INTEGRATION SCHEME

(BODY CORPORATE)

BETWEEN

WEST DUNBARTONSHIRE COUNCIL

AND

GREATER GLASGOW HEALTH BOARD

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

These regulations can be found at www.legislation.gov.uk

1. Introduction

1.1 This integration scheme describes how the *Public Bodies (Joint Working) (Scotland) Act 2014* is to be implemented for West Dunbartonshire.

1.2 In October 2010, West Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board (legally known as the Greater Glasgow Health Board) established West Dunbartonshire Community Health & Care Partnership as a joint vehicle for the management and delivery of community health and social care services, under the local auspices of a combined Community Health & Care Partnership Committee whose composition reflects a partnership approach between the Council and the Health Board; and the leadership of a single Director and Senior Management Team. These integrated arrangements have been inclusive of all adult, children and criminal justice services; and their effectiveness positively recognised by the Care Inspectorate and Audit Scotland.

1.3 In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board; and the Partnership Director to assume the role of Interim Chief Officer from 1st April 2014, in preparation for the full enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 in April 2015. This decision has enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that have already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so.

1.4 This integration scheme details the ‗body corporate' arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire shall be referred to as the *West Dunbartonshire Health & Social Care Partnership Board*.

1.5 The West Dunbartonshire Health & Social Care Partnership Board's:

- Mission is to improve the health and wellbeing of West Dunbartonshire residents.
- Purpose is to plan for and ensure the delivery of high quality health and social care services to and with the communities of West Dunbartonshire.
- Core values are protection; improvement; efficiency; transparency; fairness; collaboration; respect; and compassion.

1.6 The Health & Social Care Partnership Board will set out within its Strategic Plans how it will use its allocated resources to deliver the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely that:

- 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.

1.7 The Council and Health Board have agreed that children and families health and social care services and criminal justice social work services will be included within the functions and services to be delegated to the Health & Social Care Partnership Board. Consequently the specific National Outcomes for Children and Criminal Justice will also be addressed within its Strategic Plans, i.e.:

- 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.

- We have improved the life chances for children, young people and families at risk.

- Community safety and public protection.

- The reduction of re-offending.

- Social inclusion to support desistance from offending.

1.8 West Dunbartonshire Health & Social Care Partnership Board will be responsible for the strategic planning of the integrated services as set out in Annexes 1 and 2 of this Scheme. The Council and the Health Board will discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as *West Dunbartonshire Health & Social Care Partnership*.

1.9 The Act requires that the Health Board and Council submit this integration scheme for approval by Scottish Ministers. Once this scheme is approved, the West Dunbartonshire Health & Social Care Partnership Board will be established by Order of the Scottish Ministers as an entity which has distinct legal personality.

2. **The Parties**

WEST DUNBARTONSHIRE COUNCIL, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Garshake Road, Dumbarton, G823PU (-the Council‖);

and

GREATER GLASGOW HEALTH BOARD, established under section 2(1) of the National Health Service (Scotland) Act 1978 and having its principal offices at J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow, G12 0XH (-the Health Board‖) (together referred to as -the Parties‖).

3. Definitions and Interpretation

3.1 -The Act‖ means the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2 -The Chief Officer‖ means the Chief Officer of the Integration Joint Board for West Dunbartonshire.

3.3 -The Chief Financial Officer‖ means the Chief Financial Officer of the Integration Joint Board for West Dunbartonshire.

3.4 -The Council‖ means West Dunbartonshire Council.

3.5 -The Health Board‖ means Greater Glasgow Health Board.

3.6 -Hosted Services‖ means those services of the Parties which, subject to consideration by the Integration Joint Boards through the strategic planning process, the Parties agree will be managed and delivered on a pan Greater Glasgow and Clyde basis by a single Integration Joint Board. Annex 3 specifies the proposed hosting service arrangements for the first year of operation.

3.7 -The Integration Joint Board‖ means the Integration Joint Board for West Dunbartonshire to be established by Order under section 9 of the Act.

3.8 -The Integration Scheme Regulations‖ means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

3.9 -Integration Joint Board Order‖ means the Public Bodies (Joint Working) (Scotland) Order 2014.

3.10 -Outcomes‖ means the Health and Wellbeing Outcomes prescribed in Regulations under section 5(1) of the Act and the National Outcomes for Children and Criminal Justice.

3.11 -The Health & Social Care Partnership‖ means the Parties‘ joint service delivery vehicle for functions and services which have been delegated to the Integration Joint Board (except those related to NHS acute hospital services) and through which the Parties will work together in accordance with the Scheme and the Strategic Plan to achieve the Outcomes.

