

**EAST RENFREWSHIRE COUNCIL****27 February 2020****Report by Chief Officer - HSCP****EAST RENFREWSHIRE HSCP INTEGRATION SCHEME****PURPOSE OF REPORT**

1. To present the Council with the draft revised Integration Scheme for East Renfrewshire Health and Social Care Partnership (HSCP) developed in consultation with partner HSCPs in the Greater Glasgow and Clyde Health Board area.
2. Section 44(2) of the Public Bodies (Joint Working) (Scotland) Act 2014 requires that the scheme is reviewed and revised after five years. A draft revised Integration Scheme has now been produced and the changes will be applied on the date the revised scheme receives approval through delegation by the Cabinet Secretary. The draft scheme is given at Appendix 1.

**RECOMMENDATIONS**

3. The Council is asked to:
  - a) approve the current draft Integration Scheme to allow a period of consultation to commence;
  - b) delegate authority to the Chief Officer, in consultation with the Council and NHS Chief Executives, to submit the final revised Integration Scheme following the consultation exercise; and
  - c) note that if during the consultation process any significant issue were to arise the Chief Officer would report back to the Council for a decision.

**BACKGROUND**

4. The Public Bodies (Joint Working) (Scotland) Act 2014 (“the Act”) established the legal framework for integrating health and social care in Scotland. The Act requires territorial NHS health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services. The Act also provides the local discretion to allow for the inclusion of further functions – such as criminal justice and children’s health and social care, should the public bodies involved agree to do so.
5. The Act required the Council and the Health Board to jointly prepare, consult upon and then approve an *integration scheme* for their local integration authority and submit that scheme for final approval to Scottish Ministers. The first finalised scheme was formally submitted on 18<sup>th</sup> May 2015.
6. In June 2015 the Council and the Health Board received formal confirmation that the Scottish Government had approved the Integration Scheme, thereby enabling the

establishment of the new arrangements for East Renfrewshire. The Order made by Scottish Ministers formally established the Integration Joint Board (IJB) with the effect from 27 June 2015. The only amendment to the original Integration Scheme was made in February 2018 to update the list of delegated functions following the introduction of the Carers (Scotland) Act 2016.

## REPORT

7. The Integration Scheme details the role and responsibilities of the IJB which in essence are:

- Being responsible for the strategic planning of its integrated services (as set out in Annexes 1 and 2 of the scheme).
- Being responsible for the operational oversight of the Health & Social Care Partnership (HSCP), which is the joint delivery vehicle for those integrated services delegated to the IJB (except for NHS acute hospital services).

8. The Integration Scheme also details the role and responsibilities of Council and the NHS Health Board in enabling the IJB to discharge its functions.

9. The majority of amendments to the original Integration Scheme are technical drafting changes (e.g. change of tense following the establishment of the HSCP and operational arrangements). The key changes are updates to:

- The tense used in some sections e.g. to reflect where plans are now in place rather than a stated commitment to develop a plan within a timeframe;
- Outdated terminology such as the name of fora;
- Adopt common numbering and naming convention for Integration Scheme layout / clauses across the six partnerships within the NHSGGC Board area;
- The Finance section has been agreed with the East Renfrewshire Council Section 95 Officer;
- Reflect new legislation including the Carers Act and GDPR; and
- Hosted Services, however this does not change East Renfrewshire's local hosting arrangements.

## FINANCE AND EFFICIENCY

10. There are no direct financial implications.

## CONSULTATION

11. The draft scheme has been developed in consultation with partner HSCPs in the Health Board area. A consultation with stakeholder groups will be carried out in March and April 2020 in accordance with the requirements of The Public Bodies (Joint Working) (Scotland) Act 2014. We will use our Strategic Planning Group to direct consultation activity. The scheme will be revised to reflect any changes required following the consultation.

12. A timeline for the consultation and approval of the revised Integration Scheme is set out in the table below:

Requirement	Lead party	Date
Consultation draft of Integration Scheme approved by partner organisations	NHS GGC	11 February 2020
	East Renfrewshire Council	27 February 2020
Consultation Period	Prescribed Stakeholders	March / April 2020
Final Integration Scheme drafted to reflect consultation feedback	Chief Officer	16 April 2020
Integration Scheme approved by partner organisations*	NHS GGC Health Board	28 April 2020
	East Renfrewshire Council	29 April 2020
Submitted to Scottish Ministers	NHS GGC and Renfrewshire Council Chief Executives	May 2020
Approved by Ministers	Scottish Government	June 2020

\*if required, as per the recommendation in this paper

## IMPLICATIONS OF THE PROPOSALS

### Staffing

13. As per the legislation, the Integration Scheme details relevant issues for the workforce and in respect of staff governance.

14. Staff working under the management of the Health & Social Care Partnership will continue to be employed by either the NHS Health Board or the Council as they are at present, retaining their respective terms and conditions.

### Legal

15. The Integration Joint Board for the area of East Renfrewshire Council was legally established on 27 June 2015. There are no additional legal implications as a result of the revision of the scheme.

## CONCLUSIONS

16. The IJB has now been operating for five years with relevant functions delegated to it by both NHS Greater Glasgow and Clyde and East Renfrewshire Council as per the annexes in the scheme. The revised scheme provides a light-touch update and does not result in any changes to the powers and functions of the IJB.

## RECOMMENDATIONS/...

**RECOMMENDATIONS**

17. The Council is asked to:
- (a) approve the current draft Integration Scheme to allow a period of consultation to commence;
  - (b) delegate authority to the Chief Officer, in consultation with the Council and NHS Chief Executives, to submit the final revised Integration Scheme following the consultation exercise; and
  - (c) note that if during the consultation process any significant issue were to arise the Chief Officer would report back to the Council for a decision.

