such a step is not necessary in the circumstances.

7. CLINICAL AND PROFESSIONAL CARE GOVERNANCE

- 7.1 The Parties are accountable for ensuring appropriate professional Clinical and I Care Governance arrangements in respect of their duties under the Act. The Parties will have regard to the principles of the [Scottish Government's Clinical and Care Governance Framework](#) (or its successor document), including the focus on localities and service user and carer feedback. The parties will agree an integrated framework for the delivery for integrated clinical, care and professional governance arrangements. Professional and service user networks or groups will inform an agreed Integrated Clinical, Care and Professional Governance Framework directing the focus towards a quality approach, continuous improvement, and the integration of Delegated Functions and services.
- 7.2 To provide assurance to the Integration Joint Board and the Parties on the effectiveness of these arrangements the Parties will have in place explicit lines of professional and operational accountability. These arrangements underpin the delivery of safe, effective, and person-centred care by employees of the Council, the Health Board, and the Third and Independent Sector in all care settings delivered.
- 7.3 In relation to Delegated Functions, the Health Board is accountable for the Clinical and Care Governance of health services, and the Council is accountable for governance of social work and social care services.
- 7.4 It will remain the responsibility of the Parties to assure the quality and safety of services commissioned from the Third and Independent sectors in line with the requirements set out in the Strategic Plan.
- 7.5 The structure of the Clinical and Care Governance arrangements as it relates to the Delegated Functions and the provision of assurance to the Integration Joint Board and the Parties is set out in the Clinical and Professional Care Governance framework. The framework will be reviewed at a frequency of no less than 3 years.
- 7.6 Professional governance responsibilities will continue to be carried out by the professional leads through to the health, social work, and social care professional regulatory bodies.
- 7.7 Principles of Clinical and Care Governance will be embedded at service user/clinical care/professional interface using the Clinical and Professional Care Governance framework. The Parties will ensure that explicit arrangements are made for professional supervision, learning, support, and continuous improvement for all staff.
- 7.8 The Parties will provide, by way of assurance to the Integration Joint Board, evidence of effective performance management and professional Clinical and Care Governance systems in relation to the operational delivery of the Integrated Services.
- 7.9 Both Parties will retain separate duty of candour policies. The Parties agree to work towards an integrated duty of candour process to be included in the Clinical and Professional Care Governance Framework.
- 7.10 In respect of clinical, care and professional governance for delegated health functions where the Integrated Services are managed by the Director of Acute Services, the Health Board will establish a Clinical Governance Committee. The Clinical Governance Committee (or its successor) will provide oversight, advice, guidance, and assurance to the Integration Joint Board in relation to those Delegated Functions. These arrangements will be set out in the Clinical and Professional Care Governance Framework.
- 7.11 The Chief Social Work Officer, the Medical Director, Director of Nursing and Midwifery, Director of Pharmacy, Director of Allied Health Professions or their representatives and

a Medical Practitioner whose name is included in the list of primary medical services performers (the executive professional leads), will provide professional advice to the Chief Officer and the Integration Joint Board in respect of the overview, consistency of service quality and assurance and, application of the Clinical and Care Governance Framework.

- 7.12 The executive professional leads will provide advice to the Strategic Planning Group and localities for the purposes of locality planning in respect of inpatient (acute, mental health drug and alcohol and learning disability) and community services respectively.
- 7.13 The Director of Acute Services will have in place management structures that ensure accountability and responsibility for professional, clinical and care standards and governance for Integrated Services which they have Operational Management responsibility.

8. WORKFORCE

- 8.1 The Parties are committed to ensuring staff possess the necessary skills and knowledge to provide Service Users with the highest quality services. Any future changes in staff arrangements will be planned and co-ordinated and will involve the full engagement of those affected by the changes in accordance with established practices and procedures.
- 8.2 The Parties will deliver an Integrated Workforce Plan for Integrated Functions. In doing so the plan will consider the needs of the integrated health and social care workforce, including the impact of Third and Independent Sector care provision as part of the overall planning process. The Plan will set out how support and development will be provided for and to the workforce and how the workforce will be developed to meet the requirements of the Integration Joint Board's Strategic Plan. Reviews of the Workforce Plan will be undertaken in conjunction with a review of the Integration Joint Board's Strategic Plan and in consultation with the Integration Joint Board.
- 8.3 The Parties will provide human resource services and workforce planning information as required by the Chief Officer from the appropriate corporate human resource functions within the Council and the Health Board.
- 8.4 The Parties will ensure that professional/clinical supervision arrangements are in place.

9. FINANCE

- 9.1 References to the Integration Joint Board's Chief Officer and Chief Finance Officer in this section are references to those persons acting on behalf of the Integration Joint Board and are without prejudice to the Integration Joint Board adopting a scheme of delegation delegating such powers as it thinks appropriate to the Chief Officer and the Chief Finance Officer.