3.12 -Scheme‖ means this Integration Scheme.

3.13 -Strategic Plan‖ means the strategic plan for the integrated services specified within this Scheme as prescribed under section 29 of the Act.

4. Integration Model

4.1 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 be put in place for the 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.

4.2 This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

5. Local Governance Arrangements

5.1 The Parties understand that the Integration Joint Board has the formal status for strategic planning for West Dunbartonshire within both the Council and the Health Board. The Integration Joint Board and the Parties will have to communicate with each other and interact in order to contribute to the overall delivery of the Outcomes for West Dunbartonshire.

5.2 The Parties understand that the Integration Joint Board has a legal personality distinct from the Council and Health Board; and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Integration Joint Board.

5.3 In exercising its functions, the Integration Joint Board must take into account the Parties‘ requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities; and therefore also retain their formal decision-making roles for those functions not delegated.

5.4 The remit and constitution of the Integration Joint Board is established through the legislation, with the Parties having agreed that:

5.4.1 The Council will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Integration Joint Board.

5.4.2 The Health Board will formally identify three representatives to be voting members on the Integration Joint Board, to serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Integration Joint Board.

5.4.3 The term of office of the chair and vice chair will be three years. As required by the Integration Joint Board Order, the parties will alternate nominating the chair and vice-chair.

5.4.4 The first chair of the Integration Joint Board will be nominated by the Council; and the first vice-chair will be nominated by the Health Board.

5.4.5 The Parties acknowledge that the Integration Joint Board will include additional non voting members as specified by the Integration Joint Board Order, the individuals to be formally determined by the Integration Joint Board‘s voting members.

5.4.6 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business.

6. Delegation of Functions

6.1 The functions that are to be delegated by 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.

6.2 The functions that are to be delegated by West Dunbartonshire Council to the Integration Joint Board are set out Part 1 of Annex 2, and only to the extent that they relate to the services described in Part 2 of Annex 2.

6.3 The Parties will recommend to the Greater Glasgow and Clyde Integration Joint Boards that each of the Hosted Services listed in Annex 3 be managed and delivered on a pan Greater Glasgow and Clyde basis through a designated Lead Health & Social Care Partnership during the first year of their operation and subject to review for subsequent years.

7. Local Operational Delivery Arrangements

7.1 The Parties understand that the Integration Joint Board will be responsible for the strategic planning of its integrated services as set out in Annexes 1 and 2 of this Scheme.

7.2 The Parties agree that the Strategic Plan will provide direction for the Integration Joint Board's performance framework, identifying local priorities and associated local outcomes and taking into account national guidance on the core indicators for integration.

7.3 The Integration Joint Board is responsible for the arrangements for stakeholder engagement in the production of the Strategic Plan and the development of locality arrangements to support the development of the Strategic Plan. The consultation process for the Strategic Plan will include other Integration Authorities likely to be affected by the Strategic Plan, and the Parties as consultees. Through this process the Integration Joint Board will assure itself that the Strategic Plan does not have a negative impact on the plans of the other Integration Authorities within the Health Board area.

7.4 The Parties will provide any necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by other Health Boards or within other local authority areas by people who live within West Dunbartonshire; and commit to an in-year review during the first year between the Parties and the Integration Joint Board to ensure that the necessary support and information are being provided.

7.5 Arrangements for NHS acute hospitals and Health Board Acute Division services most commonly associated with the emergency care pathway will require joint planning with the other Integration Authorities within the Health Board area; and with the Health Board which retains operational responsibility for the delivery of these services.

7.6 The Health Board and the Council agree that where they intend to change service provision of non-integrated functions that may have an impact on the Strategic Plan, they will advise the Integration Joint Board.

7.7 The Parties understand that the Integration Joint Board will be responsible for assuring itself that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting, including the annual performance report; and through the strategic planning process.

7.8 In accordance with Section 26 of the Act, the Integration Joint Board will direct the Council and the Health Board to carry out each function delegated to the Integration Joint Board. Payment will be made by the Integration Joint Board to the Parties to enable the delivery of these functions in accordance with the Strategic Plan.

7.9 The Integration Joint Board is responsible for the operational oversight of the Health & Social Care Partnership, which is the joint delivery vehicle for those integrated services delegated to the Integration Joint Board (except for NHS acute hospital services); and through the Chief Officer who will be responsible for the operational management of said Health & Social Care Partnership. These arrangements for integrated service delivery will be conducted within an operational service delivery framework established by the Health Board and Council for their respective functions, ensuring both parties can continue to discharge their governance responsibilities.

