Inverclyde council

AGENDA ITEM NO: 2

Report To:	**Community Health & Care Partnership Sub-Committee**	**Date:**	**26th January 2015**
Report By:	**Brian Moore Corporate Director Inverclyde Community Health & Care Partnership**	**Report No:**	**CHCP/11/2015/DP**
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Subject:	**Health and Social Care Integration Scheme**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval of the draft Integration Scheme produced by Inverclyde Council and NHS Greater Glasgow and Clyde, as required by the Public Bodies (Joint Working) (Scotland) Act 2014, thereafter referred to as 'the Act'.

2.0 SUMMARY

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Health Boards and local authorities jointly prepare, consult and submit for approval an integration scheme to Scottish Ministers. The required content of the scheme is set out in Section 1(3)(a-f) of the Act and within the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

2.2 It should be noted;

- That the agreements made within the scheme are legally binding;
- That only information that is prescribed in the Act or the regulations can be included. Scottish Ministers cannot approve additional information;
- That any changes to the scheme will require to be consulted upon and will require to be submitted to Scottish Ministers for approval

3.0 RECOMMENDATIONS

3.1 Members are asked to approve the Integration Scheme for the Inverclyde Health and Social Care Partnership for submission to the Scottish Government, as required by the Public Bodies (Joint Working) (Scotland) Act 2014.

3.2 Members are asked to note that consultation has taken place with all the statutory consultees listed in the Act.

3.3 Members are asked to note, and endorse, the intended timescales for inception of the Inverclyde Health and Social Care Partnership in 2015.

Brian Moore
Corporate Director
Inverclyde Community Health & Care Partnership

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1st April 2014.

4.2 The Act requires Health Boards and Local Authorities to integrate planning for and delivery of certain adult health and social care services as a minimum, with additional services included at local discretion. The Act provides two methods by which this joint working can be governed, delegation between partners in a 'lead-agency' model or establishment of an Integration Joint Board in a 'body corporate' model.

4.3 Reports to Inverclyde CHCP Sub Committee and Health and Social Care Committees on 29th August 2013 set out the requirements for the establishment of an Integrated Joint Board. This position was confirmed at Inverclyde CHCP and Health and Social Care Committees on 28th August 2014.

4.4 The Act requires partners to jointly prepare an Integration Scheme, setting out the agreements made locally to support effective integration of health and social care functions. The Integration Scheme must be approved by Scottish Ministers.

5.0 INTEGRATION SCHEME

5.1 The Integration Scheme must be drafted jointly by Local Authorities and Health Boards, and must set out the detail as to how services will be integrated within the partnership area. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an integration scheme for approval by Scottish Ministers. The integration scheme must include all matters prescribed in Regulations.

5.2 Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

5.3 The content of the Integration Scheme has been developed jointly by officers from Inverclyde Council and NHS Greater Glasgow and Clyde, under the direction of the Chief Officer Designate. The process of drafting the Integration Scheme has also involved colleagues from Legal Services, HR and Finance from across both partner organisations. The draft Integration Scheme is appended to this report as appendix 1.

5.4 On 30 October 2014 civil servants from the Scottish Government presented to Chief Officers a timescale for ministerial approval of the Integration Scheme. This timescale indicates a 12-week period from submission of schemes to ministerial approval.

5.5 Subject to approval of the draft Integration Scheme by the Council and Health Board by the end of January 2015 (Health Board approval is being sought on 20th January) , and assuming approval from Scottish Ministers, the earliest date by which the Inverclyde Integration Joint Board could be established would be in April 2015.

5.6 The Integration Scheme proposes that each party will appoint four voting representatives and IJB will seek to appoint the first Chair from the Council Elected Members and the first Vice Chair from the Health Board Non-Executive Director Members.