Financial Governance arrangements

Appointment of a Chief Finance Officer

- 9.2.1 The Integration Joint Board shall appoint a Chief Finance Officer to oversee the proper administration of its financial affairs in accordance with section 95 of the Local Government Scotland Act 1973.
- 9.2.2 The Chief Finance Officer will be employed by one of the Parties.

- 9.2.3 In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the Council's Section 95 officer and Health Board's Director of Finance, an appropriate interim resource to discharge the role until such time as the post is permanently appointed to.
- 9.2.4 With respect to the provision of corporate support functions, the Parties shall identify appropriate operational finance personnel to support the Chief Finance Officer.

Published Accounts and Audit requirements.

- 9.3.1 As a public body defined under section 106 of the Local Government (Scotland) Act 1973 (Section 13), the Integration Joint Board is required to produce audited annual accounts in accordance with the Local Authority Accounts (Scotland) Regulations 2014 and the Chartered Institute of Public Finance and Accountancy Code of Practice on Local Authority Accounting in the United Kingdom. The Integration Joint Board must also publish an Annual Performance Report which incorporates financial performance and best value.
- 9.3.2 The Accounts Commission shall appoint the external auditors to the Integration Joint Board.
- 9.3.3 The nature of the relationship between the Parties is considered to be a joint venture and will be reported as such in the accounts of the Council and the Health Board as appropriate. Corresponding disclosures will be included in the Integration Joint Board accounts.

Budget setting process

- 9.4.1 The Parties agree to the establishment of an Integration Joint Board budget comprised of an Integrated Budget and a Set Aside Budget.

Integrated budget

- 9.5.1 The Parties recognise that the establishment of an Integrated Budget to meet commitments in the Strategic Plan depends on their co-operation between each other and with the Integration Joint Board and that all Parties must approach such discussions in good faith, recognising the pressures and constraints on their respective budgets and services. The Integrated Budget will be funded by payments from all Parties in respect of all relevant Delegated Functions specified in Annex 1 and Annex 2 of the Scheme. The funding contribution and amounts to be paid by the Parties shall be determined based on the following:
- An annual Business Case prepared by the Chief Finance Officer which summarises the Integration Joint Board's funding requirements and financial planning assumptions including savings and efficiencies for the forthcoming financial year to deliver against the Strategic Plan and the national health and wellbeing outcomes. The Business Case will be presented to the Parties in November/December of each year in order to inform their respective financial planning processes and to enable payments to be negotiated and agreed in advance of the financial year to which they relate.
 - Where anticipated resources to deliver the strategic plan priorities are assumed to be insufficient, the business case should set out the anticipated impact on performance as far as possible and identify any strategic or operational risks.

- The Business Case will align with the Integration Joint Board's strategic plan and will reflect all known national policy commitments and local service developments, including the impact of service redesign and efficiency initiatives arising from Integration Joint Board Directions and Scottish Government sustainability and value targets.
- Where resources allocated to either of the parties are ring fenced, the same ring fencing shall apply when resources are delegated to the Integration Joint Board (the Integration Joint Board is not permitted to use such ring-fenced resources for any other purpose other than that originally intended).
- The annual payment from each Party will be indicatively shared with the Integration Joint Board by 28 February and formally notified to the Integration Joint Board no later than 31 March each year, subject to Scottish Government confirmation of NHS and Local Authority funding levels.
- Once funding contributions from the Parties are formally agreed, the Integration Joint Board will draft and issue Directions to all Parties to confirm the agreed Integrated Budget for all relevant Delegated Functions as specified in Annex 1 and Annex 2 of the Scheme in the first reporting cycle of the financial year. The Directions will remain in force until they are varied, revoked, or superseded as a consequence of specific Integration Joint Board decisions or in response to changes in strategic priorities and financial planning assumptions. Directions will be developed and issued in line with the Integration Joint Board's Directions Policy.
- With respect to subsequent financial years, as part of medium-term financial planning arrangements, the Parties shall provide indicative future year funding contributions to the Integration Joint Board to inform the Integration Joint Board's Strategic Plan and accompanying medium term financial plan.

9.5.2 The Parties will ensure that the Chief Officer and Chief Finance Officer are actively engaged in both the NHS and Local Authority strategic financial planning processes.

9.5.3 The Parties may increase the payment to the Integration Joint Board in year for supplementary allocations related to Integrated Functions which could not have been reasonably foreseen at the time the Integrated Budget was agreed or due to decisions made by them which have an impact on the Integrated Budget.

Set Aside Budget

9.6.1 The Set Aside budget should reflect the consumption of hospital services. Where the Integration Joint Board's Strategic Plan identifies a change or there is a change in hospital consumption over time, the impact of the anticipated shift in the balance of care, including resource implications for the Set Aside budget, will be agreed via a detailed business case from the Chief Officer and Chief Finance Officer to be approved by the Integration Joint Board and the Health Board.