**REPORT AUTHOR AND PERSON TO CONTACT**

HSCP Chief Officer: Julie Murray

Lesley Bairden, Head of Finance and Resources  
[lesley.bairden@eastrenfrewshire.gov.uk](mailto:lesley.bairden@eastrenfrewshire.gov.uk)  
0141 451 0749

February 2020

**BACKGROUND PAPERS**

Scottish Government Letter of Approval of Integration Scheme under section 7(2)(a) of the Public Bodies (Joint Working) (Scotland) Act 2014

East Renfrewshire HSCP Integration Scheme

# East Renfrewshire Health and Social Care Partnership

## Integration Scheme

Between  
EAST RENFREWSHIRE COUNCIL  
And  
GREATER GLASGOW AND CLYDE HEALTH BOARD

November 2019

UPDATED TO REFLECT THE FIVE YEAR REVIEW OF THE  
INTEGRATION SCHEME IN ACCORDANCE WITH Section 44(2)  
of the ACT

The Public Bodies (Joint Working) (Prescribed Health Board  
Functions) (Scotland) Amendment Regulation 2017  
The Public Bodies (Joint Working) (Prescribed Local Authority  
Functions etc.) (Scotland) Amendment (No. 2) Regulations 2017

Document Title:	Integration Scheme		
Owner:	Chief Officer	Status:	Draft (V2.0)
Date of last Publication	March 2018	Date of next Review	2025
Revision History:			
Version:	Date Effective:	Author & Changes	
1.0	Jun 2015	Candy Millard, Head of Strategic Services	
1.1	Mar 2018	Candy Millard, Head of Strategic Services - delegated functions updated following introduction of the Carers (Scotland) Act 2016	
2.0		Lesley Bairden, Head of Finance and Resources – Full Review	

BLANK PAGE

## I. Introduction

- i. In East Renfrewshire we have a long and successful experience of developing and running an integrated health and social care partnership for all community adult, children and families and criminal justice services. East Renfrewshire Community Health and Care Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow and Clyde. The purpose of the CHCP was to:
  - manage local NHS and social care services;
  - improve the health of its population and close the inequalities gap;
  - play a major role in community planning;
  - achieve better specialist care for its population;
  - achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community; and
  - drive NHS and Local Authority planning processes.
- ii. From the outset East Renfrewshire CHCP focused on improving outcomes for East Renfrewshire residents, improving health and wellbeing and reducing inequalities.
- iii. In November 2013, East Renfrewshire Council and NHS Greater Glasgow & Clyde formally agreed to the transition of the Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for the Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board in preparation for the full enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 in April 2015.
- iv. Partners agreed to a body corporate arrangement which will be known as the East Renfrewshire Health and Social Care Partnership. The purpose of East Renfrewshire Health and Social Care Partnership is to work with the people of East Renfrewshire to improve lives.
- v. The boundary of the Partnership will be coterminous with the boundary of East Renfrewshire Council, covering a population of around 95,000 people. The main localities are Barrhead, Neilston and Uplawmoor; Giffnock and Thornliebank; Newton Mearns; and Netherlee, Stamperland, Clarkston, Busby and Eaglesham.
- vi. The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:
  - People are able to look after and improve their own health and wellbeing and live in good health for longer.
  - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
  - People who use health and social care services have positive experiences of those services, and have their dignity respected.
  - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
  - Health and social care services contribute to reducing health inequalities.

- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- People using health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively and efficiently in the provision of health and social care services.

vii. NHS Greater Glasgow and Clyde and East Renfrewshire Council agreed that Children and Families Health and Social Work and Criminal Justice Social Work services and the minimum with regard to housing support should be included within functions and services to be delegated to the partnership therefore the specific National Outcomes for Children and Criminal Justice are also included.

viii. National Outcomes for Children are:-

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk

ix. National Outcomes and Standards for Social Work Services in the Criminal Justice System are:-

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

x. The Partnership operates within the wider context of East Renfrewshire Community Planning Partnership and contributes to the Community Plan and the Single Outcome Agreement (SOA).

xi. This scheme came into effect on 27 June 2015 when the East Renfrewshire Health & Social Care Partnership Integration Joint Board was established by Order of the Scottish Ministers as an entity which has distinct legal personality.

xii. This scheme was reviewed and revised in accordance with section 44(2) of the Act and the changes will be applied on the date the revised scheme receives approval through delegation by the Cabinet Secretary.



## Integration Scheme

### 1. The parties:

**East Renfrewshire Council**, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Council Headquarters, Eastwood Park, Giffnock, East Renfrewshire, G46 6UG.

(Hereinafter referred to as the Council)

And

**Greater Glasgow Health Board**, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Greater Glasgow and Clyde”) and having its principal offices at J B Russell House, Gartnavel Royal Hospital Campus, 1055 Great Western Road, Glasgow, G12 0XH

(Hereinafter referred to as the Health Board)

(together referred to as “the Parties”)

In implementation of their obligations under the Act, the Parties hereby agree as follows:

In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will remain in place for East Renfrewshire Integration Joint Board namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act (an “integration joint board”). This Scheme came into effect on 27 June 2015 when the Integration Joint Board was established by Parliamentary Order. The Scheme was reviewed and revised in accordance with section 44(2) of the Act and these changes will be applied on the date the revised Scheme receives approval through delegation by the Cabinet Secretary..

## Definitions and Interpretation

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

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

“Chair” means the Chair of the Integration Joint Board;

“Chief Officer” means the Chief Officer of the Integration Joint Board.

“Chief Financial Officer” means the officer responsible for the administration of the Integration Joint Board’s financial affairs.

“Chief Social Work Officer” means the individual appointed by the Council under section 10 of the act;

“The Council” means East Renfrewshire Council and “Chief Executive of the Council” means the individual appointed by the Council as its most senior official responsible for discharging the Council’s strategy and statutory responsibilities.

“The Health Board” means Greater Glasgow Health Board, operating as NHS Greater Glasgow and Clyde and “Chief Executive of the Health Board” means the individual appointed by the Health Board as its most senior official responsible for discharging the Health Board’s strategy and statutory responsibilities.