6.0 IMPLICATIONS

Finance

6.1 Upon completion and approval of the Strategic Plan, the associated budgets for the

functions will be aligned and managed by the Integration Joint Board.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 There are numerous legal considerations in relation to the draft Inverclyde Integration Scheme which have been managed through the necessary process and will be further refined in the course of implementing the legislation and setting up the Integrated Joint Board.

Human Resources

6.3 It is not intended that in a body corporate integration arrangement, which Inverclyde will have, there is any change to employment and/ or terms and conditions of Health and Social Care Partnership staff.

Equalities

6.4 None at this time, although recognition will be given to the wider and associate equalities agenda.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.5 N/A

7.0 CONSULTATIONS

7.1 Consultation was undertaken with all the statutory consultees listed in the Public Bodies (Joint Working) (Scotland) Act 2015. A summary of these are:

All CHCP commissioned providers
All CHCP staff

CHCP Senior Management Team
GPs and practice managers
Staff Partnership Forum
Alliance partners
Chief Officers of neighbouring HSCPs
Chief Executives of neighbouring LAs
CMT of Inverclyde Council
Elected Members of Inverclyde Council
Members of CHCP Sub Committee
CHCP People Involvement Advisory Network (service, users and carers)
Inverclyde Carers Centre
Inverclyde Carers Council
CVS Inverclyde and Inverclyde Third Sector interface organisations
Scottish Care

8.0 LIST OF BACKGROUND PAPERS

8.1 Draft Inverclyde Integration Scheme Version 7 January 2015. (Appendix 1)

8.2 Inverclyde Integration Timeline. (Appendix 2)

Inverclyde Health and Social Care Partnership

Draft Integration Scheme

Between

INVERCLYDE COUNCIL
And
GREATER GLASGOW AND CLYDE NHS BOARD

19th January 2015

DRAFT V09

1. Introduction

1.1 The Public Bodies (Joint Working)(Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by the Scottish Ministers, and children's health and social care services. The Act requires the parties to prepare jointly an integration scheme setting out how this joint working is to be achieved. To achieve this, the Health Board and Local Authority can either delegate between each other (under s1 (4(b), (c) and (d) of the Act), or can both delegate to a third body called the Integration Joint Board (under s1 (4) (a) of the Act). Delegation between the Health Board and Local Authority is commonly referred to as a "lead agency" arrangement. Delegation to an Integration Joint Board is commonly referred to as a "body corporate" arrangement.

1.2 This document sets out the Integration Scheme (the Scheme) to be followed for Inverclyde, where the "body corporate" arrangement is to be used and sets out the detail as to how the Health Board and Local Authority will integrate services. When the Scheme has been agreed locally, Section 7 of the Act requires the Health Board and Local Authority to submit jointly the Integration Scheme for approval by Scottish Ministers. The Scheme should follow the format for the chosen model and must include the matters prescribed in Regulations. The body corporate arrangement is the one which most closely reflects Inverclyde's existing Community Health and Care Partnership arrangements, so following this option will support as smooth a transition as possible from our existing CHCP arrangements to the new Inverclyde Health and Social Care Partnership (HSCP).

1.3 Once the Scheme has been approved by the Scottish Ministers, the Inverclyde Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers.

1.4 As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of elected Councillors, NHS non-executive directors, and other Members of the Health Board where there are insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Heath Board or Local Authority.

1.5 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Integration Scheme. Although the Integration Joint Board will be a separate legal entity, it will operate within the wider context of Community Planning, including joint arrangements such as the Inverclyde Community Plan and the Single Outcome Agreement, and the strategic frameworks of the Health Board and Council. Many of the requirements of the legislation will be met by building on the existing plans that have been developed through our integrated CHCP arrangements.

This should place the new Inverclyde HSCP in a strong starting position, as the principles and legislative intent are already firmly in place. Further, the Act gives the Health Board and the Council, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Council together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Aims and Outcomes of the Integration Scheme

2.1 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities, 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 service users.
- Health and social care services contribute to reducing health inequalities.
- People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
- People who use health and social care services are safe from harm.
- People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
- Resources are used effectively in the provision of health and social care services, without waste.