9.6.2 Any significant change to set aside arrangements may require a review of the Set Aside budget and consumption of hospital services by the Integration Joint Board and the Health Board. Any review of the Set Aside budget will also involve the Clackmannanshire and Stirling Integration Joint Board.

Financial Management Arrangements

Financial Reporting

- 9.7.1 The Parties shall maintain detailed records of all financial transactions in respect of both integrated and set aside services and will provide accurate and timeous financial analysis, reports, budget statements, forecasts, and briefings to the Chief Finance Officer as appropriate.
- 9.7.2 The Chief Finance Officer will reconcile and consolidate the information received from the Parties to prepare the Integration Joint Board's annual financial statements, medium term financial plan, annual business case, Integration Joint Board finance reports provided at a minimum of quarterly, Scottish Government returns and other routine budgetary control statements.
- 9.7.3 The Parties will ensure that appropriate and sustainable finance support is provided to the Chief Finance Officer in respect of financial reporting arrangements in line with section 8.4.2 above.

Reserves

- 9.8.1 The Public Bodies (Joint Working) (Scotland) Act 2014 empowers the Integration Joint Board to hold reserves. Reserves are typically held for 2 key purposes; the first as a contingency to offset the financial impact of unforeseen events and/or emergency situations and the second to fund specific projects or earmarked future commitments as part of the Integration Joint Board's Strategic Plan.
- 9.8.2 The Integration Joint Board shall develop and maintain a transparent and prudent reserves policy. The Integration Joint Board shall ensure that all reserve balances are both adequate and necessary in line with its strategic plan and accompanying the medium-term financial plan.
- 9.8.3 The Parties may take into account the levels of reserves held by the Integration Joint Board as part of the annual budget setting process and in the context of both the Strategic Plan and the Integration Joint Board's reserve policy, subject to Scottish Government direction.

Virement and management of budget variances

Virements

- 9.9.1 The Integration Joint Board will provide a Direction instructing how the Integrated Budget is to be used to deliver the agreed outcomes and priorities contained within its Strategic Plan. The allocation of payments from the Parties to each Delegated Function is therefore a matter for the Integration Joint Board to determine. As such, the Chief Officer may vire resources between the Health and the Social Care arms of the Integrated Budget as appropriate and with an appropriate audit trail.
- 9.9.2 Budget virement between the different arms of the Integrated Budget will require in-year balancing adjustments to the Directions issued to each Party in respect of payments from the Integration Joint Board (i.e. to confirm a reduction in the payment from the Integration Joint Board to one Party and a corresponding increase in the payment to another Party as appropriate).

9.9.3 The Chief Officer will not be able to vire between the Integrated Budget and any other budgets managed by the Chief Officer which are outside of the scope of the Integration Joint Board or within the Set Aside, unless explicitly agreed by the Parties.

9.9.4 The Integration Joint Board's financial regulations provide further details of arrangements for the virement of budgets.

Management of budget variances

9.10.1 The Chief Officer will manage the Integrated Budget so as to deliver the agreed outcomes within the Strategic Plan.

9.10.2 The Chief Officer will manage in year budget variances to deliver a breakeven position against the Integrated Budget.

9.10.3 The Director of Acute Services will be responsible in respect of the management of variations within the Set Aside budget and will manage in year budget variances to deliver a break-even position against the Set Aside budget.

Underspends

9.11.1 In the event of a favorable variance against the Integrated Budget, the underspend will be retained by the Integration Joint Board and carried forward through reserves unless subject to exception detailed in 9.11.2 below. The Chief Finance Officer will consider if the underspend will be carried forward as a general or earmarked reserve dependent on the nature of the underspend and seek approval from the Integration Joint Board where required.

9.11.2 In the majority of circumstances, any underspend will be retained by the Integration Joint Board, subject to some exceptions:

- Where funding is provisionally identified for a new service which is not then approved/implemented; or
- Housing Revenue Account funding.

9.11.3 For the exceptions above, discussions will take place between the relevant parties to agree the outcome.

9.11.4 In the event of a projected in-year under spend in respect of the Set Aside budget, the Health Board may agree to make additional contributions to the Integration Joint Board. This type of funding is likely to be non-recurring. This will require discussion and agreement between the relevant parties.

Overspends

9.12.1 To effectively manage overspends it is essential for the Chief Officer, Chief Finance Officer, and Director of Acute services to work together to effectively manage the whole pathway.

9.12.2 The Chief Officer and the Director of Acute Services will be responsible for the management of in-year pressures within the Integrated Budget and Set Aside Budget respectively and will be expected to take remedial action to mitigate any net variances and remain within the budget envelope.

9.12.3 In the event of an adverse variance against the Integrated Budget and/or Set Aside Budget, the Chief Officer and Director of Acute Services respectively shall take immediate and appropriate corrective action to address the overspend in conjunction with the Chief Finance Officer. This may require a formal recovery plan which may include remedial actions to return to balance. Where remedial actions can't be identified, the plan may include a decision by the Integration Joint Board to increase the payment

to the affected Party, by utilising an underspend on another arm of the budget and/or reviewing existing reserves or adjusting the Strategic Plan. The review of reserves will include both general fund reserves and those earmarked reserves which are not statutory or subject to Scottish Government policy direction. The recovery plan will be developed in collaboration with both Parties and subject to approval by the Integration Joint Board.