“Host” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the Health Board area;

“Hosted Services” means those services of the Parties more specifically detailed in Annex 3 which, subject to consideration by the Integration Joint Boards through the Strategic Plan process, the Parties agree will be managed and delivered on a pan Greater Glasgow and Clyde basis by a single Integration Joint Board;

“Integration Joint Board” means East Renfrewshire Integration Joint Board as established by Order under section 9 of the Act;

“The Parties” means East Renfrewshire Council and Greater Glasgow Health Board, operating as NHS Greater Glasgow and Clyde;

“The Scheme” means this Integration Scheme;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children and criminal justice social work in accordance with section 29 of the Act.

“Strategic Planning Group” means the group established under section 32 of the Act;

“Set Aside Budget” means the monies made available by the Health Board to the Integration Joint Board in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area and provided for the areas of two or more Local Authorities;

“Outcomes” means the outcomes set out in the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Acute Services” means:

1. Accident and Emergency Services provided in a hospital
2. Inpatient hospital services relating to the following branches of medicine:
  - a. General Medicine
  - b. Geriatric Medicine
  - c. Rehabilitation Medicine
  - d. Respiratory Medicine
3. Palliative care services provided in a hospital

“Chief Operating Officer for Acute Services” means the individual appointed by the Health Board with lead responsibility for the operational delivery of Acute Services.

## 2. Local Governance Arrangements

### Voting Members

- 2.1 The arrangements for appointing the voting membership of the Integration Joint Board are that:-
- Each Party shall appoint four voting representatives.
  - The Integration Joint Board will consider nominations for additional non-voting members in accordance with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland Order 2014 - Article 3(8)).

### Chair

- 2.2 The Chair and Vice Chair of the Integration Joint Board will be selected from amongst the identified eight voting members. The Parties will alternate nominating the Chair and Vice-Chair, with one nominating the Chair and the other nominating the Vice-Chair.
- 2.3 The first Chair of the Integration Joint Board was a member appointed on the nomination of the NHS. Their initial term of office was 1 year and thereafter the term of office is two years.

### Meetings

- 2.4 The Integration Joint Board made, and may subsequently amend, standing orders for the regulation and governance of its procedure and business. All meetings of the Integration Joint Board shall be conducted in accordance with them. Standing orders must include a description of how the Integration Joint Board will conduct its business.

### **3. Delegation of Functions**

- 3.1 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, and only to the extent that they relate to the services described in Part 2 of Annex 1.
- 3.2 The functions that are to be delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.
- 3.3 The services hosted by one Integration Joint Board on behalf of the other five within the Health Board are listed in Annex 3. These services are managed and delivered on a pan Greater Glasgow and Clyde basis through a designated single Health and Social Care Partnership and may be subject to future review.

### **4. Local Operational Delivery Arrangements**

#### **Responsibilities of the Integration Joint Board on behalf of the Parties**

- 4.1 The local operational arrangements agreed by the Parties are:
- 4.2 The Integration Joint Board has responsibility for the planning of services via the Strategic Plan.
- 4.3 The Integration Joint Board will be responsible for monitoring and reporting on performance on the delivery of those services covered by the strategic plan.
- 4.4 The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer will be responsible for the operational management of Integrated Services, except Acute Services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services. The Integration Joint Board will be responsible for operational oversight of integrated services, and through the Chief Officer, will be responsible for management of integrated services, except Acute services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services.
- 4.5 The Integration Joint Board will issue directions to the Parties taking account of the information on performance to ensure performance is maintained and improved. The Integration Joint Board along with the other five Integration Joint Boards in the Health Board area will contribute to the strategic planning of Acute Services and the Health Board will be responsible for the management of Acute Services.
- 4.6 The Health Board will provide information to the Chief Officer and the Integration Joint Board on the operational delivery of Acute Services.
- 4.7 The Health Board and the six Integration Joint Boards shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the six Integration Joint Boards' Strategic Plans.
- 4.8 The Health Board will consult with the six Integration Joint Boards to ensure that the overarching Strategic Plan for Acute Services and any plan setting out the capacity

and resource levels required for the Set Aside budget for such acute services is appropriately coordinated with the delivery of services across the Greater Glasgow and Clyde area.

- 4.9 The Parties shall ensure that a group including the Chief Operating Officer for Acute Services and Chief Officers of the six Integration Joint Boards will meet regularly to discuss such respective responsibilities for Acute Services.
- 4.10 Both the Health Board and the Council will undertake to provide the necessary activity and financial data for service, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the Integration Joint Board
- 4.11 Where an Integration Joint Board is also the host in relation to a Service in Annex 3, the Parties will recommend that:
- a) It is responsible for the operational oversight of such Service(s);
  - b) Through its Chief Officer will be responsible for the operational management on behalf of all the Integration Joint Boards within Greater Glasgow and Clyde area;  
and
  - c) Such Host Partnership will be responsible for the strategic planning and operational budget of the Host Partnership Services in Annex 3.

### **Corporate Support**

- 4.12 The Health Board and the Council are committed to supporting the Integration Joint Board, providing resources for the professional, technical or administrative services required to support the development of the Strategic Plan and delivery of the integration functions.

### **Strategic Plan**

- 4.13 The Integration Joint Board is required to consult with the other Integration Joint Boards within the Health Board area to ensure that the Strategic Plans are appropriately co-ordinated for the delivery of Integrated Services across the NHS Greater Glasgow and Clyde area.
- 4.14 The Health Board shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the six Integration Joint Boards' Strategic Plans.
- 4.15 The Health Board will consult with the six Integration Joint Boards to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such Acute Services is appropriately co-ordinated with the delivery of Services across the Greater Glasgow and Clyde area. The parties shall ensure that a group including the Chief Officer for Acute Services and Chief Officers of the six Integration Joint Boards will meet regularly to discuss such issues.
- 4.16 The Health Board will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of Services by service users within East Renfrewshire for its service and for those provided by other Health Boards.

