

**INTEGRATION SCHEME**

**BETWEEN**

**WEST DUNBARTONSHIRE COUNCIL**

**AND**

**NHS GREATER GLASGOW AND  
CLYDE**

**June 2024**

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](http://www.legislation.gov.uk)

## **1 The Parties**

- 1.1 WEST DUNBARTONSHIRE COUNCIL**, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Church Street Dumbarton G82 1QL, (the Council); and
- 1.2 GREATER GLASGOW AND CLYDE 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, 1055 Great Western Road, Glasgow, G12 0XH (referred to as the Health Board) (together referred to as the Parties).

## **2 Definitions and Interpretation**

- 2.1** “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014.
- 2.2** “Acute Services “ means the services of the Health Board delivered within the acute hospitals for which the Health Board has operational management responsibility, namely accident and emergency, general medicine, geriatric medicine, rehabilitation medicine, respiratory medicine and palliative care. These are the services in scope for the delegated acute functions and associated Set Aside Budget.
- 2.3** “Care Inspectorate” means the body established by the Public Services Reform (Scotland) Act 2010 and responsible for regulation of care services.
- 2.4** “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.
- 2.5** “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.
- 2.6** “Chief Officer” means the individual appointed by the Integration Joint Board under section 10 of the Act.
- 2.7** “Chief Financial Officer” means the officer responsible for the administration of the Integration Joint Board’s financial affairs.
- 2.8** “Chief Social Work Officer” means the individual appointed by the Council under Section 3 of the Social Work (Scotland) Act 1968.
- 2.9** “Chief Operating Officer for Acute Services” means the individual appointed by the Health Board with lead responsibility for the operational delivery of Acute Service.

- 2.10** “Directions” means the mechanism to action the strategic plan as laid out under sections 26 to 28 of The Public Bodies (Joint Working) (Scotland) Act 2014.
- 2.11** “Hosted Services” means those services of the Parties which, subject to agreement by the Integration Joint Board, the Parties agree will be managed and delivered by a single Integration Joint Board within the Greater Glasgow and Clyde area.
- 2.12** “Integration Joint Board” means the Integration Joint Board established by Order under section 9 of the Act.
- 2.13** “Integration Joint Board Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.
- 2.14** “Outcomes” means the outcomes set out in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014.
- 2.15** “Scheme” means this Integration Scheme.
- 2.16** “Set Aside Budget” means the financial amounts to be made available for planning purposes by the Health Board to the Integration Joint Board in respect of Acute Services.
- 2.17** “Strategic Plan” means the document which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of integrated health and social care services in accordance with section 29 of the Act.
- 2.18** “Strategic Planning Group” means the group established under section 32 of the Act.
- 2.19** “The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

### **3 Purpose and Principles**

- 3.1** This scheme involves West Dunbartonshire Council and NHS Greater Glasgow and Clyde and sets out the arrangements for the integration of certain health and social care services. An Integration Joint Board (IJB) is established for the purposes of these agreements
- 3.2** The Integration Joint Board will be established by Order for the area of West Dunbartonshire Council, covering a population of around 88,000 people. The main population centres included are Clydebank, Dumbarton and Alexandria.

## **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 came into effect on 1st July 2015 when the IJB 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.

## **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 takes account of 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 two years. As required by the Integration Joint Board Order, the parties will alternate nominating the chair and vice-chair. The first chair of the Integration Joint

Board was nominated by the Council; and the first vice-chair was nominated by the Health Board.

- 5.5 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, to include representatives from communities, the Third and the Independent sectors.
- 5.6 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 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.
- 6.2 The functions that are to be delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2, and only to the extent that they relate to the services described in Part 2 of Annex 2.
- 6.3 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.

## 7 Local Operational Delivery Arrangements

- 7.1 The local operational arrangements agreed by the Parties are:
  - 7.1.1 The Integration Joint Board has responsibility for the planning of services via the Strategic Plan.
  - 7.1.2 The Integration Joint Board will be responsible for monitoring and reporting on performance on the delivery of those services covered by the strategic plan.
  - 7.1.3 The Integration Joint Board will be responsible for operational oversight of integrated services and, through the Chief Officer, will be responsible for management of integrated services, except Acute services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services.
  - 7.1.4 The Chief Officer will have day to day operational responsibility to monitor delivery of integrated services with oversight from the Integration Joint Board. These arrangements will apply other than for Acute Hospital Services for which the Chief Officer will work closely with the Chief Operating Officer for Acute Services and for which the Health Board will have oversight of operational management arrangements. These arrangements will operate within a framework established by the Parties for their respective functions,

ensuring the Parties can continue to discharge their governance responsibilities.