7.10 The Parties agree that the management of NHS acute hospital services will be retained within the Health Board. The Parties agree that the Health Board Chief Executive will ensure provision of updates on a regular basis to the Chief Officer and the Integration Joint Board on the operational delivery of NHS acute hospital services delegated to the Integration Joint Board.

7.11 The Parties are committed to supporting the Integration Joint Board, providing the professional, technical or administrative support required for the development of the Strategic Plan, and the oversight and delivery of the integration functions (including information, financial and public health support and analysis). The support arrangements and resources put in place for the predecessor community health and care partnership will be used as a model for the future strategic support; and will be regularly reviewed by the Health Board, the Council and the Integration Joint Board.

7.12 The Parties will identify a core set of indicators that relate to integrated services from publicly accountable and national indicators and targets by 31st March 2016. The Parties will share all performance information, targets and indicators with the Integration Joint Board; provide information on the data gathering and reporting requirements for performance targets and improvement measures; and clarify where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the Health Board or Council this will be taken into account by the Integration Joint Board when preparing the Strategic Plan. The performance targets and improvement measures will be linked to the national and local Outcomes to assess the timeframe and the scope of change. Improvement measures will be a combination of existing and new measures that will allow assessment at local level. The core set of indicators will be reviewed regularly to ensure the improvement measures contained continue to be relevant and reflective of the national and local Outcomes to which they are aligned. The Parties will also prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by the Integration Joint Board when preparing the Strategic Plan. This work will be completed by 31st March 2016, and thereafter subject to on-going review.

8. Clinical and Care Governance

8.1 The Parties understand that clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services.

Clinical and care governance for integrated health and social care services requires co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.

8.2 The Parties are committed to actively promoting 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. The Parties will put in place structures and processes to support clinical and care governance for integrated services that can provide assurance to the Integration Joint Board.

8.3 The quality of integrated 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 procurement from the Third and Independent Sectors.

8.4 The Parties understand that the Act does not change the current or future regulatory framework within which health and social care professionals practice or the established professional accountabilities that are currently in place within the NHS and local government; and that all health and social care professionals remain accountable for their individual clinical and care decisions.

8.5 The Parties will nominate relevant professional leads for consideration and appointment by the Integration Joint Board in compliance with the regulations, as advisors to the Integration Joint Board, the Chief Officer and local strategic planning and locality planning arrangements. The Chief Officer and the Integration Joint Board will also be supported by the equalities and public protection capabilities of both Parties.

8.6 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. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership in order to then provide assurance to the Integration Joint Board.

8.7 The Health Board Chief Executive, as the accountable officer, is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board‘s professional advisers. The Health Board‘s Medical Director is responsible for the systems which support the delivery of clinical governance and medicines governance, including Health Board-wide medicines governance framework; infection control; the patient safety programme; and the Clinical Governance Forum. The Clinical Governance Forum is responsible for demonstrating compliance with statutory requirements in relation to clinical governance; authorising an accurate and honest annual clinical governance statement; and responding to scrutiny and improvement reports by external bodies such as Healthcare Improvement Scotland. Professional leads nominated by the Health Board will relate to and be supported by the Health Board‘s Medical Director and Director of Nursing through formal

network arrangements and the Area Clinical Forum. In their operational management role the Chief Officer will work with and be supported by these professional leads with respect to quality of integrated services within the Partnership in order to then provide assurance to the Integration Joint Board.

8.8 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 lead health professionals and the Council Chief Social Work Officer will work together to ensure appropriate professional standards and leadership. The Parties will ensure that staff working in integrated services have the appropriate skills and knowledge to provide the appropriate standard of care. Partnership managers will manage teams of Health Board employed staff, Council employed staff or a combination of both; and will promote best practice, cohesive working and provide guidance and development to their team. This will include effective staff supervision and implementation of staff support policies. Where groups of staff require professional leadership, this will be provided by the relevant Health Board professional lead or the Council's Chief Social Work Officer as appropriate.

8.9 The Chief Officer will ensure that clear strategic objectives for clinical and care governance are agreed, delivered and reported through an annual clinical and care governance action plan. This will include actions to: ensure the quality of service delivery (including that delivered through services procured from the third and independent sector); address organisational and individual care risks; promote continuous improvement; and ensure that all professional and clinical standards, legislation and guidance are met.