- 4.17 The Council will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of Services by service users within East Renfrewshire for its Services and for those provided by other councils.
- 4.18 The Parties agree to use all reasonable endeavours to ensure that the Integration Joint Boards in the Health Board area 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 by service users within the area of their Integration Authority.
- 4.19 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Integration Joint Boards to ensure that they do not prevent the Parties and the Integration Joint Board from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.
- 4.20 The Parties shall advise the Integration Joint Board where they intend to change service provision of non-Integrated Services that will have a resultant impact on the Strategic Plan.

### **Performance Targets, Measures and Reporting Arrangements**

- 4.22 The process set out below is the means by which the Health Board and the Council develop the list of all targets, measures and reporting arrangements that relate to any delegated functions and the extent to which responsibility for each target, measure or arrangement will lie with the Integration Joint Board.
- 4.23 Prior to the formal establishment of the Integration Joint Board the Health Board and the Council identified a high level list of targets, measures and reporting arrangements which they were already required to deliver and for which the Integration Joint Board became responsible when it was formally established.
- 4.24 This list was supplemented by the development of a Performance Framework by the Integration Joint Board which consists of a range of indicators and targets relating to those services which have been delegated to the Integration Joint Board. These are consistent with all national targets in order to support:
- i) the achievement of the National Health and Wellbeing Outcomes;
  - ii) the Core Suite of National Integration Indicators
  - iii) Indicators developed by the Ministerial Group for Health and Community Care
  - iv) the overall vision of the partnership area and local priorities as set out within the Strategic Plan; and
  - v) corporate reporting requirements of both parties
- 4.25 The list of performance targets and measures has been developed through the Parties' strategic planning and performance structures and groups approved through joint management structures and the Integration Joint Board, and will be subject to a regular review process.

- 4.26 The Strategic Plan will be reviewed and monitored by the Integration Joint Board in relation to these targets and measures. Where either of the Parties has targets, measures or arrangements for functions which are not delegated to the Integration Joint Board, but which are related to any functions that are delegated to the Integration Joint Board, these targets, measures and arrangements will be taken into account in the development of the Strategic Plan.



## 5. Clinical and Care Governance

- 5.1 Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act, of organisations and individuals delivering care.
- 5.2 As detailed in this Scheme, all strategic, planning and operational responsibility for Services is delegated from the Parties to the Integration Joint Board and its Chief Officer.
- 5.3 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework including the focus on localities and service user and carer feedback.
- 5.4 The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.
- 5.5 The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.
- 5.6 The Parties will ensure that staff working in integrated services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.
- 5.7 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.
- 5.8 The East Renfrewshire HSCP Learning and Development Plan will identify training requirements that will be put in place to support improvements in services and outcomes.
- 5.9 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

- 5.10 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate.
- 5.11 The Chief Officer has delegated responsibilities, through the Parties' Chief Executives, for the Professional standards of staff working in Integrated Services. The Chief Officer, relevant Health Leads and Chief Social Work Officer will work together to ensure appropriate professional standards and leadership. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.
- 5.12 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance Group is to be established by the Parties which, when not chaired by the Chief Officer, will report to the Chief Officer and through the Chief Officer to the Integration Joint Board. It will contain representatives from the Parties and others including:
- the Senior Management Team of the Partnership;
  - the Clinical Director;
  - the Lead Nurse;
  - the Lead from the Allied Health Professions;
  - Chief Social Work Officer;
  - service user and carer representatives; and
  - Third Sector and Independent Sector representatives.
- 5.13 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include Health Board professional committees, managed care networks and Adult and Child Protection Committees.
- 5.14 The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. When clinical and care governance issues relating to Lead Partnership Services are being considered, the Clinical and Care Governance Group will link with governance structures in other partnership areas.
- 5.15 The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Council area. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.
- 5.16 The Integration Joint Board may seek advice on clinical and care governance directly from the Health and Care Governance Group. In addition, the Integration

Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer.

- 5.17 Further assurance is provided through:
- a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Health Leads to relate directly to the Medical Director and Nurse Director who in return report to the Health Board on professional matters; and
  - b) the role of the Clinical Governance Forum of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Clinical Governance Forum will also provide professional guidance, as required.
- 5.18 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.
- 5.19 The Health Board Clinical Governance Forum, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.
- 5.20 As set out in Section 10 the Parties have information sharing protocols in place.

## 6. Chief Officer

### The arrangements in relation to the Chief Officer agreed by the Parties

- 6.1 The Chief Officer will be appointed by the Integration Joint Board and is employed by one of the Parties on behalf of both. The Chief Officer will have an honorary contract with the non-employing party. The Chief Officer will be seconded by the employing party to the Integration Joint Board and will be the accountable officer to the Integration Joint Board.
- 6.2 The Chief Officer will have delegated operational responsibility for delivery of integrated services, except acute hospital services with oversight from the Integrated Joint Board. In this way the Integration Joint Board is able to have responsibility for both strategic planning and operational delivery.
- 6.3 The Chief Officer will provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. As a member of both corporate management teams the Chief Officer will be able to influence policy and strategic direction of both the Council and the Health Board from an integration perspective.
- 6.4 The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The Chief Officer will be operationally responsible through an integrated management team for the delivery of integrated services.
- 6.5 The Chief Officer will be jointly line managed by the Chief Executives of the Health Board and the Council. This will ensure accountability to both Parties and support a system-wide approach by the Health Board across all of its component integration authorities.
- 6.6 In the event that the Chief Officer is absent or otherwise unable to carry out their functions, at the request of the Integration Joint Board, the Chief Executives of the Health Board and the Council will, in consultation with the Chair /Vice Chair of the Integration Joint Board, jointly appoint a suitable interim replacement.
- 6.7 There are no acute hospitals in East Renfrewshire and the Chief Officer has no acute hospital operational responsibilities. (The Integration Joint Board will be responsible for the planning of Acute Services but the Health Board will be responsible for the operational oversight and management of Acute Services.) The Health Board will provide information on a regular basis to the Chief Officer and Integration Joint Board on the operational delivery of these Services.
- 6.8 The Council agrees that the relevant Council lead responsible for the local housing strategy and the non-integrated housing function will be required to routinely liaise with the Chief Officer in respect of the Integration Joint Board's role in informing strategic planning for local housing as a whole and the delivery of housing support services delegated to the Integration Joint Board.
- 6.9 The Chief Officer will routinely liaise with their counterparts of the other integration authorities within the Health Board area in accordance with sub-section 30(3) of the Act.

