

EAST RENFREWSHIRE COUNCIL25 October 2023Report by East Renfrewshire HSCP Chief OfficerHSCP REVISED INTEGRATION SCHEME – DRAFT FOR CONSULTATION**PURPOSE OF REPORT**

1. To update the Council on work to review the Integration Scheme between East Renfrewshire Council and NHS Greater Glasgow and Clyde, and to present a draft revised Integration Scheme for approval to go out for consultation.

RECOMMENDATIONS

2. The Council is asked to:
 - Note the content of this report; and
 - Approve the draft revised Integration Scheme for consultation.

BACKGROUND

3. The Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') requires Local Authorities and Health Boards to jointly prepare an Integration Scheme. East Renfrewshire's Integration Scheme sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored in our local area.
4. East Renfrewshire's first Integration Scheme, establishing the Integration Joint Board (IJB), was approved in June 2015. The IJB has now been operating for eight 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 Scheme was last amended in 2018 to meet requirements for the implementation of the Carers (Scotland) Act 2016 ('the Carers Act'). The current revision of the Scheme provides a light-touch update and does not result in any changes to the powers and functions of the IJB.
5. Integration Schemes are required by statute to be reviewed within a "relevant period" of five years from initial publication. The Schemes for the six HSCPs across the Greater Glasgow and Clyde Health Board area received parliamentary approval at different times and are therefore subject to different review schedules. In order to ensure consistency where possible across the six HSCPs and to reduce duplication of effort, it was decided to carry out simultaneous reviews to enable revised schemes to be agreed at the same time.
6. To take forward the joint review of the Schemes a pan-Partnership working group was established in the second half of 2019 to progress the review. The group is chaired by the Chief Officer of West Dunbartonshire HSCP (to provide a link back to the Chief Officers Group) and includes representatives from all six HSCPs and the Health Board. The group took responsibility for taking forward the review and revision of the Schemes, feeding back to and taking guidance from the Chief Officers Group with a view to developing revised Schemes for approval by the Cabinet Secretary, if approved by Councils and the Health Board.

7. Work to review the Schemes was delayed in 2020 shortly before going out to consultation following the intervention of the Chairman of the Health Board. The Chairman raised a number of queries in relation to the Schemes that required further discussion and editing. The review was subsequently further delayed by the focus on responding to the Covid-19 pandemic.

REPORT

Review Activity

8. The initial review of the Schemes for respective HSCPs sought to identify where edits were required; for example, due to the emphasis in the original Schemes on transitioning from shadow arrangements to fully implemented IJBs, and because they made reference to activity which was to be undertaken within the relevant period for the first Schemes, and which is now complete.
9. The core content and structure of the draft revised Scheme for East Renfrewshire remains consistent with the existing Scheme, and therefore retains its close alignment with the model Integration Scheme approved by the Scottish Government, and the requirements laid out within the [Public Bodies Joint Working Integration Scheme Scotland Regulations 2014](#).
10. Areas of the Scheme where minor revisions were made on review included the sections on Performance (section 4), Workforce (section 7), and Risk Management (section 13). These changes were to reflect activity completed since approval of the first Scheme, to update to reflect current arrangements and to ensure consistency across the six Schemes. The section on Participation and Engagement is also subject to review and will be completed following the consultation process to reflect how this was achieved, again in line with the expectations for the content of that section laid out in the guidance.
11. Section 4 (Local Operational Delivery Arrangements) has been edited to reflect a change in how we present arrangements in relation to the hosting of services in one HSCP area on behalf of one or more other HSCPs. The previous iteration of the Scheme contained an Annex (3) which listed the services subject to hosting arrangements and which HSCP area was responsible for those services. In the new Scheme, this annex has been removed to reflect the fact that the guidance on drafting Integration Schemes does not require this level of detail, which could become inaccurate should hosting arrangements change within the lifetime of the Scheme.
12. The Scheme instead (at sections 4.13 and 8.22) provides detail on how hosting arrangements are to be implemented, with the content jointly developed by representatives of all six HSCPs and adopted across each of the Schemes.
13. The Chief Finance Officer Group took the opportunity to collectively review Section 8 (Finance) and update for consistency of language, with revised text again adopted by all HSCPs within the Health Board area.
14. The group has been in contact with the Scottish Government throughout the review on processes and timescales to obtain Cabinet Secretary approval for revised Schemes. Dialogue with colleagues from the Scottish Government is ongoing and necessary amendments will be collected as part of the consultation process and will be reflected in the final drafts when they are placed before Council again for approval.

15. All six HSCPs have engaged with their Council's Legal Services Teams to review the drafts and reflect the comments of the Scottish Government. East Renfrewshire Council's Legal Services have reviewed the revised draft and will consider any further amendments resulting from the consultation process, if any.