- 7.1.5** The Integration Joint Board will issue directions to the Parties taking account of the information on performance to ensure performance is maintained and improved.
- 7.1.6** The Integration Joint Board along with the other five Integration Joint Boards in the Greater Glasgow and Clyde Health Board area will contribute to the strategic planning of Acute Hospital Services alongside the Health Board and the Health Board will be responsible for the management of Acute Hospital Services. The Health Board will provide information on a regular basis to the Chief Officer and IJB on the operational delivery of, and the set-aside budget for, these Services.
- 7.1.7** The Health Board and the six Integration Joint Boards will ensure that the overarching Strategic Plan for Acute Services incorporates relevant sections of the six Integration Joint Boards' Strategic Plans.
- 7.1.8** The Health Board will consult with the six Integration Joint Boards to ensure that the overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such acute services is appropriately coordinated with the delivery of services across the Greater Glasgow and Clyde area.
- 7.1.9** The Parties shall ensure that a group including the Chief Operating Officer for Acute Services and Chief Officers of the six Integration Joint Boards will meet regularly to discuss such respective responsibilities for Acute Services.
- 7.1.10** Both the Health Board and the Council will undertake to provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the Integration Joint Board.
- 7.1.11** The Integration Joint Board will provide assurance 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 which will be provided to the Parties, and through the strategic planning process.
- 7.1.12** Where the 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 be responsible for the strategic planning and operational budget of the Hosted Service.

**7.1.13** Where a Service set out at **Annexes 1 (Part 2) and 2 (Part 2)** is hosted on its behalf by another Integration Joint Board, the West Dunbartonshire Integration Joint Board shall retain oversight for any services delivered to the people of West Dunbartonshire and shall engage with the host Integration Joint Board and the relevant Chief Officer on any concerns and issues arising in relation to these services.

## **8 Corporate Support Services**

**8.1** There is agreement and a commitment to provide Corporate Support Services to the IJB. The Parties have identified the Corporate Support Services that they provide for the purposes of preparing the Strategic Plan and carrying out integration functions and identified the staff resource involved in providing these services.

**8.2** The arrangements for providing these services will be subject to review aligned to the requirements of each Strategic Planning cycle, to ensure that undertakings within each Strategic Plan can be achieved, as part of the planning processes for the IJB and the Parties.

**8.3** The Parties will provide the IJB with the corporate support services it requires to fully discharge its duties under the Act. The Parties will ensure that the Chief Officer is effectively supported and empowered to act on behalf of the IJB. This will include the Parties providing staff and resources to provide such support. In all circumstances, the direction of these corporate support services will be aligned to the governance and accountability arrangements of the functions being supported, as set out in this Scheme.

## **9 Support for the Strategic Plan**

**9.1** The Health Board will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within the Health Board area for its service and for those provided by other Health Boards. Regional Services are explicitly excluded.

**9.2** The Council will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within West Dunbartonshire for its services and for those provided by other councils.

**9.3** The Parties agree to use all reasonable endeavours to ensure that the other Health Board area IJBs 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.

**9.4** The parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Health Board area IJBs to ensure that they do not prevent the Parties and the IJB 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.

- 9.5** The Parties shall advise the IJB where they intend to change service provision of non-integrated services that will have a resultant impact on the Strategic Plan.

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

- 10.1** 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:
- a) the achievement of the National Health and Wellbeing Outcomes;
  - b) the Core Suite of National Integration Indicators;
  - c) the quality and performance of services delivered by the parties through direction by the IJB;
  - d) the overall vision of the partnership area and local priorities as set out within the Strategic Plan;
  - e) the corporate reporting requirements of both parties; and
  - f) any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.
- 10.2** 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.
- 10.3** 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.
- 10.4** 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.
- 10.5** 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.



**10.6** 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

**10.7** The Parties and the Integration Joint Board are jointly responsible for the establishment of arrangements to:

- a) Create an organisational culture that promotes 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.
- b) Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- c) Ensure that the rights, experience, expertise, interests and concerns of service users, carers and communities are central to the planning, governance and decision-making that informs quality of care.
- d) Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- e) Deliver assurance that effective arrangements are in place to enable relevant health and social care professionals to be accountable for standards of care including services provided by the Third and Independent sector.
- f) Ensure that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
- g) Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the Third and Independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
- h) Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- i) Provide assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for whistleblowing and regulatory requirements.
- j) Establish clear lines of communication and professional accountability from point of care to officers accountable for clinical and care governance. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training, in order to be compliant with all professional regulatory requirements.
- k) Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication are valued, staff supported and innovation promoted.

- l) Provide a clear link between organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education.
- m) Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.
- n) Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- o) Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- p) Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- q) Implement a coordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- r) Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- s) Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- t) Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

## **11 Clinical and Care Governance**

- 11.1** 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.
- 11.2** 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.
- 11.3** 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.
- 11.4** 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.

- 11.5** 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.
- 11.6** 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.
- 11.7** Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.
- 11.8** The West Dunbartonshire HSCP Learning and Development Plan will identify training requirements that will be put in place to support improvements in services and outcomes.
- 11.9** 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.
- 11.10** 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.
- 11.11** 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.
- 11.12** The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and

social care. The Clinical and Care Governance Group will be chaired by or on behalf of the Chief Officer and will report through the Chief Officer to the Integration Joint Board. It will contain representatives from the Parties and others including:

- a) the Senior Management Team of the Partnership;
- b) the Clinical Director;
- c) the Lead Nurse;
- d) the Lead from the Allied Health Professions;
- e) Chief Social Work Officer.