8.10 The Parties will establish a local Clinical and Care Governance Group for integrated services within the Partnership. This, when not chaired by the Chief Officer, will report to the Chief Officer; and through the Chief Officer to the Integration Joint Board. Its membership will include the Partnership's Senior Management Team; Clinical Director; Lead Nurse; Allied Health Professions Lead; and Council's Chief Social Work Officer. Through its representative membership, the Clinical and Care Governance Group will interface with the Health Board Clinical Governance Forum; Health Board professional committees; the Area Clinical Forum; Managed Care Networks; and local Multi-Agency Public Protection Arrangement, Adult Support & Protection and Child Protection Committees as appropriate.

8.11 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group and also the Health Board Clinical Governance Forum; Health Board professional committees; Area Clinical Forum; Managed Care Networks; and local Multi-Agency Public Protection Arrangement, Adult Support & Protection and Child Protection. In addition, the Integration Joint Board may directly take into consideration the professional views of the lead health professionals and the Council's Chief Social Work Officer.

8.12 The Clinical and Care Governance Group will provide advice to strategic planning and locality planning groups within the area of the Integration Joint Board. Strategic planning and locality planning groups may seek advice on clinical and care governance directly from the Clinical and Care Governance Group; and may directly take into consideration the professional views of the lead health professionals and the Council's Chief Social Work Officer.

8.13 Details of the primary support structure for clinical and care governance relating to the Integration Joint Board and the Parties are set out in Annex 4.

8.14 Further assurance will be provide through:

- The responsibility of the Chief Social Work Officer to report directly to the Council.

- The responsibility of the health professional leads to relate to the Medical Director and Director of Nursing, who in return report to the Health Board on professional matters.
- The Health Board Clinical Governance Forum which will also provide professional guidance as required.

8.15 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from 8.14 above.

8.16 The Health Board's Medical Director, Director of Nursing, Clinical Governance Forum and the Council's Chief Social Worker 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.

8.17 The Parties agree that they will work together and with the Integration Joint Board to deliver an organisation in which those individual staff delivering care will:

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that endangers the safety of patients or service users in line with local policies for public interest disclosure and regulatory requirements.
- Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

9. Chief Officer

9.1 The Chief Officer will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Plan.

9.2 The Chief Officer's formal contract of employment will be with one of the Parties, and be then seconded to the Integration Joint Board by that Party. The Chief Officer will hold an honorary contract with the other Party. The Chief Officer will be jointly line managed by the Council's Chief Executive and the Health Board's Chief Executive. Where there is to be prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Council's Chief Executive and Health Board's Chief Executive will jointly propose – at the request of the Integration Joint Board - an appropriate interim arrangement for approval by the Integration Joint Board's Chair and Vice-Chair.

9.3 The totality of the Chief Officer's objectives will be set annually and performance appraised by the Council's Chief Executive, the Health Board's Chief Executive in consultation with Integration Joint Board's Chair and Vice-Chair.

9.4 The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the corporate management teams of the Parties. The Parties agree that Chief Officer will be responsible for the operational management of the integrated services within the Partnership, with the management of NHS acute hospital services retained within the Health Board. The Parties agree that the Health Board Chief Executive will ensure provision of updates on a regular basis to the Chief Officer and the Integration Joint Board on the operational delivery of NHS acute hospital services delegated to the Integration Joint Board.

9.5 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.

9.6 The Parties agree that the Council's Chief Social Work Officer and the Health Board's Medical Director, Director of Nursing, and professional leads will routinely liaise with the Chief Officer with respect to the arrangements and support for clinical and care governance.

10. Workforce

10.1 The Parties understand that staff governance is a system of corporate accountability for the fair and effective management of all staff, i.e. that staff should be:

- Well informed.
- Appropriately trained.
- Involved in decisions which affect them.
- Treated fairly and consistently.
- Provided with an improved and safe working environment.

10.2 The Parties, through the Chief Officer, will develop a joint Workforce Development and Support Plan and Organisational Development strategy in relation to staff delivering integrated services (except for NHS acute hospitals services), taking account of existing workforce development policies and procedures of both Parties, and rationalising these in partnership with other integration authorities within the same the Health Board area. These will be prepared within the first year of operation of the Integration Joint Board and put in place by 31st March 2016. The Parties will include the Integration Joint Board in their review.

10.3 The Parties agree that the Chief Officer will convene a local joint Staff Partnership Forum, with formal linkages to their respective corporate trade union partnership forums. The Chief Officer will ensure that staff governance matters will be reported as appropriate and required to the Parties through their appropriate governance and management structures.

11. Finance

11.1 The Parties will provide the Integration Joint Board with assurance that its delegated resources are appropriately robust to allow it to carry out its delegated services and functions, both prior to the approval of its Strategic Plans and at the start of each financial year. Delegated baseline budgets for 2015/16 will be subject to due diligence and based on a review of recent past performance, existing and future financial forecasts for the Health Board and the Council for the functions which are to be delegated.