## 7. Workforce

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

- 7.1 Apart from the Chief Officer posts, all other appointments/staff will report to a single line manager, either the Health Board or the Council, who will be responsible for all aspects of supervision and management of these post holders.
- 7.2 Members of the management team may be employed by either the Health Board or the Council, and senior managers may be given honorary contracts from the party who is not their direct employer. These will allow delegated responsibility for both discipline and grievance with the Health Board and the Council employee groups.
- 7.3 Managers will promote best practice, integrated working and provide guidance and development equitably, regardless of whether they are managing a team of NHS staff, Council staff or a combination of both.
- 7.4 Where groups of staff require professional supervision and leadership, this will be provided by the relevant professional lead.
- 7.5 Staff employed in services whose functions have been delegated to the Integration Joint Board will retain their current employment status with either the Council or the Health Board and continue with the terms and conditions of their current employer. The Partnership will report on HR and wider Workforce Governance matters to the Parties through their appropriate Governance and Management Structures, including in relation to the Equality Act.
- 7.6 The Parties will develop, put in place and keep under review a joint Workforce and Development Plan by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, staff, trade unions and stakeholders to develop the Plan. Learning and development of staff will be addressed in the Plan.
- 7.7 The Parties will develop, put in place and keep under review an Organisational Development Strategy by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, managers and teams delivering integrated services, trade unions and stakeholders to develop the Strategy. The Strategy will address staff engagement and governance.
- 7.8 Staff governance is a system of corporate accountability for the fair and effective management of all staff.
- 7.9 Staff Governance in the Integration Joint Board will ensure that staff are:-
  - Well informed
  - Appropriately training and developed
  - Involved in decisions
  - Treated fairly and consistently with dignity and respect in an environment where diversity is valued
  - Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community

- 7.10 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at an early stage in decisions affecting them, including in relation to service change and development. Investment in and recognition of staff is a core value of the Parties and is key to supporting the development of integrated working. These Partnership arrangements will meet the required national standards and link to the NHS GGC Area Partnership Forum and ERC Joint Consultative Committee.

## 8. Finance

### Introduction

- 8.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Council and Health Board.
- 8.2 The Chief Finance Officer (CFO) will be the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer.

### Budgets

- 8.3 Delegated baseline budgets were the subject of due diligence in the first part year of operation of the Integration Joint Board during 2015/16. This was based on a review of recent past performance, existing and future financial forecasts for the Health Board and Local Authority for the functions which were delegated. Where there are any subsequent additional functions to be delegated to the Integration Joint Board then these services will be also be the subject of due diligence, based on a review of the recent past performance and existing and future financial forecasts for the Health Board and the Council for those functions to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integration Joint Board to fund these additional delegated functions.
- 8.4 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Council and Health Board for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:
- Activity changes
  - Cost inflation
  - Efficiencies
  - Performance against outcomes
  - Legal requirements
  - Transfer to or from the amounts set aside by the Health Board
  - Adjustments to address equity of resource allocation
- 8.5 This will allow the Council and Health Board to determine the final approved budget for the Integrated Joint Board. This should be formally advised in writing by the respective Directors of Finance to the Integration Joint Board by 1 March each year.

- 8.6 The Draft budget should be evidence based with full transparency on its assumptions which should include:
- Pay Awards
  - Contractual uplift
  - Prescribing
  - Resource transfer
  - Ring fenced funds

In the case of demographic shifts and volume, each Party will have a shared responsibility for funding in respect of the service which each Partner has delegated to the IJB. In these circumstances an agreed percentage contribution based on the net budget of each Party, by individual client group, excluding ring fenced funds e.g. Family Health Services, General Medical Services, Alcohol and Drug funding etc. will apply in that financial year.

- 8.7 Any material in-year budget changes proposed by either Party must be agreed by the IJB. Parties may increase the payment in year to the Integration Joint Board for supplementary allocations in relation to the delegated services agreed for the Integration Joint Board, which could not have been reasonably foreseen at the time the Integration Joint Board budget for the year was agreed.
- 8.8 The IJB will approve a budget allocation and provide direction to the Parties by 31st March each year regarding the functions that are being delivered, how they are to be delivered and the resources to be used in delivery
- 8.9 The IJB has strategic planning responsibility along with the Health Board for Set Aside.

The method for determining the amount set aside for hospital services will follow guidance issued by the Integrated Resources Advisory Group and be based initially on the notional direct costs for the relevant populations use of in scope hospital services as provided by the Information Services Division (ISD) Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Financial Officer will keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. A joint strategic commissioning plan will be developed and will be used to determine the flow of funds as activity changes:-

- Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan;
- Projected activity and case mix changes due to changes in population need;
- Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between reduction in capacity and the release of resources

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

## **Budget Management**

- 8.10 The IJB will direct the resources it receives from the Parties in line with the Strategic Plan, and in so doing will seek to ensure that the planned activity can reasonably be met from the available resources viewed as a whole, and achieve a year-end break-even position.

## **Budget Variance**

- 8.11 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend and to instruct an action plan. If this does not resolve the overspend position, then the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan is unsuccessful and an overspend is materialises at the year-end, uncommitted general reserves held by the IJB, in line with the reserves policy, would firstly be used to address any overspend. If after application of reserves an overspend remains the Parties may consider making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Parties and the IJB. If the revised plan cannot be agreed by the Parties or is not approved by the IJB, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.
- 8.12 Where an underspend materialises against the agreed budget, with the exception of ring fenced budgets this will be retained by the IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the IJB's Reserves Strategy.