**11.13** 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.

**11.14** The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. When clinical and care governance issues relating to Lead Partnership Services are being considered, the Clinical and Care Governance Group will link with governance structures in other partnership areas.

**11.15** The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.

**11.16** 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 4.

**11.17** 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 Committee of the Health Board which is to oversee health care 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.

- 11.18** The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.
- 11.19** 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.
- 11.20** As set out in Section 16 the Parties have information sharing protocols in place.

## **12 Chief Officer**

- 12.1** The Chief Officer will be accountable directly to the Integration Joint Board for the preparation, implementation and reporting on the Strategic Plan.
- 12.2** The Chief Officer's formal contract of employment will be with one of the Parties, and then be seconded to the Integration Joint Board by that Party. The Chief Officer will hold an honorary contract with the other Party.
- 12.3** 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 a 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.
- 12.4** 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.
- 12.5** The Chief Officer role will be as follows, in accordance with (but not limited to) the Act and associated Regulations:
- a) to be accountable for the effective delivery and development of services provided in the exercise of functions delegated to the IJB and improved outcomes for the population of West Dunbartonshire;
  - b) to develop, deliver and annually review a Strategic Plan and associated policies for delegated functions on behalf of the IJB and for the effective operational implementation of these strategies on behalf of the Council and Health Board, in line with the Strategic Plan;
  - c) to be responsible for a supporting Financial Plan that allocates budgets to meet the objectives as agreed by the IJB, ensuring that financial targets are achieved within the resources available;
  - d) to develop and set standards for the joint delivery of services, ensuring a robust performance management framework is in place to measure service delivery and ensure continuous improvement;

- e) to ensure that all statutory clinical and non-clinical governance and professional standards are adhered to and that associated systems are in place;
- f) to be responsible for preparing an Annual Performance Report and to report strategic and operational performance to the IJB and on behalf of the constituent bodies, as required;
- g) to be responsible for ensuring the IJB is highly effective at engaging with its stakeholders and the wider community;
- h) to be responsible for ensuring an integrated management team is established and effective across the full scope of delegated functions and services; and
- i) to be responsible, as a member of both the Council's Corporate Management Team and Health Board's Corporate Management Team, for contributing to the overall strategic objectives and priorities as set out in the Local Outcome Improvement Plan (LOIP), the Council's Strategic Planning and Performance Framework and the Health Board's Local Delivery Plan.

**12.6** 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.

**12.7** 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.

### **13 Workforce**

**13.1** 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 contracts of employment.

**13.2** Apart from the Chief Officer post, all other appointments/staff will report to a single line manager who will be responsible for all aspects of supervision and management of these post holders.

**13.3** 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.

**13.4** Managers will promote best practice, integrated working and provide guidance and development equitably, regardless of whether they are managing a team of Health Board staff, Council staff or a combination of both.

**13.5** Where groups of staff require professional supervision and leadership, this will be provided by the relevant professional lead.

- 13.6** Staff employed in services whose functions have been delegated to the Integration Joint Board will retain their current employment status with either the Council or the Health Board and continue with the terms and conditions of their current employer. The Partnership will report on HR and wider Workforce Governance matters to the Parties through their appropriate Governance and Management Structures, including in relation to the Equality Act.
- 13.7** 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.
- 13.8** 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.
- 13.9** Staff governance is a system of corporate accountability for the fair and effective management of all staff.
- 13.10** Staff Governance in the Integration Joint Board will ensure that staff are:
- a) Well informed
  - b) Appropriately training and developed
  - c) Involved in decisions
  - d) Treated fairly and consistently with dignity and respect in an environment where diversity is valued
  - e) Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community.
- 13.11** 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 West Dunbartonshire Council Joint Consultative Forum.

## **14 Finance**

- 14.1** 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.

- 14.2** The Chief Financial Officer 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**

- 14.3** Delegated baseline budgets were the subject of due diligence in the first part year of operation of the Integration Joint Board. These were based on a review of recent past performance and existing and future financial forecasts for the Health Board and the Council 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 also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the 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.

- 14.4** The Chief Financial Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and forecast pressures, and present it to the Parties for consideration as part of their respective annual budget setting process.