Next Steps

16. If approved by Council, the draft revised Scheme will be subject to consultation with prescribed consultees as laid out in the legislation.
17. It should be noted that the scope for consultation to influence the structure and content of the Scheme is limited due to the requirement to comply with the model Scheme prescribed by the Scottish Government and the nature of the arrangements outlined within an Integration Scheme. As a result, the working group is preparing a light-touch consultation plan to be run from October to January.
18. Following the consultation exercise the feedback received will be used to make the necessary revisions to the draft Scheme and the updated draft will be presented to Council (and the Health Board) for final approval in February/March 2024. If approved the Scheme will be presented to the Integration Joint Board for noting and subsequently submitted to the Cabinet Secretary for Ministerial approval.

FINANCE AND EFFICIENCY

19. There are no financial implications arising from this report.

CONSULTATION

20. As described above, the draft revised Scheme will be put out to a light-touch consultation exercise between October 2023 and January 2024. This will include availability on our website, sharing with key partners, and engagement with our Strategic Planning Group.

PARTNERSHIP WORKING

21. As described, the revised draft has been developed in partnership with officers from the other five Health and Social Care Partnerships in the Greater Glasgow and Clyde Health board area, through a working group. This has allowed for greater consistency and has minimised duplication of effort in the revision of the Schemes.

IMPLICATIONS OF THE PROPOSALS

22. There are no operational implications arising from this report.

CONCLUSION

23. The IJB has now been operating for eight 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

24. The Council is asked to:
- Note the content of this report; and
 - Approve the draft revised Integration Scheme for consultation.

REPORT AUTHOR

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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**

October 2023

CONSULTATION DRAFT

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 96,000 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 which 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 term of office for the Chair and Vice-Chair shall be 2 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 Services set out at Annexes 1 (Part 2) and 2 (Part 2) may by agreement be hosted by the Integration Joint Board on behalf of one or more Integration Joint Board, or one or both of the Parties, or vice versa, where permitted by statute. These arrangements will be subject to review and may change from time to time.

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 Health Board is operationally responsible for the delivery of all health services commissioned by the IJB and the Council is operationally responsible for the delivery of all social work and social care services commissioned by the IJB. This will be achieved through the Chief Officer having delegated operational responsibility from the Health Board and Council for delivery of integrated services.
- 4.5 The Chief Officer will have day to day operational responsibility to monitor delivery of the services set out in Annexes 1 and 2, other than Acute Hospital Services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services. The IJB will have oversight of these operational management arrangements.
- 4.6 The IJB along with the other five IJBs in the Greater Glasgow and Clyde Health Board area will contribute to the strategic planning of Acute Hospital Services.
- 4.7 The Integration Joint Board will issue directions to the Parties taking account of the information on performance to ensure performance is maintained and improved.
- 4.8 The Health Board will provide information to the Chief Officer and the Integration Joint Board on the operational delivery of Acute Services.
- 4.9 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.

- 4.10 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.
- 4.11 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.
- 4.12 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
- 4.13 Where an Integration Joint Board is the Host in relation to a Service set out at Annexes 1 (Part 2) and 2 (Part 2), 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) It is responsible for the strategic planning and operational budget of the Host Partnership Services.

Corporate Support

- 4.14 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

- 4.15 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.
- 4.16 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.
- 4.17 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.
- 4.18 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.

- 4.19 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.
- 4.20 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.
- 4.21 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.
- 4.22 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

- 4.23 The IJB will develop and maintain a Performance Management Framework in agreement with the Parties, which consists of a range of indicators and targets relating to those functions and services which have been delegated to the IJB. These will be consistent with national and local objectives and targets in order to support measurement of:
- i) the achievement of the National Health and Wellbeing Outcomes;
 - ii) the Core Suite of National Integration Indicators;
 - iii) the quality and performance of services delivered by the parties through direction by the IJB;
 - iv) the overall vision of the partnership area and local priorities as set out within the Strategic Plan;
 - v) the corporate reporting requirements of both parties; and
 - vi) any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.
- 4.24 The Parties will provide the IJB with performance and statistical support resources, access to relevant data sources and will share all information required on services to permit analysis and reporting in line with the prescribed content as set out in regulations. The Council, Health Board and IJB will work together to establish a system of corporate accountability where the responsibility for performance targets are shared.
- 4.25 The Parties will provide support to the IJB, including the effective monitoring of targets and measures, in line with these arrangements and in support of the Performance Management Framework.
- 4.26 The Strategic Plan will be reviewed and monitored by the IJB 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, monitoring and review of the Strategic Plan.

- 4.27 The Performance Management Framework and associated reporting arrangements for the IJB will continue to be developed and reviewed regularly by the IJB and the Parties, consistent with all national targets and reflective of all relevant statute and guidance.
- 4.28 The IJB will consider service quality, performance and impact routinely at its meetings and each year through its annual performance report, with associated reports also provided to the Parties.

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 have 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 has been established by the Parties which, when not chaired by the Chief Officer, reports to the Chief Officer and through the Chief Officer to the Integration Joint Board. It contains 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 is 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 Clinical 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. The relationship between

professional leads and the Strategic Planning Groups, localities, the Chief Officer and the governance arrangements of the Parties is outlined at Annex 3.