2.2 NHS Greater Glasgow and Clyde and Inverclyde Council have agreed that Children's and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included.

2.3 National Outcomes for Children are:

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

2.4 National Outcomes and Standards for Social Work Services in the Criminal Justice System are:

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

2.5 The Health and Social Care Partnership will adopt the Inverclyde CHCP vision and values which are consistent with the Act and policy intent. The vision is "Improving Lives", underpinned the values that:

- We put people first;
- We work better together;
- We strive to do better;
- We are accountable.

3. The Parties

3.1 The Parties are **Inverclyde Council**, established under the Local Government etc Scotland) Act 1994 and having its principal offices Municipal Buildings, Clyde Square, Greenock, PA15 1LY. ("the Council")

And

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

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

3.2 In accordance with section 1(2) 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 Inverclyde Health and Social Care Partnership, 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. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

4. Definitions and Interpretation

4.1 The following are definitions of terms used throughout the Integration Scheme:

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

"The Parties" means Inverclyde Council and the NHS Board;

"The Scheme" means this Integration Scheme;

"Integration Joint Board" (or "IJB") means Integration Authority Joint Board to be established by Order under Section 9 of the Act;

"The Integration Scheme Regulations" (or "Regulations") means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

"Health and Social Care Partnership" is the name given to the Parties' services whose functions have been delegated to the Integration Joint Board.

"Data Dictionary" means a resource which provides a list of measures and indicators for use within a partnership performance framework.

"Chair" means the chair of the Integration Joint Board.

"HEAT" means Health Improvement, Efficiency, Access, Treatment – NHS National Targets and Measures.

"Appropriate Person" means a member of the Board, but does not include any person who is both a member of the Health Board and a Councillor.

"SOA" means Single Outcome Agreement.

"Lead Partnership Services" are services hosted by one Integration Joint Board on behalf of other Integration Joint Boards within the NHS Board area.

"The Chief Officer" means the Chief Officer of the Integration Joint Board and is defined in Part 7 "Chief Officer";

"Chief Financial Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs.

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

5. Local Governance Arrangements

Remit and Constitution of Integration Joint Board

5.1 The remit of the Integration Joint Board is:

- To prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults and children, and criminal justice in the Inverclyde area in accordance with sections 29 to 48 of the Act.
- To oversee the delivery of services delegated by the parties in pursuance of the Strategic Plan; and
- To allocate and manage the delegated budget in accordance with the Strategic Plan.

Voting Members

5.2 The arrangements for appointing the voting membership of the Integration Joint Board are that:

- Both Parties shall appoint four voting representatives.
- Additional co-opted members will not have voting status, but will represent the range of stakeholders as indicated in the Regulations (IJB Order 2014/285). Non-voting members will be drawn from health and social care professionals, employees, the third sector, service users, and carers.

Chair

5.3 The Integration Joint board seek to appoint the first Chair from the Inverclyde Council Elected Members and the first Vice Chair from the NHS Greater Glasgow and Clyde Health Board Non Executive Director Members.

5.4 The Chair and Vice Chair positions will rotate every two years between the Health Board and the Council, with the Chair being from one party and the Vice Chair from the other.

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. The services to which these functions relate, which are currently provided by the Health Board and which are to be integrated, are set out in Part 2 of Annex 1.

6.2 In general terms, the health services to be delegated to the Integration Joint Board are:

- Family Health Service – General Medical Services/ General Practice
- Community Pharmacy, Community Opticians, General Dental Practitioners
- Out of Hours services
- Addictions Services
- District Nursing
- Community Palliative Care
- Older Peoples Services (e.g. community gerontology)
- Community Learning Disability Health Services
- Community and Older Peoples Mental Health Services
- Primary Care Mental Health Services
- Inpatient mental health services
- Health Visiting and School Nursing
- Community Child Health
- Speech and Language Therapy
- AHP services in the community
- Child and Adolescent Mental Health Services
- Clinical Psychology

6.3 The functions that are to be delegated by the Local Authority to the Integration Joint Board are set out in Part 1 of Annex 2.The services to which these functions relate, which are currently provided by the Local Authority and which are to be integrated, are set out in Part 2 of Annex 2.