## **Unplanned Costs**

- 8.13 Neither the Council nor the Health Board may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either the Council or Health Board without the express consent of the Integration Joint Board and the other Party.

## **Accounting Arrangements and Annual Accounts**

- 8.14 Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Council.
- 8.15 Any transaction specific to the Integration Joint Board (e.g. expenses), will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.
- 8.16 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and Health Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.



- 8.17 The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan and such other reports that the IJB might require. The Integration Joint Board Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. In order to agree the in-year transactions and year-end balances between the Council, Health Board and Integration Joint Board, the Chief Finance Officer will engage with the Directors of Finance of the Council and Health Board to agree an appropriate process.
- 8.18 Monthly financial monitoring reports will be issued to the Chief Officer by the Chief Finance and Resources Officer in line with timescales agreed by the Parties. Financial reports will include subjective and objective analysis of budgets and actual/projected outturn, and other such financial monitoring reports as the Integration Joint Board might require.
- 8.19 The IJB will receive a minimum of four financial reports during each financial year. This will include reporting on the Acute activity and estimated cost against Set Aside budgets.

### **Payments between Council and Health Board**

- 8.20 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be:
- Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.

### **Capital Assets and Capital Planning**

- 8.21 Capital and assets and the associated running costs will continue to sit with the Council and Health Board. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Council and Health Board.

### **Hosted Services**

- 8.22 Some of the functions that are delegated by NHS Greater Glasgow and Clyde to all six IJBs are provided as part of a single Glasgow and Clyde wide service, referred to below as “Hosted Services.” IJBs are required to account for the activity and associated costs for all hosted services across their population using a methodology agreed by all partner IJBs.

Within Greater Glasgow and Clyde, each IJB can have operational responsibilities for services, which they host on behalf of other IJB's. This includes the strategic planning for these services on behalf of other IJB's. IJB's planning to make significant changes to hosted services which increase or decrease the level of service available in specific localities or service wide will consult with the other IJBs affected prior to implementing any significant change.

## 9. Participation and Engagement

- 9.1 A full consultation exercise will be carried out for the revised Integration Scheme. The consultation will follow the practice and principles set out in the East Renfrewshire HSCP Participation and Engagement Strategy.

## 10. Information-Sharing and Data Handling

- 10.1 The Parties have revised their existing Information Sharing Protocol (ISP) as a tripartite agreement between the Health Board, Council and Integration Joint Board, updated in compliance with the European Union General Data Protection Regulations and the Data Protection Act 2018. The ISP is also compliant with the Data Sharing Framework set by the Information Commissioner's Office and subsumes data sharing arrangements within Health and Social Care Partnerships.
- 10.2 The Parties further agree that it will be the responsibility of the Integration Joint Board itself, within a further 9 months of signing the revised Information Sharing Protocol, to determine, in consultation with the Data Protection Officers for the parties, whether any more specific protocols, procedures and guidance require to be developed around operational processes of information sharing involving the Integration Joint Board and to set a timescale for implementation of such protocols, procedures or guidance.
- 10.3 The Information Sharing Protocol itself will be thereafter be reviewed jointly by the Parties at least annually or in the circumstances set out in section 8 of the Information Sharing Protocol.

## 11. Complaints

- 11.1 The Parties agree the following arrangements in respect of complaints.
- 11.2 The Parties will work together with the Chief Officer to ensure the arrangements for complaints are clear and integrated from the perspective of the service user.
- 11.3 In the event that complaints are received by the Integration Joint Board or the Chief Officer, the Parties will work together to achieve where possible a joint response, identifying the lead party in the process and confirming this to the individual raising the complaint.
- 11.4 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. Complaints to the Council can be made in person at any council office or premises, by phone, in writing, email or by submitting an online complaint form. Complaints to the Health Board can be made in writing, by telephoning, or by emailing. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the service user. If the service user remains dissatisfied the final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman.

- 11.5 Details of the complaints procedures will be provided online and in complaints literature.
- 11.6 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate.
- 11.7 Complaints management, including the identification of learning from upheld complaints across services, will be subject to periodic review.

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

- 12.1 The Integration Joint Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either the Health Board or the Council as the employers of the staff who are managed within the Partnership; or for the operation of buildings or services under the operational remit of those staff.
- 12.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they each employ; their capital assets and the respective services that each Party has delegated to the Integration Joint Board.
- 12.3 Liabilities arising from decisions taken by the Integration Joint Board will be equally shared between the Parties.

## **13. Risk Management**

- 13.1 The Integration Joint Board has a risk management policy and strategy to support integrated service delivery.
- 13.2 The Parties will support the Chief Officer and the Integration Joint Board with relevant specialist advice, (such as internal audit, clinical and non-clinical risk advisors and health and safety advisors).
- 13.3 The Chief Officer will have overall accountability for risk management ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the Integration Joint Board. The Chief Officer working with the Chief Executives of the Parties will review existing Strategic and Operational risk registers, identify the appropriate risks to move to the shared risk register and agree mitigations. This will be available within the first year of operation of the Integration Joint Board.