Risk sharing

- 9.13.1 In the event that there are insufficient reserves to offset a projected overspend or the Strategic Plan cannot be adjusted, then the Parties have the option to:
- make an additional one-off payment to the Integration Joint Board, taking into account the nature and circumstances of the overspend to be agreed by all parties; or
 - provide additional resources to the Integration Joint Board which are recovered in future years, subject to scrutiny of the reasons for the overspend and discussion between the parties on a realistic medium to long term recovery plan.
- 9.13.2 Financial risk shall be managed through the financial management process noted above (recovery plan) and the use of reserves or additional contributions as previously outlined.
- 9.13.3 Where overspends remain unresolved following the development of the recovery plan, review of reserves and discussion as at 9.13.1, each Party retains ultimate responsibility for resolving the net overspend pressure within the functions that they have delegated.
- 9.13.4 Recurring overspends will be considered as part of the following year's budget process. If a solution to the overspend cannot be agreed by the Parties, or is not agreed by the Integration Joint Board, then the dispute resolution mechanism in this Scheme may require to be implemented.
- 9.13.5 With regard to setting aside services risk share arrangements will not apply. Instead, the Health Board will continue to manage overspend pressures out with these risk share arrangements until such time as baseline activity metrics and on-going activity tracking can be agreed and implemented, to allow the consequences of business decisions to be understood and associated variances to be attributed to relevant parties.

Capital and Asset Management

- 9.14.1 The Integration Joint Board, in conjunction with the Parties, shall identify all asset requirements necessary to deliver its Strategic Plan.
- 9.14.2 The Integration Joint Board will not hold a capital budget and does not have the power to borrow to fund capital expenditure. Rather capital investment, together with property and asset management, remains the responsibility of the Parties.
- 9.14.3 The Integration Joint Board shall be an integral part of the capital planning process of both Parties in order to secure capital investment and the effective use of property and assets to support health and social care integration.
- 9.14.4 Where the Chief Officer identifies as part of the Strategic Plan, new capital investment requirements, a business case should be developed for the Parties to consider. Options may include one or both of the Parties approving the project from its capital budget or where appropriate, other funding mechanisms.
- 9.14.5 In general, the Integrated Budget does not include payments from the Parties to cover the revenue costs of assets (rents, repairs, cleaning etc). Any change to this position

will be agreed as part of the budget negotiations. There may be some exceptions, for example the Joint Loan Equipment Store and Primary Care functions but these areas will be discussed and agreed by all relevant parties.

10. PARTICIPATION AND ENGAGEMENT

- 10.1 A proportionate joint consultation on this Scheme took place during September to December 2024. The following principles were agreed by the Parties and followed in respect of the consultation process:
- The views of all participants were valued;
 - It was transparent;
 - The results of the consultation exercise were published;
 - It was an accessible consultation;
 - The material for consultation was provided in a variety of formats;
 - The draft scheme was published, and comments invited from members of the public; and
 - It was the start of an on-going dialogue about integration.
- 10.2 The stakeholders consulted are identified in Annex 3 to this Integration Scheme.
- 10.3 A range of engagement methods were used to consult on the Scheme:
- A questionnaire made available by email to a range of partners, carers and the wider public;
 - Electronic distribution of the Scheme with information available on the home pages of the Council and the Health Board and the Falkirk Health and Social Care Partnership;
 - Information shared through social media;
 - A joint press release which informed the public
 - Electronic team briefings for staff; and
 - Briefings with members of the Health Board, Elected Members of the Council and with the Integration Joint Board.
- 10.4 The Parties will support the Integration Joint Board to prepare and review an Involvement and Engagement Plan by providing appropriate resources and support. The Involvement and Engagement Plan shall ensure significant engagement with, and participation by, members of the public, representative groups, and other organisations in relation to decisions about the carrying out of integration functions. Feedback will be encouraged with internal and external stakeholders and the range of ways in which communities, groups and individuals can comment or share ideas will be explicit in all involvement and engagement activity.
- 10.5 The Parties and the Integration Joint Board will carry out Equality and Socio-Economic Impact Assessments (EQSEIAs), to ensure that services and policies do not disadvantage communities and staff.
- 10.6 The Parties will make available communication support to allow the Integration Joint Board to engage and participate.

10.7 The Parties will continue to allocate responsibility to the Chief Officer, senior managers, and their teams to support local public and staff involvement and communication.

11. INFORMATION SHARING AND DATA HANDLING

11.1 Section 49(3) of the Act enables the Parties to disclose information to each other for the purposes of carrying out integration functions. In processing personal data, the Parties are bound by Data Protection Legislation.