11.2 The Integration Joint Board will appoint a Chief Financial Officer, who will be the Accountable Officer for financial management and administration of the Integration Joint Board. The Chief Financial Officer will be line managed by the Chief Officer, and professionally supervised and formally supported by the Council's Section 95 Officer and the Health Board's Director of Finance.

11.3 The Parties confirm the following arrangements in relation to the determination of the amounts to be paid, or Set Aside, and their variation, to the Integration Joint Board by the Parties:

(a) Amounts to be paid by the Parties to the Integration Joint Board in respect of all of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph [b] applies):

(i) Payment in the first year to the Integration Joint Board for delegated functions.

Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

(ii) Payment in subsequent years to the Integration Joint Board for delegated functions.

In subsequent years, the Chief Officer and the Chief Finance Officer should develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. The following principles apply:

- Individual Party responsibility, including pay awards, contractual uplift, prescribing, resource transfer, and ring fenced funds.
- In the case of demographic shifts and volume each Party will have a shared responsibility for funding. In these circumstances an agreed percentage contribution, based on net budget of each Party, by individual client group excluding ring fenced funds (e.g. Family Health Services and General Medical Services) will apply.
- The prescribing budget will be delegated to the Integration Joint Board. It is proposed that prescribing will be managed by the Health Board across the area of the six Greater Glasgow and Clyde Integration Joint Boards, with an agreed Incentive Scheme which requires to be approved by all Parties across the six Integration Joint Boards.
- Efficiency targets will be set by each Party.

Following determination of the payment, the amounts to be made by each Party, the Integration Joint Board will refine the Strategic Plan to take account of the totality of resources available.

(b) Amounts to be made available by the Health Board to the Integration Joint Board in respect of NHS acute hospital services:

(i) Carried out in a hospital in the area of the Health Board or provided to the partnership population by another territorial NHS Health Board through cross boundary flow arrangements.

Set Aside baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

The initial Set Aside base budget for each Integration Joint Board will be based on their historic use of NHS acute hospital services. The actual unit cost which would apply as part of any change to activity or service redesign is dependent on the scale of change planned and requires agreement in advance by all Parties. Any redesign of service requires to be agreed across the six Integration Joint Boards and be reflected in the Strategic Plans.

In subsequent years, the Health Board, Chief Officer and the Chief Finance Officer should develop the funding requirements for the Set Aside budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. Any adjustment to the Set Aside budget requires to be agreed by all Parties with each Parties contribution being adjusted proportionate to the rolling three year usage by each Party.

(ii) Provided for the areas of two or more Councils.

Where the Integration Joint Board agrees that it will host services on behalf of other Integration Joint Boards the principles outlined in (a) above would apply.

11.4 The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board 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 Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in herein, will be followed.

11.5 Where an underspend in an element of the operational budget arises from specific management action, this will be retained by the Integration Joint Board 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 Integration Joint Board's Reserves Strategy. Any windfall underspend will be returned to Parties in the same proportion as individual Parties contribute to joint pressures.

11.6 In year variances in any agreed Lead Partnership hosted services follow the principles noted above. In the event of an overspend the Recovery Plan requires agreement of all Integration Joint Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the Recovery Plan.

11.7 In year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process.

11.8 Either Party may increase their in year payment to the Integration Joint Board. Neither Party may reduce the payment in-year to the Integration Joint Board nor hosted services managed on a lead partnership basis to meet exceptional unplanned costs within the Parties without the express consent of the Integration Joint Board and the other Party and where relevant the other Greater Glasgow and Clyde Integration Joint Boards.

11.9 The Chief Finance Officer is responsible for ensuring that appropriate financial services are available to the Integration Joint Board and the Chief Officer.

11.10 Recording of all financial information in respect of 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.

11.11 Initially, consolidation of information for the Integration Joint Board will take place outwith the core financial ledgers.

11.12 The Chief Officer and Chief Finance Officer of the Integration Joint Board will be responsible for the preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The year-end balances and in-year transactions between the Integration Joint Board and the Parties will be agreed in line with the Health Board accounts timetable. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery.

11.13 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval, with a minimum of four financial reports being submitted to the Integration Joint Board. This will include reporting in relation to activity for Set Aside budgets.

11.14 Monthly financial reports will be provided to the Chief Officer in respect of paid services. Quarterly information will be provided on activity associated with the Set Aside budgets.

11.15 Financial reports will include a subjective and objective analysis of budgets and actual / projected outturn. Detailed financial transactions will continue to be recorded in the financial ledgers of each Party.