6.4 In general terms, the Local Authority services to be delegated to the Integration Joint Board are:

- Assessment and Care Management services
- Rehabilitation and Enablement Services
- Older People's Services e.g. Care and Support at Home, Day Care
- Learning Disability Services
- Physical Disability Services
- Community and Older People's Mental Health Services
- Primary Care Mental Health Service
- Addictions Services
- Homelessness Services
- Strategic and Support Services
- Advice Services
- Public Protection services (Child Protection, Adult Protection and MAPA)
- Criminal Justice and Prison Based Social Work
- Residential Child Care
- Youth Justice/ Youth Support
- Children and Families Social Work
- Adoption, Fostering and Kinship Care Services
- Respite and Short Breaks
- Support to Carers

7. Local Operational Delivery Arrangements

Responsibilities of the Integration Joint Board on behalf of the Parties

7.1 The Integration Joint Board will ensure that systems, procedures and resources are in place to monitor, manage and deliver the functions and resources delegated to it. In accordance with the integration principles, IJB members will be supported to oversee the carrying out of integration functions by regular performance reporting including the annual performance report which will be provided to the Parties, and through the strategic planning process.

7.2 The IJB will be responsible for the planning of integrated services and will achieve this through the Strategic Plan. In accordance with Section 26 of the Act, the Council and the Health Board will direct the Integration Joint Board to carry out each delegated function . Payment will be made by the HSCP to the Parties to enable the delivery of these functions in accordance with the Strategic Plan.

7.3 Inverclyde Council and Greater Glasgow and Clyde Health Board will present schemes of delegation to the Integrated Joint Board to underpin operational delivery.

Strategic Plan

7.4 The Integration Joint Board will establish a representative Strategic Planning Group to have an overview and scrutiny role in the development of the Strategic Plan. This will include assessing the potential impact of the Strategic Plan on the Strategic Plans of other integration authorities within the NHSGGC area. All Integration Joint Boards within NHSGGC will share plans at consultation.

7.5 The Integration Joint Board will receive a first draft Strategic Plan at its inaugural meeting, and will have an overview and scrutiny role in relation to the arrangements for stakeholder engagement in the production and implementation of the finalised Strategic Plan and the development of locality arrangements to support the ongoing development of the Strategic Plan.

7.6 The consultation process for and ongoing review of 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 NHS Board area, and that opportunities for collaborative working are identified at an early stage.

Performance Targets, Improvement Measures and Reporting Arrangements

7.7 Making use of an outcome focused approach and with regard to delivering services in accordance with the national outcomes, the Strategic Plan will provide direction for the performance framework identifying local priorities and associated local outcomes. Performance targets and improvement measures will be linked to the local outcomes to assess the timeframe for change and the scope of change that is anticipated. Initially performance will be gauged on a set of high-level indicators based on the national outcomes, and related to the delegated functions and resources.

7.8 The Council and the NHS Board will work together to develop proposals on these targets, measures and arrangements to meet these requirements to put to the first meeting of the Integration Joint Board for agreement based on Council strategic plans and SOAs and local NHS strategic direction and national NHS LDP and related requirements.

7.9 During year 1, a more detailed core set of indicators will be identified from publicly accountable and national indicators and targets that the Parties currently report against. This process will focus on the core suite of indicators for integration, and indicators that relate to services which sit within the Integration Authorities, and can be regarded as proxy measures against delivering the national outcomes, and that allow assessment at local level against the Strategic Plan.

7.10 The Parties have obligations to meet targets for functions which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integrated functions.