11.2 In order to provide integrated services it will be necessary to share personal data between the Parties and with external agencies. The Parties, along with Clackmannanshire and Stirling Integration Joint Board, have signed an Information Sharing Protocol to support the lawful flow and joint processing of information for the delivery of integrated services (Joint Processing Protocol). Where personal data is shared with external agencies for the delivery of integrated services, the Parties will ensure that there is appropriate governance documentation (e.g. information sharing agreements and/or contracts) in place to govern information sharing and data handling arrangements.

11.3 In addition, the Parties, and other relevant stakeholders (Falkirk and Clackmannanshire and Stirling Integration Joint Boards) have signed an Information Sharing Protocol which covers guidance and procedures for staff for sharing of information amongst them, other than in relation to integrated services (Controller/Controller Protocol). Each Party to the Controller/Controller Protocol will act as an independent controller for information received or disclosed under that Protocol.

11.4 The Controller/Controller Protocol covers the sharing of information between the Parties and other relevant stakeholders in all instances of routine sharing between them as data controllers in support of the Agreed Purposes (as defined by the Controller/Controller Protocol). The Parties, alongside the other relevant stakeholders, will ensure that there is appropriate governance documentation (e.g. information sharing agreements and/or contracts) in place to govern information sharing and data handling arrangements where appropriate.

11.5 The Parties will each appoint a Data Protection Officer, as defined in the Data Protection Legislation, who will be responsible for monitoring and reviewing the effectiveness of the Protocols to ensure that the Parties comply with Data Protection Legislation.

12. COMPLAINTS

12.1 The Parties will retain separate complaints policies reflecting the distinct statutory requirements.

12.2 The Parties agree that complaints should be viewed with a positive attitude and valued as feedback on service performance leading to a culture of good service delivery. The Parties agree the principle of early frontline resolution to complaints and the Parties will efficiently direct complaints to ensure an appropriate response.

12.3 The Parties agree to work towards an integrated process for complaints handling from the earliest point of contact as far as the differing legislative requirements will allow in respect of integrated services. Where a complaint is predominately a social care complaint but includes a health complaint, this will be dealt with using the Council

complaints handling procedure. Where a complaint is predominately a health complaint but includes a social care complaint this will be dealt with using the Health Board complaints handling procedure.

- 12.4 There will be a single point of contact for complainants in relation to integrated services. This will be agreed between the Parties to co-ordinate complaints specific to the Delegated Functions to ensure that the requirements of existing legal/prescribed elements of health and social care complaints processes are met.
- 12.5 All complaints handling procedures will be clearly explained, well publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services.
- 12.6 The person making the complaint will always be informed which Complaints Handling Procedure is being applied to their complaint.
- 12.7 The Parties will produce a quarterly joint report, outlining the learning from upheld complaints. This will be provided for consideration in accordance with agreed arrangements on professional Clinical and Care Governance.
- 12.8 This arrangement will respect the statutory and corporate complaints handling procedures currently in place for health and social care services. This arrangement will benefit carers and Service Users by making use of existing complaints procedures and will not create an additional complaint handling process.
- 12.9 Data sharing requirements relating to any complaint will follow the Information and Data sharing protocol set out in section 10 of this scheme.

13. CLAIMS HANDLING LIABILITY AND INDEMNITY

- 13.1 The Parties and the Integration Joint Board recognise that they could receive a claim arising from, or which relates to, the work undertaken as directed, and on behalf of, the Integration Joint Board.
- 13.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them in accordance with legal principles of liability.
- 13.3 Scots Law will apply.
- 13.4 The Parties will assume responsibility for progressing and determining any claim which relates to any act or omission on the part of one of their employees.
- 13.5 The Parties will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them.
- 13.6 In respect of any claim where it is not clear which party should assume responsibility or in the event of any claim against the Integration Joint Board, the Chief Executives of the Parties, and the Chief Officer (or their representatives) will liaise and determine which party should assume responsibility for progressing the claim.

14. RISK MANAGEMENT

- 14.1 The Parties and the Integration Joint Board have a shared risk management strategy for the Parties and the Integration Joint Board for the significant risks that impact on integrated service provision ("RM Strategy").