11.16 The schedule of cash payments to be made in settlement of the payment due to the Integration Joint Board is as follows. The net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board, Resource Transfer and virement between Parties and Integration Joint Board will be transferred between agencies quarterly in arrears, with a final adjustment on closure of the Annual Accounts. The timetable will be prepared in advance of the start of the financial year.

11.17 In the event that the Integration Joint Board becomes formally established part-way through the 2015-16 financial year, the payment to the Integration Joint Board for delegated functions will be that portion of the budget covering the period from the establishment of the Integration Joint Board to 31st March 2016.

11.18 The Parties agree that Strategic Plans will take account of all resources available to the Partnership, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.

11.19 Capital and assets and the associated running costs will continue to sit with the Parties. The Parties agree that the Chief Officer and the Chief Financial Officer will be formally and appropriately engaged within Health Board and Council corporate processes regarding minor works and minor equipment, making the best use of existing resources and developing capital programmes.

11.20 The Parties agree that where the Integration Joint Board identifies the need for new capital investment within the Strategic Plan, a business case will be developed by the Chief Officer for both Parties to transparently consider through their corporate processes. The Parties agree that process by which a business case has been considered, the decision reached and the basis for that decision will be formally reported back to the Integration Joint Board.

12. Participation and Engagement

12.1 Given the predecessor community health and social care partnership that the Parties had established as a key element of and pro-active participant within local Community Planning Partnership arrangements, this Scheme has benefitted from a considerable amount of ongoing and positive engagement with a range of stakeholders over the period since the legislation was first announced; and benefited from the participation of local stakeholders who have experienced the realities of effective integration in practice.

12.2 Throughout the development of this Scheme, the Parties jointly consulted all of the stakeholder groups prescribed in Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014. The extensive consultation undertaken adopted a multi-modal approach, incorporating electronic material promoted and accessible via the Council and the Health Board intranet and internet websites; circulation of both paper and electronic copies of material to mailing lists; briefings to elected members; discussions at staff team meetings and with trade unions; participation at external forums (including Third and Independent sectors) and invited groups (including users and carers groups); and specially organised meetings. Engagement also consultation with the other Councils within the Greater Glasgow and Clyde Health Board area. Comments from across all these consultation processes was captured, collated and then considered within the final preparation of this Scheme. The response to the consultation from across stakeholder groups was substantively positive and encouraging.

12.3 The Parties jointly undertook an Equalities Impact Assessment as part of the process of finalising this Scheme: no negative impacts were identified, and positive opportunities were adopted.

12.4 The predecessor community health and care partnership arrangements previously established by the Parties for the delivery of health and social care services for adults and children across West Dunbartonshire included integrated participation and engagement arrangements that are supported by and contribute to local Community Planning Partnership arrangements; and routine collaboration with stakeholders as part of the local Community Planning Partnership to develop services that meet the needs of local people and support local Single Outcome Agreement priorities. The Parties are committed to continuing that constructive participation and engagement.

12.5 The Parties undertake to work together to support the Integration Joint Board in the production of its participation and engagement strategy. The Parties agree to provide communication and public engagement support to the Integration Joint Board to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the Greater Glasgow and Clyde Health Board area.

12.6 The Parties will also provide support through existing corporate support arrangements and public consultation arrangements. The participation and engagement strategy will be produced by 31 March 2016. In the meantime, each of the Parties agrees to use its existing systems for participation and engagement, and to ensure that these accord at all times with the principles and practices endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement.

13. Information Sharing and Data Handling

13.1 The Council, the Health Board and the other local authorities within the Health Board area have established and work together through the Joint Information & Health Systems Group to develop, review and maintain an Information Sharing Protocol. The Protocol describes how the parties will exchange information with each other - particularly information relating to identifiable living people, known legally as -personal data‖. The purpose of the Protocol is to explain why the partner organisations want to exchange information with each other; and to put in place a framework which will allow this information to be exchanged in ways which respect the rights of the people the information is about, while recognising the circumstances in which staff must share personal data to protect others without the consent of the individual. The Protocol complies with the laws regulating this, most notably the Data Protection Act 1998. The Parties acknowledge that the Protocol has been reviewed and revised to take into consideration the terms of the Act.

13.2 Within a month of the first meeting of the Integration Joint Board, the Parties will request the Data Sharing Partnership extends an invitation to the Integration Joint Board to become a member and will invite the Integration Joint Board to be a party to the Protocol. Any reasonable amendments to the Protocol proposed by the Integration Joint Board will be considered through the Data Sharing Partnership.