The draft proposal, including impact assessment, will incorporate assumptions on the following:

- a) Activity changes
  - b) Cost inflation
  - c) Efficiencies and savings
  - d) Performance against outcomes
  - e) Legal requirements
  - f) Transfer to or from the amounts set aside by the Health Board
- 14.5** This will allow the Parties to determine the final funding contribution for the Integration Joint Board. This should be formally advised in writing by the respective Directors of Finance for the Parties to the Integration Joint Board by 1 March each year.
- 14.6** The draft budget should be evidence based with full transparency on its assumptions which should include:
- a) Pay Awards
  - b) Contractual uplift
  - c) Prescribing
  - d) Resource transfer



- e) Ring fenced funds
- f) Reserve Balances

- 14.7** In the case of demographic shifts and volume, each Party will have a shared responsibility for funding in respect of the service which each Partner has delegated to the Integration Joint Board. In these circumstances an agreed percentage contribution based on the net budget of each Party, by individual client group, excluding ring fenced funds (for example: Family Health Services, General Medical Services, Alcohol and Drug funding) may apply in that financial year
- 14.8** Any material in-year budget changes proposed by either Party must be agreed by the Integration Joint Board. 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.
- 14.9** The Integration Joint Board will approve a budget and provide direction to the Parties by 31 March each year regarding the functions that are being delivered, how they are to be delivered and the resources to be used in delivery.
- 14.10** 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 the initial guidance issued by the Integrated Resources Advisory Group and be based on the notional direct costs for the relevant populations use of in scope hospital services as provided by the Public Health Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Financial Officer will keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. A joint strategic commissioning plan will be developed and will be used to determine the flow of funds as activity changes:
- a) Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan;
  - b) Projected activity and case mix changes due to changes in population need;
  - c) Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between capacity and resource.
- 14.11** The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the Integration Joint Board and the Health Board. Changes will not be made in year in relation to set aside and any changes will be made by annual adjustments to the Notional Budget of the Integration Joint Board.

## **Budget Management**

- 14.12** The Integration Joint Board 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**

- 14.13** 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 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.
- 14.14** In the event that the recovery plan is unsuccessful and an overspend is realised at the year-end, uncommitted general reserves held by the Integration Joint Board, in line with the Reserves Strategy, 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, by the Parties, taking into account the nature and circumstances of the overspend. Having regard to the circumstances it may be appropriate to consider the repayment of any additional funds in future years on the basis of a clearly defined repayment and revised recovery plan agreed by the Parties and the Integration Joint Board at the point the additional funds are accepted. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.
- 14.15** Where an underspend is realised against the agreed budget, with the exception of ring fenced budgets 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.

## **Unplanned Costs**

- 14.16** Neither of the Parties may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either Party without the express consent of the Integration Joint Board and the other Party.

## **Accounting Arrangements and Annual Accounts**

- 14.17** Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Council.

- 14.18** 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.
- 14.19** The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Parties with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.
- 14.20** 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 Integration Joint Board 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 Parties and Integration Joint Board, the Chief Financial Officer will engage with the Directors of Finance of the Parties to agree an appropriate process.
- 14.21** 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 including in year movement on reserves, and other such financial monitoring reports as the Integration Joint Board might require.
- 14.22** The Integration Joint Board 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**

- 14.23** The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be:
- a. 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 agreement.

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

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

assets for consideration by the Parties. Funding model agreed and approved by all Parties.

### **Hosted Services**

- 14.25** 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.
- 14.26** The Integration Joint Board has operational responsibilities for any services which it Hosts on behalf of other Integration Joint Boards. In delivering a Hosted Service 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.
- 14.27** 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 NHS Greater Glasgow and Clyde and the other Integration Joint Boards affected prior to implementing any significant changes.
- 14.28** 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.
- 14.29** Delegated hosted budgets were the subject of due diligence in the first part year of operation of the Integration Joint Board. 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.

## **15 Participation and Engagement**

- 15.1** A full consultation exercise will be carried out for the revised Integration Scheme. The consultation will follow the practice and principles set out in West Dunbartonshire's Engagement Strategy.

## **16 Information Sharing and Data Handling**

- 16.1** The Parties have revised their existing Information Sharing Protocol (ISP) as a tri-partite 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.

- 16.2** The Parties further agree that it will be the responsibility of the Integration Joint Board itself, within a further nine 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.
- 16.3** 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 eight of the Information Sharing Protocol.

## **17 Complaints**

- 17.1** With respect to the functions delegated to the Integration Joint Board, both of the Parties will use an integrated complaints procedure. The Parties will work together continuously 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.
- 17.2** The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the Parties will provide a formal process for resolving complaints at Stage Two. The final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman.
- 17.3** The means through which a complaint should formally be made regarding integrated services and the appropriate member of staff within the Health and 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.
- 17.4** 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 service user will require to complete a mandate to allow their representative to receive information pertaining to them.
- 17.5** 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.

## **18 Claims Handling, Liability and Indemnity**

- 18.1** 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.
- 18.2** 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.
- 18.3** Liabilities arising from decisions taken by the Integration Joint Board will be equally shared between the Parties.

## **19 Risk Management**

- 19.1** 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). The Integration Joint Board will be consulted in any reviews of the Policy and Strategy.
- 19.2** 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.
- 19.3** 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).
- 19.4** 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.
- 19.5** Strategic risk registers will be presented to the Integration Joint Board for approval every six months. 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.

**19.6** 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.

**19.7** 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.

## **20 Dispute Resolution Mechanism**

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

**20.2** 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.

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

- 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.