- 14.2 The primary objectives of this strategy will be to:
- promote awareness of risk and define responsibility for managing risk within the Integration Joint Board;
 - establish communication and sharing of risk information through all areas of the Integration Joint Board and operational provision by the Parties;
 - initiate measures to reduce the exposure of the Integration Joint Board and the Parties to risk and potential loss; and
 - establish standards, principles and processes for the efficient management and escalation of risk, including regular monitoring, reporting, and review.
- 14.3 The RM Strategy will include a risk monitoring framework (“RM Framework”). The RM Framework will be aligned with the broader governance arrangements for the Integration Joint Board and the Parties, including the framework for monitoring performance and audit.
- 14.4 The Parties will commit all necessary resources to support risk management by the Integration Joint Board. The Parties will support the Integration Joint Board to:
- establish risk monitoring and reporting as set out in the RM framework; and
 - maintain the risk information and share with the Parties within the timescales specified.
- 14.5 The Parties will support the Integration Joint Board to assess its risk and develop a risk register which will list the risks to be reported under the RM Strategy (“Risk Register”). The Integration Joint Board will be responsible for managing strategic risk. The Parties will retain responsibility for managing Operational Risk.
- 14.6 The Chief Officer will be responsible for maintaining the Risk Register and for keeping the Integration Joint Board and the Parties informed of any significant existing or emerging risks that could seriously impact the Integration Joint Board’s ability to deliver the outcomes of their Strategic Plans or the reputation of the Integration Joint Board or the Parties. The Parties will make information on Operational Risks available to the Chief Officer at a minimum of quarterly to support assessment of strategic risk by the Integration Joint Board. Where a number of Operational Risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, these risks will be escalated by the Parties to the Chief Officer as having ‘strategic risk’ status for the attention of the Integration Joint Board. The Chief Officer will maintain a register of strategic risks for the Integration Joint Board and will share this with the Parties at least biannually to support understanding.
- 14.7 The Parties and the Integration Joint Board will consider these risks at least bi-annually and notify each other where they have changed.
- 14.9 The RM strategy will be reviewed every three years. Any changes to the RM Strategy must be agreed amongst the Parties and the Integration Joint Board in writing.

15. DISPUTE RESOLUTION MECHANISM

- 15.1 Where either Party fails to agree with the other on any issue related to this Scheme, then the process set out in this section will be followed.
- 15.2 The Chief Executives of the Parties will meet to resolve the issue within 10 working days of either Party giving written notice to the other of the issue.

- 15.3 If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the other within 14 days of the meeting.
- 15.4 Each Party must respond to the other in writing within 14 days.
- 15.5 In the event that the issue remains unresolved, representatives of the Parties will proceed to mediation with a view to resolving the issue.
- 15.6 The mediator shall be selected within 10 days by agreement between the Parties, failing which, by the director of the Scottish Mediation Network after consultation with the Parties. The mediation shall commence no later than 42 days after the selection of the mediator.
- 15.7 If there is any issue about the conduct of the mediation upon which the Parties cannot agree, then the mediator selected in accordance with paragraph 14.6 shall, at the request of either Party, decide that issue after consultation with the Parties.
- 15.8 Unless they agree otherwise, the Parties shall share equally the fees, costs and expenses relating to the mediation and each Party shall pay its own expenses of preparation for, and participation and representation in, the mediation.
- 15.9 If the Parties are unable to resolve the issue within 28 days of the mediation commencing, and only if the mediator and the Parties agree, the mediator may produce for the Parties a non-binding recommendation of terms of settlement.
- 15.10 Any settlement agreement reached in the mediation shall not be legally binding until it has been reduced to writing and signed by, or on behalf of, the Parties.
- 15.11 The mediation will terminate when:
- either Party withdraws from the mediation;
 - the Parties resolve the issue; or
 - a written agreement is concluded.
- 15.12 Where the issue remains unresolved, the Parties agree to notify Scottish Ministers within 14 days of the unsuccessful mediation terminating that agreement cannot be reached and to seek a direction pursuant to section 52 of the Act.
- 15.13 The Parties agree to be bound by any direction of the Scottish Ministers in relation to the issue.

PART 1**Functions delegated by the Health Board to the Integration Joint Board**

Set out below is the list of functions that will be delegated by the Health Board to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. The functions in this list are being delegated only in respect of the services described in Annex 1 part 2(a) and Part 2(b)

Functions prescribed for the purposes of section 1(6) and 1(8) of the Act

Column A <i>Enactments to be conferred</i>	Column B <i>Limitations</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17 I(b) (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);

Column A <i>Enactments to be conferred</i>	Column B <i>Limitations</i>
	section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (payment of allowances and remuneration to members of certain bodies connected with the health services); paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001 The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services section 17C Agreements) (Scotland) Regulations 2018; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986	
section 7 (Persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (inquiries under section 33:co-operation); section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notifications); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards);

Column A Enactments to be conferred	Column B Limitations
	<p>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);</p> <p>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.</p>
Education (Additional Support for Learning) (Scotland) Act 2004	
<p>section 23 (other agencies etc. to help in exercise of functions under this Act)</p>	
Public Services Reform (Scotland) Act 2010	
<p>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p>	<p>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).</p>
Patient Rights (Scotland) Act 2011	
<p>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</p>	<p>Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012.</p>
Carers (Scotland) Act 2016	
<p>section 31 (duty to prepare local carer strategy)</p>	<p>Only in so far as it applies to adults</p>

PART 2

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

Interpretation

In this schedule:

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

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

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

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

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

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

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

The functions listed in Annex 1 Part 1 are delegated only in relation to these services:

- Accident and emergency services provided in a hospital
- Inpatient hospital services relating to the following branches of medicine:
 - General medicine;
 - Geriatric medicine;
 - Rehabilitation medicine;
 - Respiratory medicine; and
 - Psychiatry of learning disability.
- Palliative care services provided in a hospital;
- Inpatient hospital services provided by general medical practitioners;
- Services provided in a hospital in relation to an addiction or dependence on any substance;
- Mental health services provided in a hospital, except secure forensic mental health services;
- District nursing services;
- Services provided out with a hospital in relation to addiction or dependence on any substance;
- Services provided by allied health professionals in an outpatient department, clinic, or out with a hospital;
- The public dental service;

- 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;
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- 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;
- Services providing primary medical services to patients during the out-of-hours period;
- Services provided outwith a hospital in relation to geriatric medicine;
- Palliative care services provided outwith a hospital; Community learning disability services;
- Mental health services provided out with a hospital;
- Continence services provided out with a hospital;
- kidney dialysis services provided outwith a hospital; and Services provided by health professionals that aim to promote public health;
- Services provided by health professionals that aim to promote public health.

PART 3

Services provided by the Health Board which are to be integrated

The functions listed in Annex 1 Part 1 that are delegated in relation to the services that are to be integrated and delivered on a pan-Forth Valley basis are noted in the table below. The arrangements for these services are noted in paragraph 6.8 of the Integration Scheme. Whilst these arrangements may be subject to change by agreement of the Health Board and the three Forth Valley Local Authorities, the Parties recommend that they are hosted/delivered on a Lead Partner basis as follows:

<i>Falkirk</i>	<i>Clackmannanshire and Stirling</i>	<i>Health Board</i>
<ul style="list-style-type: none"> • Primary care including out of hours. • Prisoner Healthcare • Forth Valley wide health improvement where these fall out with the arrangements for each HSCP 	<ul style="list-style-type: none"> • Specialist mental health and learning disability (including adult Mental health inpatients) 	<p>Operational management only in relation to:</p> <ul style="list-style-type: none"> • Large hospital services including Accident and Emergency and wards associated with unplanned admissions.

PART 4

The following services from Part 2 of Annex 1 and Part 3 of Annex 1 will also be integrated in respect of people under the age of 18:

- Accident and Emergency services provided in a hospital;
- Public dental services;
- 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;
- General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- 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;
- Primary medical services out-of-hours ;
- Community learning disability services;
- kidney dialysis services provided out with a hospital;
- Services provided by allied health professions.

PART 1

Functions delegated by the Council(s) to the Integration Joint Board

Set out below is the list of functions that are delegated by the Council(s) to the Integration Joint Board as set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014.

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

Column A	Column B Limitation
Enactment conferring function	
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.

Column A	Column B Limitation
Enactment conferring 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	
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 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.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions.

Column A	Column B Limitation
Enactment conferring function	
section 8 (duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
section 10 (functions of local authorities.)	
section 12 (investigations.)	
section 37 (residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
section 39 (matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
section 41 (duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
section 43 (statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
section 44 (resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
section 45 (appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
section 92 (assistance 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 of residential accommodation outwith Scotland.)	

section 14 (payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
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Column A	Column B Limitation
Enactment conferring function	
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.)	
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.)	

Column A	Column B Limitation
Enactment conferring function	
Carers (Scotland) Act 2016	
section 6 (duty to prepare adult carer support plan)	
section 21 (duty to set local eligibility criteria)	
section 24 (duty to provide support)	
section 25 (provision of support to carers: breaks from	
section 31 (duty to prepare local carer strategy)	
section 34 (information and advice service for users)	
section 35 (short breaks services statements)	

PART 2

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

Column A	Column B Limitation
Enactment conferring function	
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	

PART 3

Additional Functions to be delegated by the Council

Column A Enactment conferring function	Column B Limitation
Matrimonial Proceedings (Children) Act 1958	
Section 11 (Reports as to arrangements for future care and upbringing of children.)	
The Social Work (Scotland) Act 1968	
<p>Section 5 (Powers of Secretary of State.)</p> <p>Section 6B (Local authority inquiries into matters affecting children.)</p> <p>Section 27 (Supervision and care of persons put on probation or released from prisons etc.)</p> <p>Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred.)</p> <p>Section 78A (Recovery of contributions)</p> <p>Section 80 (Enforcement of duty to make contributions.)</p> <p>Section 81 (Provisions as to decrees for ailment.)</p> <p>Section 83 (Variation of trusts.)</p> <p>Section 86 (Adjustment between authority providing accommodation etc., and authority of area of residence.)</p>	
The Children Act 1975	
<p>Section 34 (Access and maintenance.)</p> <p>Section 39 (Reports by local authorities and probation officers.)</p> <p>Section 40 (Notice of application to be given to local authority.)</p> <p>Section 50 (Payments towards maintenance of children.)</p>	

Foster Children (Scotland) Act 1984

Section 3 (local authorities to ensure well-being of and to visit foster children.)