13.3 The Parties shall work together to ensure that the Protocol is reviewed on a two yearly basis and that as part of this process the views of the Integration Joint Board will be canvassed and considered.

13.4 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Information Commissioner‘s Office on behalf of and with the necessary technical and corporate support from both Parties. Staff within the Partnership will continue to be obliged to operate in accordance with the local Data Sharing Protocol and the data confidentiality policies of their employing organisations.

14 Complaints

14.1 With respect to the functions delegated to the Integration Joint Board, both of the Parties will retain separate complaints policies reflecting distinct statutory requirements: the Patient Rights (Scotland) Act 2011 making provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 making provisions for the complaints about social work services. 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. 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.

14.2 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. The final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman. In relation to social work complaints these are, subject to review,

presently considered by a local Social Work Complaints Review Sub-Committee prior to the Ombudsman.

14.3 The means through which a complaints should formally be made regarding integrated services and the appropriate member of staff within the Health & Social Care Partnership to whom a complaint should be made will be detailed on the Parties' websites and made available in paper copies within premises.

14.4 The Parties agree that staff delivering integrated services will apply the relevant Party's complaints policy depending on the nature of the complaint made. Where a complaint made could be dealt with by both Parties' policies, the appropriate member of senior management team will determine whether both need to be applied separately or a single joint response is appropriate. Where a joint response to such a complaint is not possible or appropriate, the material issues should be separated and progressed through the respective Party's procedures.

14.5 Details of the complaints procedures will be provided on-line, in printed literature and on posters. Clear and agreed timescales for responding to complaints will be provided. 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. The person making a complaint will always be informed which Party's policies are being applied.

14.6 The Parties will ensure that complaints performance will be reported on in accordance with national and corporate reporting arrangements. The Parties will produce a joint report on a six monthly basis for consideration by the Integration Joint Board.

15. Claims Handling, Liability and Indemnity

15.1 The Parties understand that 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 delivering integrated services; or for the operation of buildings or services under the operational remit of those staff.

15.2 The Parties will continue to indemnify, insure and accept responsibility for the staff that they each employ; their particular capital assets that integrated services are delivered from or with; and the respective services themselves that each Party has delegated to the Integration Joint Board.

15.3 Liabilities arising from decisions taken by the Integration Joint Board will be equally shared between the Parties.

16. Risk Management

16.1 The Parties along with the other local authorities in the Health Board area have developed a model risk management policy and strategy to support integrated service delivery (except for NHS acute hospital services). This will be available to the Integration Joint Board at its first meeting; and the Integration Joint Board will be consulted in any reviews of the Policy and Strategy.

16.2 The Chief Officer will be responsible for ensuring that suitable and effective arrangements are in place to manage the risks relating to the integrated services within the scope of the Integration Joint Board. The Parties will provide the Chief Officer and the Integration Joint Board with relevant specialist advice and support (including internal audit, clinical and non-clinical risk managers, and health and safety advisers).

16.3 The Chief Officer will work with the Parties to jointly prepare an annual strategic risk register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties. The first strategic risk register will be prepared within the first year of operation of the Integration Joint Board.

16.4 Strategic risk registers will be presented to the Integration Joint Board for approval on an annual basis. The Parties agree that the Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Integration Joint Board is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers.

16.5 The Chief Officer is responsible for drawing to the attention of the Integration Joint Board and the Parties any substantive developments in-year that lead to a substantial change to the strategic risk register in-year. The Chief Officer will formally review the risk register on a six monthly basis.

16.6 The Chief Officer will ensure that the approved strategic risk register is provided to both of the Parties to enable them to take account of its content as part of their overall risk management arrangements. Both Parties agree to share their corporate risk registers with the Integration Joint Board on an annual basis.

17. Dispute Resolution Mechanism

17.1 The Parties aim to continue to adopt a collaborative approach to the integration of health and social care.

17.2 The Parties will use their best endeavours to quickly resolve any areas of disagreement. Where any disputes do arise that require escalation to the Chief Executives of the respective organisations, those officers will attempt to resolve matters in an amicable fashion and in the spirit of mutual cooperation.

17.3 In the unlikely event that the Parties do not reach agreement, then:

- The Chief Executives of the Health Board and the Council will meet to resolve the issue.
- If unresolved, the Health Board and the Council will each prepare a written note of their position on the issue and exchange it with the others.
- The Leader of the Council, Chair of the Health Board and the Chief Executives of the Health Board and the Council will then meet to resolve the issue.
- In the event that the issue remains unresolved, representatives of the Health Board and the Council will proceed to mediation with a view to resolving the issue. The process for appointing the mediator will be agreed between the Chair of the Health Board and Leader of the Council.