## **14. Dispute Resolution Mechanism**

- 14.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the undernoted process:
  - a) The Chief Executives of the Parties, will meet to resolve the issue;
  - b) If unresolved, the Parties will each agree to prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.
  - c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of the Health Board

and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

- 14.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

## Annex 1

### Part 1: Functions delegated by the Health Board to the Integration Joint Board

<i>Column A</i>	<i>Column B</i>
<p><b>The National Health Service (Scotland) Act 1978</b> All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</p>	<p>Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;</p>

Column A	Column B
	<p>The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.</p>
<p><b>Disabled Persons (Services, Consultation and Representation) Act 1986</b> Section 7 (persons discharged from hospital)</p>	
<p><b>Community Care and Health (Scotland) Act 2002</b> All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.</p>	
<p><b>Mental Health (Care and Treatment) (Scotland) Act 2003</b> All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</p>	<p>Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: cooperation) section 38 (duties on hospital managers: examination, notification etc.); section 46 (hospital managers' duties: notification); section 124 (transfer to other hospital); section 228 (request for assessment of needs: duty on local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.</p>
<p><b>Education (Additional Support for Learning) (Scotland) Act 2004</b> Section 23 (other agencies etc. to help in exercise of</p>	

<i>Column A</i>	<i>Column B</i>
functions under this Act)	
<b>Public Services Reform (Scotland) Act 2010</b>	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
<b>Patient Rights (Scotland) Act 2011</b>	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
<b><u>“Carers (Scotland) Act 2016(2)</u></b>	
Section 12	
(duty to prepare young carer statement)”	

## Annex 1

### Part 2: Services delegated by the Health Board to the Integration Joint Board

- 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.
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- 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.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
  - Health Visiting services.
  - School Nursing.
  - Speech and Language Therapy.
  - Specialist Health Improvement.
  - Community Children's Services.
  - Child and Adolescent Mental Health Services
  - District Nursing services.
  - The public dental service.
  - Primary care services provided under a general medical services contract.
  - General dental services.
  - Ophthalmic services.
  - Pharmaceutical services.
  - 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.
  - Rehabilitation and Recovery Services provided in the community.
  - Mental health services provided outwith a hospital.
  - Continence services provided outwith a hospital.
  - Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.



## Annex 2

### Part 1: Functions delegated by the Local Authority to the Integration Joint Board

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
<p><b>National Assistance Act 1948</b> Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</p>	
<p><b>The Disabled Persons (Employment) Act 1958</b> Section 3 (Provision of sheltered employment by local authorities)</p>	
<p><b>The Social Work (Scotland) Act 1968</b> Section 1 (Local authorities for the administration of the Act.) Section 4 (Provisions relating to performance of functions by local authorities.) Section 8 (Research.) Section 10 (Financial and other assistance to voluntary organisations etc. for social work.) Section 12 (General social welfare services of local authorities.) Section 12A (Duty of local authorities to assess needs.) Section 12AZA (Assessments under section 12A - assistance)</p>	<p>So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function. Except in so far as it is exercisable in relation to the provision of housing support services. So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function.</p>
<p>Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.) Section 13ZA (Provision of services to incapable adults.) Section 13A (Residential accommodation with nursing.) Section 13B (Provision of care or aftercare.) Section 14 (Home help and laundry facilities.) Section 28 (Burial or cremation of the dead.)</p>	<p>So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to persons cared for or assisted under another integration function.</p>
<p>Section 29</p>	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(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.
<b>The Local Government and Planning (Scotland) Act 1982</b>	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
Section 2 (Rights of authorised representatives of disabled persons.) Section 3 (Assessment by local authorities of needs of disabled persons.) Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated. 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.
Section 8 (Duty of local authority to take into account abilities of carer.)	
<b>The Adults with Incapacity (Scotland) Act 2000</b>	
Section 10 (Functions of local authorities.) Section 12 (Investigations.) Section 37 (Residents whose affairs may be managed.) Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions. Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.) Section 42 (Authorisation of named manager to withdraw from resident's account.) Section 43 (Statement of resident's affairs.) Section 44 (Resident ceasing to be resident of authorised establishment.) Section 45	Only in relation to residents of establishments which are managed under integration functions Only in relation to residents of establishments which are managed under integration functions Only in relation to residents of establishments which are managed under integration functions Only in relation to residents of establishments which are managed under integration functions Only in relation to residents of establishments

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(Appeal, revocation etc.)	which are managed under integration functions
<b>The Housing (Scotland) Act 2001</b> Section 92 (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Community Care and Health (Scotland) Act 2002</b> Section 4 (Accommodation more expensive than usually provided) Section 5 (Local authority arrangements for residential accommodation outwith Scotland.) Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
<b>The Mental Health (Care and Treatment) (Scotland) Act 2003</b> Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.) Section 25 (Care and support services etc.) Section 26 (Services designed to promote well-being and social development.) Section 27 (Assistance with travel.) 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.)	Except in so far as it is exercisable in relation to the provision of housing support services. Except in so far as it is exercisable in relation to the provision of housing support services. Except in so far as it is exercisable in relation to the provision of housing support services.
<b>The Housing (Scotland) Act 2006</b> Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
<b>The Adult Support and Protection (Scotland) Act 2007</b> 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	

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

(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.)  
Section 16  
(Misuse of direct payment: recovery.)  
Section 19  
(Promotion of options for self-directed support.)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.

**National Assistance Act 1948**

Section 45  
(Recovery in cases of misrepresentation or non-disclosure)

**Matrimonial Proceedings (Children) Act 1958**

Section 11  
(Reports as to arrangements for future care and upbringing of children)

**Social Work (Scotland) Act 1968**

Section 5  
(Powers of Secretary of State).  
Section 6B

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
<p>(Local authority inquiries into matters affecting children)</p> <p>Section 27 (supervision and care of persons put on probation or released from prison etc.)</p> <p>Section 27 ZA (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 aliment)</p> <p>Section 83 (Variation of trusts)</p> <p>Section 86 (Adjustments between authority providing accommodation etc., and authority of area of residence)</p>	
<b>Children Act 1975</b>	
<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>	
<b>Health and Social Services and Social Security Adjudications Act 1983</b>	
<p>Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)</p> <p>Section 22 (Arrears of contributions charged on interest in land in England and Wales)</p> <p>Section 23 (Arrears of contributions secured over interest in land in Scotland)</p>	
<b>Foster Children (Scotland) Act 1984</b>	
<p>Section 3 (Local authorities to ensure well being of and to visit foster children)</p> <p>Section 5</p>	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(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)	
<b>Children (Scotland) Act 1995</b>	
Section 17	
(Duty of local authority to child looked after by them)	
Sections 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 24	
(Assessment of ability of carers to provide care for disabled children)	
Section 24A	
(Duty of local authority to provide information to carer of disabled child)	
Section 25	
(Provision of accommodation for children etc)	
Section 26	
(Manner of provision of accommodation to children looked after by local authority)	
Section 27	
(Day care for pre-school and other children)	
Section 29	
(After-care)	
Section 30	
(Financial assistance towards expenses of education or training)	

---

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

---

Section 31

(Review of case of child looked after by local authority)

Section 32

(Removal of child from residential establishment)

Section 36

(Welfare of certain children in hospitals and nursing homes etc)

Section 38

(Short-term refuges for children at risk of harm)

Section 76

(Exclusion orders)

**Criminal Procedure (Scotland) Act 1995**

Section 51

(Remand and committal of children and young persons)

Section 203

(Reports)

Section 234B

(Drug treatment and testing order).