Section 5 (Notification by persons maintaining or proposing to maintain foster children.)

Section 6 Notification by persons ceasing to maintain foster children.)

Section 8 (Power to inspect premises.)

Section 9 (Power to impose requirements as to the keeping of foster children.)

Section 10 (Power to prohibit the keeping of foster children.)

The Children (Scotland) Act 1995

Section 17 (Duty of local authority to child looked after by them.)

Section 19 (Local authority plans for services for children)

Section 20 (Publication of information about services for children)

Section 21 (Co-operation between authorities)

Section 22 (Promotion of welfare of children in need)

Section 23 (Children affected by disability)

Section 25 (Provision of accommodation for children etc.)

Section 26 (Manner of provision of accommodation to child looked after by local authority)

Section 26A (Provision of continuing care: looked after children)

Section 27 (Daycare for pre-school and other children)

Section 29 (Aftercare)

Section 30 (Financial assistance towards expenses of education or training and

<p>removal of power to guarantee indentures etc.)</p> <p>Section 31 Review of case of child looked after by local authority)</p> <p>Section 32 (Removal of child from residential establishment)</p> <p>Section 36 (Welfare of certain children in hospitals and nursing homes etc.)</p> <p>Section 38 (Short term refuges for children at risk of harm.)</p> <p>Section 76 (Exclusion orders.)</p>	
Criminal Procedure (Scotland) Act 1995	
<p>Section 51 (Remand and committal of children and young persons.)</p>	
The Adults with Incapacity (Scotland) Act 2000	
<p>Section 40 (Supervisory bodies.)</p>	
Management of Offenders etc (Scotland) Act 2005	
<p>Sections 10 (Arrangements for assessing and managing risks posed by certain offenders)</p> <p>Section 11 (Review of arrangements)</p>	
Adoption and Children (Scotland) Act 2007	
<p>Section 1 (Duty of local authority to provide adoption service.)</p> <p>Section 45 (Adoption support plans.)</p> <p>Section 47 (Family member's right to require review of plan)</p> <p>Section 48 (Other cases where authority under duty to review plan)</p> <p>Section 49 (Re-assessment of needs for adoption support services)</p> <p>Section 51 (Guidance)</p> <p>Section 71 (Adoption allowance schemes.)</p> <p>Section 80 (Permanence Orders.)</p> <p>Section 90 (Precedence of certain other orders)</p>	

<p>Section 99 (Duty of local authority to apply for variation or revocation.)</p> <p>Section 101 (Local authority to give notice of certain matters.)</p>	
<p>The Adult Support and Protection (Scotland) Act 2007</p>	
<p>Section 7 (Visits)</p> <p>Section 8 (Interviews)</p>	
<p>Children's Hearings (Scotland) Act 2011</p>	
<p>Section 35 (Child assessment orders.)</p> <p>Section 37 (Child protection orders.)</p> <p>Section 42 (Parental responsibilities and rights directions.)</p> <p>Section 44 (Obligations of local authority.)</p> <p>Section 48 (Application for variation or termination)</p> <p>Section 49 (Notice of an application for variation or termination.)</p> <p>Section 60 (Local authorities duty to provide information to Principal Reporter.)</p> <p>Section 131 (Duty of implementation authority to require review.)</p> <p>Section 144 (Implementation of a compulsory supervision order; general duties of implementation authority.)</p> <p>Section 145 (Duty where order requires child to reside in a certain place.)</p> <p>Section 166 (Review of requirement imposed on local authority)</p> <p>Section 167 (Appeal to Sheriff Principal: section 166)</p> <p>Section 180 (Sharing of information: panel members.)</p> <p>Section 183- (Mutual Assistance)</p> <p>Section 184 (Enforcement of obligations of health board under section 183)</p>	

Social Care (Self-directed Support) (Scotland) Act 2013	
Section 8 (Choice of options; children and family members.)	
Carers (Scotland) Act 2016	
Section 12 (Duty to prepare a Young Carer Statement)	

PART 4

Adult Services provided by the Council which are to be integrated

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

Social care services for children and young people that are to be integrated.

- Child Care Assessment and Care Management
- Looked After and accommodated Children
- Child Protection
- Adoption and Fostering
- Special Needs/Additional Support
- Early Intervention
- Through-care Services
- Youth Justice Services

Social Care Justice Services that are to be integrated

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

Consultees to the Integration Scheme

Participation arrangements are set out in section 9 of this Integration Scheme. The list of consultees includes: The Health Board;

The Council;

Falkirk Integration Joint Board;

Health professionals;

Users of health care;

Carers of users of health care;

Commercial providers of health care;

Non-commercial providers of health care;

Social care professionals;

Users of social care;

Carers of users of social care;

Commercial providers of social care;

Non-commercial providers of social care;

Staff of the Health Board and the Council;

Union and staff representatives;

Non-commercial providers of social housing;

Third sector bodies carrying out activities related to health or social care;

General Public;

Elected members of the Council.