17.4 Where the issue remains unresolved after following the processes outlined in section 17.3 above, the Chief Executives of the Health Board and the Council will jointly and formally notify Scottish Ministers in writing of the issues and be bound by their determination.

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

Column A	*Column B*
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 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

Column A	*Column B*
	(Health Boards); and functions conferred by— The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002 All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003 All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (approved medical practitioners); section 34 (inquiries under section 33: 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

Column A	*Column B*
	local authorities and Health Boards); section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); section 264 (detention in conditions of excessive security: state hospitals); section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Crossborder transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004 Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010 All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011 All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.
Carers (Scotland) Act 2016 Section 12 (Duty to prepare young carer statement) Section 31 (Duty to prepared local carer strategy	

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.
- Rehabilitative 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.
- Carers support services.

Annex 2
Part 1: Functions delegated by the Local Authority to the Integration Joint Board

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

Column A *Enactment conferring function*	*Column B* *Limitation*
Schedule 1 – Functions Which Must Be Delegated	
National Assistance Act 1948 Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958 Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.

Column A *Enactment conferring function*	*Column B* *Limitation*
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.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which 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.)	Only in relation to residents of establishments which are managed under integration functions.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident‘s account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident‘s affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
Section 92 (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	
Section 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.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Carers (Scotland) Act 2016 Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
Section 24 (Duty to provide support)	
Section 25 (Provision of support to carers: breaks from caring)	
Section 31 (Duty to prepare local carer strategy)	
Section 34 (Information and advice service for carers)	
Section 35 (Short breaks services statements)	

Schedule 2 – Additional Functions To Be Delegated On A Discretionary Basis

National Assistance Act 1948 Section 45 (Recovery in cases of misrepresentation or non-disclosure)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Matrimonial Proceedings (Children) Act 1958 Section 11 (Reports as to arrangements for future care and upbringing of children)	
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.)	
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)	

Column A *Enactment conferring function*	*Column B* *Limitation*
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)	
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)	

Column A *Enactment conferring function*	*Column B* *Limitation*
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)	
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).	

Column A *Enactment conferring function*	*Column B* *Limitation*
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)	
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)	

Column A *Enactment conferring function*	*Column B* *Limitation*
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)	
Section 44 (Obligations of local authority)	
Section 48 (Application for variation or termination)	

Column A *Enactment conferring function*	*Column B* *Limitation*
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 Section 12 (Duty to prepare young carer statement)	

Part 2: Services delegated by the Council to the Integration Joint Board

- 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.
- The legislative minimum delegation of housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.
- Respite provision for adults and young people.
- Social work services for children and young people:
    - Child Care Assessment and Care Management.
    - Looked After and Accommodated Children.
    - Child Protection.
    - Adoption and Fostering.
    - Child Care.
    - Special Needs/Additional Support.
    - Early intervention.
    - Throughcare Services.
    - Social work criminal justice services, including Youth Justice Services.

Annex 3: Hosted Service Arrangement

The Parties will recommend to the Greater Glasgow and Clyde Integration Joint Boards that the Services listed in below are managed by one Integration Joint Board as Lead Partnership on behalf of the other Integration Joint Boards.

Where an Integration Joint Board is also the Lead Partnership in relation to a hosted service listed below, 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.

c) Such Lead Partnership will be responsible for the strategic planning and operational budget of the hosted services.

Service Area	Host Integration Joint Board
▪ Continence services outwith hospital	Glasgow
▪ Enhanced healthcare to Nursing Homes	Glasgow
▪ Musculoskeletal Physiotherapy	West Dunbartonshire
▪ Oral Health – public dental service and primary dental care contractual support	East Dunbartonshire
▪ Podiatry services	Renfrewshire
▪ Primary care contractual support (medical and optical)	Renfrewshire
▪ Sexual Health Services (Sandyford)	Glasgow
▪ Specialist drug and alcohol services and system-wide planning & co-ordination	Glasgow
▪ Specialist learning disability services and learning disability system-wide planning & co-ordination	East Renfrewshire
▪ Specialist mental health services and mental health system-wide planning & co-ordination	Glasgow
▪ Custody and prison healthcare	Glasgow

Out of hours services require to be delegated. Integrated Joint Boards will be asked to agree that the Renfrewshire Integration Joint Board will act as host for strategic planning of these services with delivery on behalf of all Integrated Joint Boards by the Acute Division of the Health Board.

Annex 4: Clinical & Care Governance – Primary Supports and Relationships