Section 245A

(Restriction of liberty orders).

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

Section 40

(Supervisory bodies)

**Community Care and Health (Scotland) Act 2002**

Section 6

(Deferred payment of accommodation costs)

**Management of Offenders etc (Scotland) Act 2005**

Section 10

(Arrangements for assessing and managing risks posed by certain offenders)

Section 11

(Review of arrangements)

**Adoption and Children (Scotland) Act 2007**

Section 1

(Duty of local authority to provide adoption service)

Section 4

(Local authority plans)

Section 5

(Guidance)

---

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

---

Section 6  
(Assistance in carrying out functions under sections 1 and 4)

Section 9  
(Assessment of needs for adoption support services)

Section 10  
(Provision of services)

Section 11  
(Urgent provision)

Section 12  
(Power to provide payment to person entitled to adoption support service)

Section 19  
(Notice under section 18: local authority's duties)

Section 26  
(Looked after children: adoption not proceeding)

Section 45  
(Adoption support plan)

Section 47  
(Family member's right to require review of plan)

Section 48  
(Other cases where authority under duty to review plan)

Section 49  
(Reassessment of needs for adoption support services)

Section 51  
(Guidance)

Section 71  
(Adoption allowances schemes)

Section 80  
(Permanence orders)

Section 90  
(Precedence of court orders and supervision requirements over order)

Section 99  
(Duty of local authority to apply for variation or revocation)

Section 101  
(Local authority to give notice of certain matters)

Section 105  
(Notification of proposed application for order)

**Adult Support and Protection (Scotland) Act 2007**

Section 7  
(Visits)

Section 8  
(Interviews)



---

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

---

Section 9  
(Medical examinations)

Section 10  
(Examination of records etc)

Section 16  
(Right to move adult at risk)

**Children's Hearings (Scotland) Act 2011**

Section 35  
(Child assessment orders)

Section 37  
(Child protection orders)

Section 42  
(Parental responsibilities and rights directions)

Section 44  
(Obligations of local authority)

Section 48  
(Application for variation or termination)

Section 49  
(Notice of application for variation or termination)

Section 60  
(Local authority's duty to provide information to Principal Reporter)

Section 131  
(Duty of implementation authority to require review)

Section 144  
(Implementation of compulsory supervision order: general duties of implementation authority)

Section 145  
(Duty where order requires child to reside in certain place)

Section 153  
(Secure accommodation: regulations)

Section 166  
(Review of requirement imposed on local authority)

Section 167  
(Appeals to sheriff principal: section 166)

Section 180  
(Sharing of information: panel members)

Section 183  
(Mutual assistance)

Section 184  
(*Enforcement of obligations on health board under section 183*)

---

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

---

**Social Care (Self- Directed Support)(Scotland)  
Act 2013**

Section 8  
(Choice of options: children and family members)  
Section 10  
(Provision of information: children under 16)

**Carers (Scotland) Act 2016(2)**

Section 6  
  
(duty to prepare adult carer support plan)  
  
Section 21  
(duty to set local eligibility criteria)  
Section 24  
  
(duty to provide support)  
  
Section 25  
  
(provision of support to carers: breaks from caring)  
  
Section 31  
  
(duty to prepare local carer strategy)  
  
Section 34  
  
(information and advice service for carers)  
  
Section 35  
  
(short breaks services statements)

## Annex 2

### Part 2: Services currently provided by the Local Authority 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
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people
- Occupational therapy services
- Re-ablement services, equipment and telecare

In addition East Renfrewshire Council will delegate:

- Criminal Justice Social Work Services, including Youth Justice
- Children and Families Social Work Services:-
  - Adoption and Fostering/Corporate Parenting Team;
  - Assessment and Planning Service;
  - Child Protection;
  - Children with Disabilities
  - Intensive Service for children and families
  - Looked After and Accommodated Children;
  - Throughcare Services
  - Transition Team
  - Young Peoples Intensive Service

## Annex 3

### Hosted Services

The Councils within NHS Greater Glasgow & Clyde area and the Health Board propose that certain integrated health services will be provided by one Integration Joint Board on behalf of the others under a service level agreement. The services proposed to be covered by hosting arrangements are detailed below.

<b>Service Area</b>	<b>Host Authority</b>
Oral Health – public dental service and primary care dental care contractual support	East Dunbartonshire
Specialist Children’s Services (Tier 4 and Community)	East Dunbartonshire
Specialist learning disability services and learning disability system-wide planning & co-ordination	East Renfrewshire
SCTCI (Augmentative Alternative Communication)	East Renfrewshire
Continence services outwith hospital	Glasgow
Sexual Health Services (Sandyford)	Glasgow
Specialist drug and alcohol services and system-wide planning & co-ordination	Glasgow
Specialist mental health services and mental health system-wide planning & co-ordination	Glasgow
Prison Healthcare and custody suites	Glasgow
GP OOHs (Operational)	Health Board (Acute)
GP OOHs (Strategic Planning)	Renfrewshire

# 501

Podiatry services	Renfrewshire
Primary care contractual support (medical and optical)	Renfrewshire
Musculoskeletal Physiotherapy	West Dunbartonshire
Retinal Screening	West Dunbartonshire

BLANK PAGE