**20.4** 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 that must be delegated by the Health Board to the Integration Joint Board**

Set out below is a list of functions that must be delegated by the Health Board to the Integration Joint Board as prescribed in Regulation 3 of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further Health Board functions will be delegated to the extent specified in Annex 3. These functions are delegated only to the extent that they relate to the services described in part 2 and the additional services listed in annex 3.

<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
<b>The National Health Service (Scotland) Act 1978</b>	
<b>All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978</b>	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 38 (care of mothers and young children); (other than in relation to school nursing and health visiting services)
	section 38A (breastfeeding); (other than in relation to school nursing and health visiting services)
	section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); (other than in relation to school nursing and health visiting services)



<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
	section 48 (provision of 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;

<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) Regulations 2006/330;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;
	The National Health Service (General Dental Services) (Scotland) Regulations 2010/205;
	The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
<b>Section 7 (Persons discharged from hospital)</b>	
<b>Community Care and Health (Scotland) Act 2002</b>	
<b>All functions of Health Boards conferred by, or by virtue of, the Community Care and health (Scotland) Act 2002</b>	
<b>Mental Health (Care and Treatment) (Scotland) Act 2003</b>	
<b>All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.</b>	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);

<b>Column A</b> <b>Enactment conferring function</b>	<b>Column B</b> <b>Limitation</b>
	Section 228 (request for assessment of needs: duty on local authorities and Health Boards);
	Section 230 (appointment of patient's responsible medical officer);
	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 Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.
<b>Education (Additional Support for Learning) (Scotland) Act 2004</b>	
<b>Section 23 (other agencies etc. to help in exercise of functions under this Act)</b>	

<b>Column A Enactment conferring function</b>	<b>Column B Limitation</b>
<b>Public Services Reform (Scotland) Act 2010</b>	
<b>All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010</b>	Except functions conferred by –  Section 31 (public functions: duties to provide information on certain expenditure etc.); and
	Section 32 (Public functions: duty to provide information on exercise of functions).
<b>Patient Rights (Scotland) Act 2011</b>	
<b>All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011</b>	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36

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## **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.
- Sexual Health Services
- Prison and Police Custody Healthcare

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## **Annex 2 Part 1 Functions delegated by the Council to the Integration Joint Board**

Set out below is the list of functions that must be delegated by the Council to the Integration Joint Board as required by the Public Bodies (Joint Working) (Prescribed Council Functions etc) (Scotland) Regulations 2014. Further Council functions will be delegated to the extent specified in Annex 3.

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

<b><i>Column A</i></b> <b><i>Enactment conferring function</i></b>	<b><i>Column B Limitation</i></b>
<b>Schedule 1 – Functions which must be delegated National Assistance Act 1948</b>	
<b>Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)</b>	
<b>The Disabled Persons (Employment) Act 1958 Section 3 (provision of sheltered employment by local authorities)</b>	
<b>The Social Work (Scotland) Act 1968</b>	
<b>Section 1 (local authorities for the administration of the Act)</b>	So far as it is exercisable in relation to another integration function.
<b>Section 4 (provisions relating to performance of functions by local authorities)</b>	So far as it is exercisable in relation to another integration function.
<b>Section 10 (financial and other assistance to voluntary organisations etc. for social work)</b>	So far as it is exercisable in relation to another integration function.
<b>Section 12 (general social welfare services of local authorities) Section 12A (local authorities to assess needs)</b>	So far as it is exercisable in relation to another integration function.



<p><b>Section 12AZA (assessments under section 12A – assistance)</b></p>	<p>Except insofar 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.</p>
<p><b>Section 13 (power of local authorities to assist persons in need in disposal of produce of their work)</b></p>	<p>So far as it is exercisable in relation to another integration function.</p>
<p><b>Section 13ZA (provision of services to incapable adults)</b>  <b>Section 13A (residential accommodation with nursing)</b> <b>Section 13B (provision of care or aftercare)</b>  <b>Section 14 (home help and laundry facilities)</b>  <b>Section 28 (burial or cremation of the dead)</b></p>	<p>So far as it is exercisable in relation to another integration function.</p>
<p><b>Section 29 (power of local authority to defray expenses of parent etc, visiting persons or attending funerals)</b>  <b>Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)</b></p>	<p>So far as it is exercisable in relation to persons cared for or assisted under another integration function.</p>
<p><b>The Local Government and Planning (Scotland) Act 1982 Section 24(1) (The provision of gardening assistance for the disabled and the elderly)</b>  <b>Disabled Persons (Service, Consultation and Representation) Act 1986</b>  <b>Section 2 (Rights of authorised representatives of disabled persons)</b>  <b>Section 3 (Assessment by local authorities of needs of disabled persons)</b></p>	<p>So far as it is exercisable in relation to another integration function.</p>
<p><b>Section 7 (Persons discharged from hospital)</b></p>	
<p><b>Section 8 (Duty of local authority to take into account abilities of carer)</b></p>	<p>In respect of the assessment of need for any services provided under functions contained welfare enactments within the meaning of section 16 and which have been delegated In respect of the assessment of need for any</p>

	services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions
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**The Adults with Incapacity (Scotland) Act 2000 Section 10 (Functions of local authorities)**