Therefore, when preparing performance management information the effect on both integrated and non-integrated functions will be considered and details will be provided of any targets, measures and arrangements for the Integration Joint Board to take into account when preparing the Strategic Plan.

Corporate Support

7.11 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 Inverclyde, and commit to an in-year review during the first year between the Parties and the Integrated Joint Board to ensure that the necessary support and information are being provided.

7.12 The existing Community Health and Care Partnership planning, performance, quality assurance and development support arrangements and resources will be used as a model for the future strategic support arrangements of the Inverclyde HSCP.

7.13 The Parties commit to advise the Inverclyde Integration Joint Board where they intend to change service provision that will have a resultant impact on the Strategic Plan.

8. Clinical and Care Governance

8.1 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.

8.2 Clinical and care governance for integrated health and social care services will require co-ordination across a range of services, including the third sector. This rightly places people and communities at the centre of all activity in relation to the governance of clinical and care services.

8.3 The Public Bodies Act's and related regulations do not change the regulatory arrangements for health and social care professionals or their current professional accountabilities but describe a shared framework within which professionals and the workforce discharge their accountabilities and responsibilities.

8.4 The Integration Joint Board will be required to establish arrangements to:-

- 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; is transparent and open to innovation, continuous learning and improvement.
- Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- The rights, experience, expertise, interests and concerns of service users, carers and communities inform and are central to the planning, governance and decision-making that informs quality of care.

- Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- 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.
- 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.
- 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.
- Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- 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.
- Establish clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional 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 professionals regulatory requirements).
- Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported and innovation promoted.
- 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.
- 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.
- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services. Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

9. Chief Officer

9.1 The Chief Officer will be appointed by an appointments panel selected by the Integration Joint Board, including the Chief Executives of each party as advisors, and will be employed by one of the Parties. The Chief Officer will be jointly line managed by the Chief Executives of the NHS Greater Glasgow and Clyde and Inverclyde Council. This will ensure accountability to both Parties and support a system-wide approach by the NHS Greater Glasgow and Clyde Health Board across all of its component integration authorities, and strategic direction in line with the Council's corporate priorities. The Chief Officer will be the principal advisor to and officer of the Integration Joint Board. The Chief Officer will become a member of the Integration Joint Board upon appointment to his/her role.

9.2 The Chief Officer will provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. As a member of both corporate management teams the Chief Officer will be able to influence policy and strategic direction of both Council and Health Board from an integration perspective.

9.3 The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The Chief Officer will be operationally responsible through an integrated management team for the delivery of integrated services within the resources available.

9.4 In the event that the Chief Officer is absent or otherwise unable to carry out his or her functions, the Chief Executives of NHSGGC and Inverclyde Council will jointly appoint a suitable interim replacement.

10. Workforce

10.1 Sustained and successful delivery of integrated services will be dependent on an engaged workforce whose skill mix adapts over time to respond to the clinical and care needs of the Inverclyde population. he Parties will work together to ensure effective leadership, management, support, learning and development across all staff groups.

10.2 The Chief Officer will have accountability to the Integration Joint Board for Workforce Governance. The Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board's Staff Governance Committee and the Council's Staff Representative Forum.

10.3 Workforce Governance is a system of corporate accountability for the fair and effective management of staff. Workforce Governance in the Integration Joint Board will, therefore, ensure that staff are;

- Well Informed
- Appropriately trained and developed
- Involved in decisions

- Treated fairly and consistently with dignity and respect in an environment where diversity is valued
- Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community

10.4 The CHCP Welcome Pack makes it clear to new staff from the outset that regardless of employer we are an integrated health and social care partnership. This will be adapted to reflect the new HSCP arrangements.

10.5 The Integration Joint Board will oversee the development of a Workforce Plan during the first year describing the current shape and size of the workforce, how this will develop as services become more integrated, and what actions will need to be taken to achieve the necessary changes in workforce and skills mix. This will be linked to an Organisational Development Plan that builds on the cultural integration that has already taken place within the CHCP, bringing health and social care values closer together through integrated teams and management arrangements, and underpinned by our vision and values as noted at 2.5.

