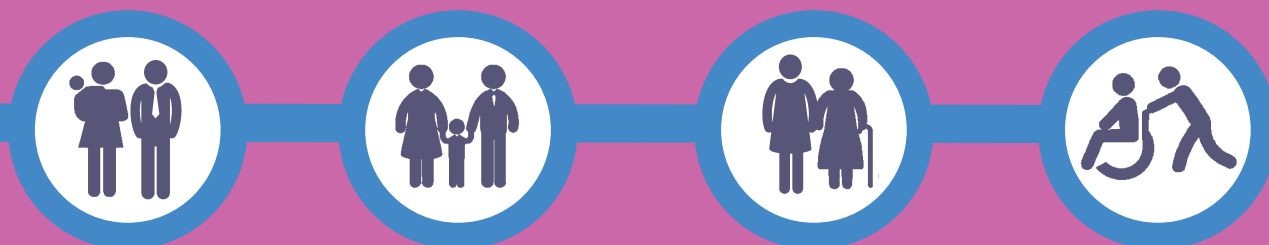




The Scottish  
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# Good Practice Note

Directions from Integration Authorities to Health  
Boards and Local Authorities



## Introduction – the wider context for directions

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a “strategic plan” (also known as a strategic commissioning plan) for integrated functions and budgets under their control.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-productive approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding<sup>1</sup> directions from the Integration Authority to one or both of the Health Board and Local Authority.

1.4 In the case of an Integration Joint Board (IJB), a direction must be given in respect of every function that has been delegated to the IJB<sup>2</sup>. Where the lead agency model is used, the Integration Authority *may* issue directions or may carry out functions itself.

1.5 In either case, a direction must set out how each integrated health and social care function is to be exercised, and the budget associated with that.

## 2 Form and content of directions

2.1 Directions must be in writing<sup>3</sup> and should set out a clear framework for operational delivery of the functions that have been delegated to the Integration Authority.

2.2 Directions must clearly identify which of the integrated health and social care functions<sup>4</sup> they relate to. The Integration Authority can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

2.3 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is payment, or an amount made available) is to be used<sup>5</sup>.

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<sup>1</sup> Section 27(4).

<sup>2</sup> Section 26(1). This requirement may be removed or varied in relation to a particular Integration Joint Board if an application under section 27(7)(a) is made by the Health Board and Local Authority for the area of the Integration Joint Board.

<sup>3</sup> Section 27(5)(b)

<sup>4</sup> The functions that have been delegated by the Local Authority and Health Board, as described in the relevant Integration Scheme.

<sup>5</sup> Section 27(1)(a),(b) and (c)

2.4 The exercise of each function can be described in terms of delivery of services, achievement of outcomes, and/or by reference to the strategic commissioning plan.

2.5 Directions may stipulate which of the health board or local authority is to carry out a particular function, or may require a function to be carried out jointly. The direction may also specify what the health board and/or local authority is to do in relation to carrying out a particular function.

2.6 The financial resource allocated to each function in a direction is a matter for the Integration Authority to determine. The Act makes particular provision in relation to the allocation of budgets for the sum “set aside” in relation to large hospital functions<sup>6</sup>, which gives flexibility for the Integration Authority to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes.

### **3 Process for issuing and revising directions**

3.1 A direction will remain in place until it is varied, revoked<sup>7</sup> or superseded by a later direction in respect of the same function.

3.2 The legislation does not set out fixed timescales for directions. This flexibility allows directions to ensure that delivery of integrated health and social care functions is consistent with the strategic commissioning plan, and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in relation to particular functions (and the associated services).

3.3 Directions issued at the start of the year should be subsequently revised during the year in response to developments.

3.4 For example, should an overspend be forecast on either of the operational budgets – for health or social care services provided by the Health Board and Local Authority – the Chief Officer will need to agree a recovery plan to balance the overspending budget (in line with the provisions in the Integration Scheme and statutory guidance<sup>8</sup> for finance under integration). This may require an increase in the payment to either the Health Board or Local Authority, funded 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 general fund, if available, of the IJB.

3.5 A revision to the directions will be required in either case.

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<sup>6</sup> Section 28, which allows the integration authority to allocate a “specified amount” of the set-aside budget, but requires top-up payments should additional resource be required.

<sup>7</sup> Section 27(5)(a)

<sup>8</sup> <http://www.gov.scot/Resource/0048/00480494.pdf>



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