<b>Section 12 (Investigations)</b>	
<b>Section 37 (Residents whose affairs may be managed)</b>	Only in relation to residents of establishments which are managed under integration functions
<b>Section 39 (Matters which may be managed)</b>	Only in relation to residents of establishments which are managed under integration functions
<b>Section 41 (Duties and functions of managers of authorized establishment)</b>	Only in relation to residents of establishments which are managed under integration functions
<b>Section 42 (Authorisation of named manager to withdraw from resident's account)</b>	Only in relation to residents of establishments which are managed under integration functions
<b>Section 43 (Statement of resident's affairs)</b>	Only in relation to residents of establishments which are managed under integration functions
<b>Section 44 (Resident ceasing to be resident of authorised establishment)</b>	Only in relation to residents of establishments which are managed under integration functions
<b>Section 45 (Appeal, revocation etc.)</b>	Only in relation to residents of establishments which are managed under integration functions
<b>The Housing (Scotland) Act 2001 Section 92 (Assistance to a registered for housing purposes)</b>	Only insofar as it relates to an aid or adaptation
<b>The Community care and Health (Scotland) Act 2002 Section 5 (Council arrangements for residential accommodation outwith Scotland)</b>	
<b>Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions)</b>	
<b>The Mental Health (Care and Treatment) Scotland Act 2003 Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission)</b>	

<b>Section 25 (Care and support services etc.)</b>	Except insofar as it is exercisable in relation to the provision of housing support services
<b>Section 26 (Services designed to promote wellbeing and social development)</b>	Except insofar as it is exercisable in relation to the provision of housing support services
<b>Section 27 (Assistance with travel)</b>	Except insofar as it is exercisable in relation to the provision of housing support services
<b>Section 33 (Duty to inquire) Section 34 (Inquiries under section 33: Cooperation) Section 228 (Request for assessment of needs: duty on local authorities and Health Boards) Section 259 (Advocacy) The Housing (Scotland) Act 2007 Section 71(1)(b) (Assistance for housing purposes)</b>	Only insofar as it relates to an aid or adaptation
<b>The Adult Support and Protection (Scotland) Act 2007</b>	
<b>Section 4 (Council's duty to inquire) Section 5 (Co-operation) Section 6 (Duty to consider importance of providing advocacy and other services) Section 11 (Assessment Orders) Section 14 (Removal Orders) Section 18 (Protection of moved persons property) Section 22 (Right to apply for banning order) Section 40 (Urgent cases) Section 42 (Adult Protection Committees) Section 43 (Membership) Social Care (Self-directed Support) (Scotland) 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 (Council 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) Carers (Scotland) Act 2016 Section 6 (Duty to prepare adult carer support plan) Section 21 (Duty to set local eligibility) 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 statement)</b>	

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

<b><i>Column A</i></b> <b><i>Enactment conferring function</i></b>	<b><i>Column B</i></b> <b><i>Limitation</i></b>
<b>The Community Care and Health (Scotland) Act 2002 Section 4</b> <b>The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002</b>	

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## **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 Part 1 - Additional Functions delegated by the Health Board and the Council to the Integration Joint Board

### Health Functions

National Health Services (Scotland) Act 1978 Sections 36 (accommodation and services), 38 (Care of mothers and young children) and 39 (medical and dental inspection, supervision and treatment of pupils and young persons), so far as they relate to school nursing and health visiting services.

Mental Health Care and Treatment (Scotland) Act 2003 Section 24 (provision of services and accommodation for certain mothers with post-natal depression) provision to allow a mother whilst receiving treatment to care for her child in hospital.

### Council Social Work Functions

Other Council Social Work Functions to be delegated to the Integration Joint Board are listed below:

#### 1. Functions conferred by the following enactments

<i>Column A</i>	<i>Column B Limitation</i>
<p><i>Enactment conferring function</i>  <b>National Assistance Act 1948</b>                      Section 45 (Recovery in cases of misrepresentation or non-disclosure)</p>	<p>Section 5 (Local authorities to perform their functions under this Act under the general guidance of the Secretary of State.)                      Section 6B (Local authority inquiries into matters affecting children)</p>
<p><b>Matrimonial Proceedings (Children) Act 1958</b> Section 11 (Reports as to arrangements for future care and upbringing of children).</p>	<p>Section 27 (Supervision and care of persons put on probation or released from prisons etc)                      Section 27ZA (Advice, guidance and assistance to persons arrested or on whom sentence deferred)</p>
<p><b>Social Work (Scotland) Act 1968</b></p>	
<p>Section 78A (Recovery of contributions in respect of children in care etc)</p>	
<p>Section 80 (Enforcement of duty to make contributions in respect of children in care etc)</p>	
<p>Section 81 (Provisions as to decrees for aliment in respect of children in care etc)</p>	