10.6 The Workforce Plan will consider the training and development required to develop those skills and competencies required to deliver integrated services in new and different ways; and the Organisational Development Plan will link to identify where there are opportunities to deliver this jointly.

10.7 The Integration Joint Board will engage with staff, staff representatives, stakeholders and partner organisations; and make use of relevant information and guidance from education and regulatory bodies for various staff groups; in planning this work, building a collaborative approach through co-operation and coproduction. Both the Workforce Plan and the Organisational Development Plan will be developed during the first year, and will be reviewed by the Integration Joint Board on an annual basis.

11 Finance

11.1 Introduction

11.1.1 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.

11.1.2 The Chief Finance Officer (CFO) will be the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer.

11.2 Budgets

11.2.1 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 Council for the functions which are to be delegated.

11.2.2 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Council and Health Board for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:

I. Activity changes
II. Cost inflation
III. Efficiencies
IV. Performance against outcomes
V. Legal requirements
VI. Transfer to or from the amounts set aside by the Health Board
VII. Adjustments to address equity of resource allocation

11.2.3 This will allow the Council and Health Board to determine the final approved budget for the Integrated Joint Board.

11.2.4 The process for determining amounts to be made available (within the 'set aside' budget) by the Health Board to the Integration Joint Board in respect of all of the functions delegated by the Health Board which are carried out in a hospital in the area of the Health Board and provided for the areas of two or more Local Authorities will be determined by the hospital capacity that is expected to be used by the population of the Integration Joint Board and will be based on:

Actual Occupied Bed Days and admissions in recent years;

Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan;

Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).

11.2.5 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Council and Health Board. If the Strategic Plan sets out a change in hospital capacity, the resource consequences will be determined through a detailed business care which is incorporated within the Integrated Joint Board's budget. This may include:

- The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need;
- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

11.3 Overspends

11.3.1 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, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Council and Health Board must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. In the event that the recovery plan does not succeed, the Council and Health Board will consider either utilising reserves where available or may consider as a last resort making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Council and Health Board and Integration Joint Board. If the revised plan cannot be agreed by the Council and Health Board, 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.

11.4 Underspends

11.4.1 Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, 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. The exception to this general principle relates to exceptional circumstances as defined by local arrangements.

11.5 Unplanned Costs

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

11.6 Accounting Arrangements and Annual Accounts

11.6.1 Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Party which is delivering financial services on behalf of the Integration Joint Board.

11.6.2 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.

11.6.3 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and Health Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.

11.6.4 The Chief Officer and Chief Finance Officer of the Integration Joint Board 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.

The Integration Joint Board Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.

11.6.5 Periodic financial monitoring reports will be issued to the Chief Officer/ budget holders in line with timescales agreed by the Council and Health Board.

11.6.6 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval.

11.7 Payments between Local Authority and NHS Board

11.7.1 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be:

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

11.7.2 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 31 March 2016.

11.8 Capital Assets and Capital Planning

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

12. Participation and Engagement

12.1 Consultation on this draft Integration Scheme has been taking place as part of the HSCP transitional arrangements during the year 2014/15, and in accordance with the requirements of the Act (consultation timetable referenced at annex 4). This is part of an ongoing dialogue and the Integration Scheme will establish the consultation and engagement parameters of the future Strategic Plans of the Integration Joint Board.

12.2 The stakeholders consulted in the development of this Scheme are:

- All stakeholder groups as prescribed in Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014
- The Shadow Integration Joint Board

12.3 All responses received during consultation will be reviewed and taken into consideration in the production of the final draft of this Scheme.