- 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 Integration 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 The Integration Scheme recognises that the employment status of staff does not change as a result of this Scheme. Employees of the Parties will remain employed by their respective organisations and will therefore be subject to the normal conditions of service as contained within their contract of employment
- 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 The Council, Health Board and IJB will work together to establish a system of corporate accountability for the fair and effective management of all staff, to ensure that they 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
- 7.9 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 Financial 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 Financial 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 the Health Board to determine the final funding contribution to the IJB. This should be formally advised in writing by the respective Directors of Finance and/or Section 95 Officer to the IJB by 1st 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 responsibility for funding in respect of the service which each Party has delegated to the IJB. In these circumstances this will be incorporated into the draft proposals submitted by the Chief Officer, Finance and Resources and considered by each Party for funding as part of their budget deliberations each 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 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 Officer, Finance and Resources 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 needs.
- Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between changes in capacity and the impact on 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 Financial 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 Financial 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 Financial 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 Financial 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 Financial Officer will engage with the Directors of Finance and/or Section 95 Officer 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 Financial 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 Integration Joint Boards may be provided as part of a single Greater Glasgow and Clyde-wide service, referred to as a Hosted Service.
- 8.23 The Integration Joint Board has strategic planning responsibility for any services which it hosts on behalf of other Integration Joint Boards. In delivering a Hosted Service, through delegation of operational responsibility to the Chief Officer, the Integration Joint Board has primary responsibilities for the provision of the services and bears the risk and rewards associated with service delivery in terms of the demand and finance and resource required.
- 8.24 If the Integration Joint Board plans to make significant changes to a Service which it Hosts which increases or decreases the level of service available in specific localities or service wide, it will consult with the other Integration Joint Boards affected prior to implementing any significant change.
- 8.25 Integration Joint Boards are collectively required to account for the activity and associated costs for all hosted services across their population using a methodology agreed by all partner Integration Joint Boards.
- 8.26 Delegated hosted 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 and existing and future financial forecasts for the Health Board the functions which were delegated. Where there are any subsequent additional functions to be delegated to the Integration Joint Board then these services

will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Health Board 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.

9. Participation and Engagement

9.1A 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 Information 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 IJB will have in place a risk management policy and strategy that will demonstrate a considered, practical and systemic approach to identifying risks, forecasting the likelihood and impact of these risks to service delivery and taking action to mitigate them. This particularly includes those related to the IJB's delivery of the Strategic Plan.
- 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>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</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>Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)</p>	
<p>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.</p>	
<p>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.</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>Education (Additional Support for Learning) (Scotland) Act 2004</p>	

<i>Column A</i>	<i>Column B</i>
<p>Section 23 (other agencies etc. to help in exercise of functions under this Act)</p> <p>Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</p> <p>Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</p> <p><u>“Carers (Scotland) Act 2016(2)”</u></p> <p>Section 12 (duty to prepare young carer statement)”</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> <p>Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.</p>

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>National Assistance Act 1948 Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</p>	
<p>The Disabled Persons (Employment) Act 1958 Section 3 (Provision of sheltered employment by local authorities)</p>	
<p>The Social Work (Scotland) Act 1968 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.</p>
<p>Section 29 (Power of local authority to defray expenses of</p>	<p>So far as it is exercisable in relation to persons cared for or assisted under another integration function.</p>

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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 have been delegated.
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.) 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 (Appeal, revocation etc.)	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 which are managed under integration functions
The Housing (Scotland) Act 2001	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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 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.)	
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.)	

Column A
Enactment conferring function

Column B
Limitation

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
(Local authority inquiries into matters affecting children)
Section 27
(supervision and care of persons put on probation or released from prison etc.)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Section 27 ZA

(advice, guidance and assistance to persons arrested or on whom sentence deferred)

Section 78A

(Recovery of contributions).

Section 80

(Enforcement of duty to make contributions.)

Section 81

(Provisions as to decrees for aliment)

Section 83

(Variation of trusts)

Section 86

(Adjustments between authority providing accommodation etc., and authority of area of residence)

Children Act 1975

Section 34

(Access and maintenance)

Section 39

(Reports by local authorities and probation officers.)

Section 40

(Notice of application to be given to local authority)

Section 50

(Payments towards maintenance of children)

Health and Social Services and Social Security Adjudications Act 1983

Section 21

(Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)

Section 22

(Arrears of contributions charged on interest in land in England and Wales)

Section 23

(Arrears of contributions secured over interest in land in Scotland)

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)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 9 (Power to impose requirements as to the keeping of foster children) Section 10 (Power to prohibit the keeping of foster children)	
Children (Scotland) Act 1995	
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)	
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)	

Column A
Enactment conferring function

Column B
Limitation

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)

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)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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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)

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)

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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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*)

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 - Governance Relationships



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