Section 83 (Variation of trusts where a child is by virtue of a compulsory supervision order removed from the care of a person who is entitled under any trust to receive any sum of money in respect of the maintenance of the child)

**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 (LA 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 duty to ensure well-being of and to visit foster children)

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

Section 6 (Notification to local authorities by persons ceasing to maintain foster children)

Section 8 (Control by local authorities of fostering – LA power to inspect premises)

Section 9 (LA power to impose requirements as to the keeping of foster children)

Section 10 (LA power to prohibit the keeping of foster children)

**Housing (Scotland) Act 1987**

Section 4 (Power of local authority to provide furniture etc)

Section 5(1) (Power of local authority to provide board and laundry facilities)

Section 5A(1) (Power of local authority to provide welfare services)



Part II (sections 24 to 43) – Duties of local authorities with respect to homelessness and threatened homelessness

**Children (Scotland) Act 1995**

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

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 carer of children)

Section 25 (Provision of accommodation for children etc)

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

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

Section 27 (Day care for pre-school and other children)

Section 29 (After-care)

Section 30 (Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc)

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 (Pre-sentencing reports)

Section 234B (Drug treatment and testing order)
Section 245B (Restriction of liberty orders)
<b>Housing (Scotland) Act 2001</b>
Section 1 (Homelessness strategies)
Section 2 (Advice on homelessness etc)
Section 5 (Duty of registered social landlord to provide accommodation where requested by the LA)
Section 6 (Appointment of arbiter where RSL fails to comply with the s5 duty)
<b>Community Care and Health (Scotland) Act 2002</b>
Section 6 (Deferred payment of accommodation costs)
Management of Offenders etc. (Scotland) Act 2002 Section 10 (Arrangements for assessing and managing risks posed by certain offenders)
Section 11 (Review of s10 arrangements)
<b>Housing (Scotland) Act 2006</b>
Section 71(1)(a) (LA's power to provide or arrange for the provision of assistance in connection with work on land or in premises)
<b>Adoption and Children (Scotland) Act 2007</b>
Section 1 (Duty of local authority to provide adoption service)
Section 5 (LA must have regard to any guidance given by Scottish Ministers)
Section 6 (Assistance in carrying out functions under s1 and s4)
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 (Duties of local authority in receipt of a s18 notice)
Section 26 (Looked after children: adoption not proceeding)

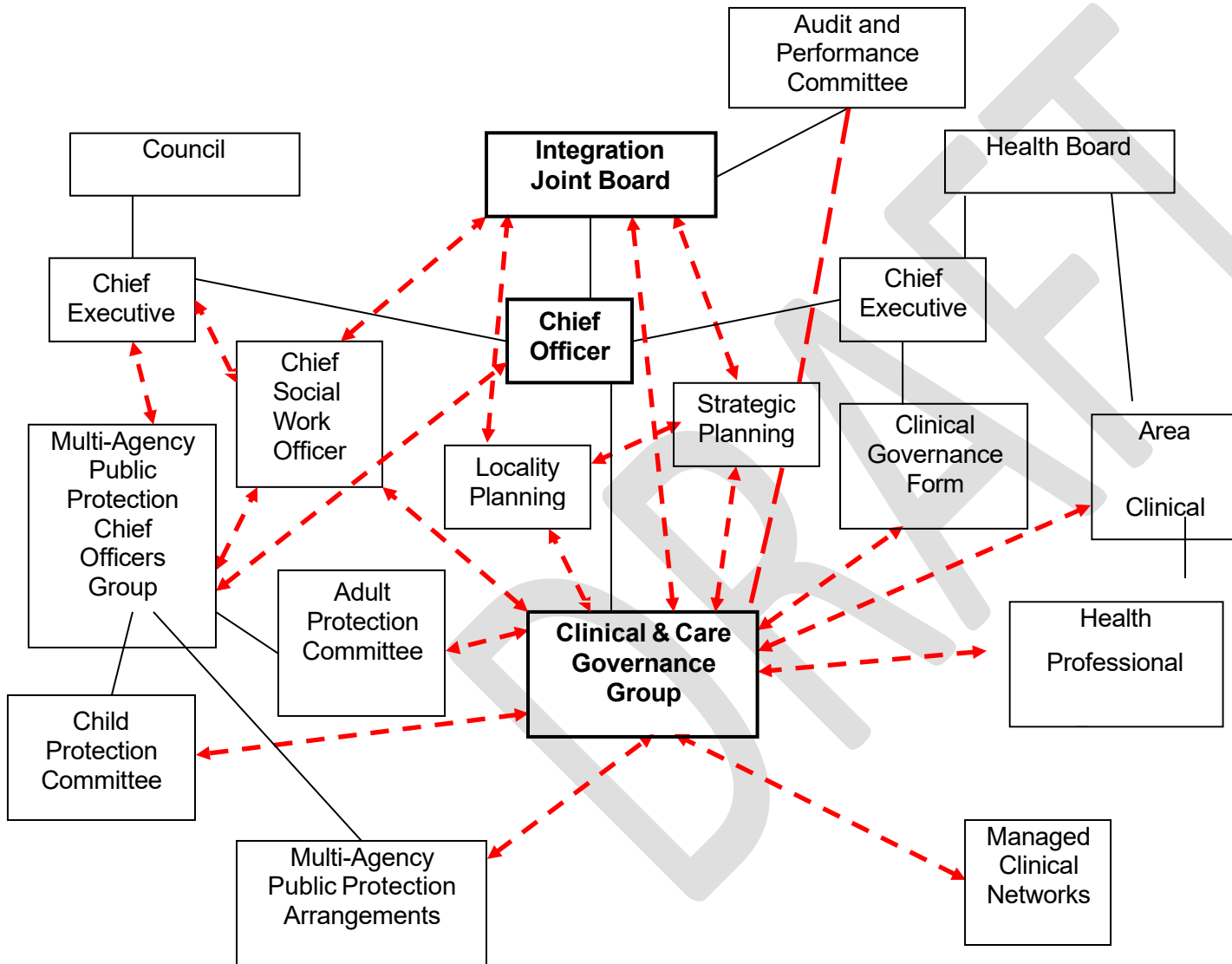
Section 45 (Adoption support plan)
Section 47 (Family member's right to require LA to review adoption support plan)
Section 48 (Other cases where authority under duty to review plan)
Section 49 (Reassessment of needs for adoption support services)
Section 51 (LA duty to have regard to guidance issued by the Scottish Ministers)
Section 71 (Adoption allowances schemes)
Section 80 (Permanence Orders)
Section 90 (Precedence of certain other orders)
Section 99 (Duty of local authority to apply for variation or revocation of permanence order)
Section 101 (Local authority to give notice of certain matters in relation to permanence orders)
Section 105 (Notification of proposed application order)
<b>The Adult Support and Protection (Scotland) Act 2007</b>
Section 7 (Council officer's right of entry)
Section 8 (Council officer's right to interview persons found in places entered under s7)
Section 9 (Right of health professional to medically examine adults at risk)
Section 10 (Council officer's right to obtain and examine records)
Section 16 (Removal Orders – Right to move adult at risk)
<b>Children's Hearings (Scotland) Act 2011</b>
Section 27 (Child protection orders)
Section 35 (Child assessment orders)

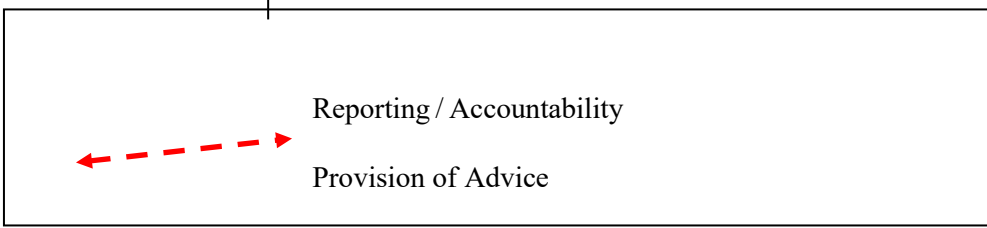
Section 42 (Parental responsibilities and rights directions)
Section 44 (Obligations of local authority)
Section 48 (Application for variation or termination of Child Protection orders)
Section 49 (Notice of application for variation or termination of Child Protection orders)
Section 60 (Local authority's duty to provide information to Principal Reporter)
Section 131 (Duty of implementation authority to require review of compulsory supervision order)
Section 144 (Implementation of compulsory supervision order: general duties of implementation authority)
Section 145 (Duty of implementation authority where order requires child to reside in certain place)
Section 166 (Review of requirement imposed on local authority)
Section 167 (Appeals to sheriff principal regarding which LA is the relevant one for a child)
Section 180 (LA duty to comply with request from the National Convener to information about the implementation of CSOs)
Section 183 (Mutual assistance provisions)
Section 184 (Enforcement of obligations on Health Board under s183)
<b>Social Care (Self-directed Support) (Scotland) Act 2013</b>
Section 8 (Choice of options: children and family members)
Section 10 (Provision of information: children under 16)
<b>Community Care and Health (Scotland) Act 2002</b>
Section 6 (Deferred payment of accommodation costs)
2. Conferred by virtue of the following enactments
<b>Community Care and Health (Scotland) Act 2002</b>
Section 4 (Accommodation more expensive than usually provided – Power of the Scottish Ministers to make regulations)
<b>Children's Hearings (Scotland) Act 2011</b>

Section 153 (Power of Scottish Ministers to make regulations about children placed in secure accommodation)
<b>Person (Scotland) Act 2014</b>
Sections to be confirmed
<b>Carers (Scotland) Act 2016</b>
Section 12 (Duty to prepare young carer statement)
Section 31 (Duty to prepare local carer strategy)

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





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