12.4 The parties jointly agree to provide the following support to the Integration Joint Board

- A reviewed 'Participation and Engagement Strategy' for the Integration Joint Board will be developed by officers of the Council and the Health Board, under the direction of the Chief Officer, within one year of the date the Parliamentary Order to establish the Integration Joint Board comes into force, and following the direction set in the current co-produced Inverclyde CHCP People Involvement Framework and Inverclyde Alliance Community Engagement Strategy.
- This Strategy will be subject to regular review by the Integration Joint Board and will also be applied at locality level where appropriate.
- This Strategy will be consistent with the National Standards for Community Engagement principles of co-production, as restated in the Community Empowerment Bill 2013:

    - Equality
    - Diversity
    - Accessibility
    - Reciprocity

- The Inverclyde IJB's Participation and Engagement Strategy will be compliant with the Equalities Act (Scotland) 2012., taking appropriate account of the eight protected characteristics of people who use services:

    - Disability
    - Sex (gender)
    - Gender reassignment
    - Pregnancy and maternity
    - Race
    - Religion or belief
    - Sexual orientation
    - Age

Our engagement networks will be actively encouraged to consider and comment on our performance using annual performance reports that will be published by the IJB.

13. Information-Sharing and Data Handling

13.1 Inverclyde Council and NHSGGC are party, along with all local authorities in the Greater Glasgow and Clyde Health Board area to an Information Sharing Protocol. The Protocol is subject to ongoing review and positively encourages staff to share information appropriately about their service users when it benefits their care and when it is necessary to protect vulnerable adults or children.

13.2 The document 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 document 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. This protocol complies with the laws regulating this, particularly the Data Protection Act 1998.

13.3 This Protocol will underpin the Integration Joint Board's approach to records management and as part of the Records Management Plan supporting documentation, will be submitted to the Information Commissioners Office (ICO) for endorsement. Thereafter it will be subject to audit at the discretion of the Information Commissioner. All Parties agree to such auditing and undertake to provide all necessary cooperation with the ICO in the event of an audit being undertaken or considered.

14 Complaints

14.1 The Patient's Rights (Scotland) Act 2011 supports the Scottish Government's vision for a high quality, person-centred NHS. The Act gives patients a legal right to give feedback on their experience of healthcare and treatment and to provide comments, or raise concerns or complaints. The 1968 Social Work (Scotland) Act places duties on Local Authorities with regard to Social Work complaint procedures. The Act is supported through guidance and directions which can be found in SWSG5/1996 circular. The Inverclyde CHCP has a procedure and guidance for staff which aligns these requirements, and this will be adopted by the Health & Social Care Partnership. Complaints can be made by patients, clients and customers or their nominated representatives using a range of methods including an online form, face to face, in writing and by telephone. The complaints procedure is referenced at annex 4.

14.2 The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the HSCP. The Chief Officer will receive regular reports on the number and nature of complaints, and performance in regard to response timescales.

15. Claims Handling, Liability & Indemnity

15.1 The Parties will establish indemnity cover for integrated arrangements. The Council and the Health Board agree that they will manage and settle claims in accordance with common law of Scotland and statute.

15.2 The Parties will establish indemnity cover for integrated arrangements.

16. Risk Management

16.1 A risk management strategy and procedure will be developed by the Integration Joint Board that will demonstrate a considered, practical and systemic approach to identifying, recording, prioritising and addressing potential and actual risks related to:

- the planning and delivery of all services (both directly delivered and commissioned), and
- clinical and care governance.

16.2 The primary aims and objectives of the strategy will be to:

- Promote awareness of risk and define responsibility for managing risk within the Integration Joint Board.
- Establish communication and sharing of risk information through all areas of the Integration Joint Board.
- Initiate measures to reduce the Integration Joint Board's exposure to risk and potential loss.
- Establish standards and principles for the efficient management of risk, including regular monitoring and review.

16.5 The Integration Joint Board will formally review the risk register at six-monthly intervals.

16.12 Any changes to the risk management strategy will require formal approval of the Integration Joint Board.

17. Dispute Resolution Mechanism

17.1 Where either of the Parties fails to agree with the other or with the Integration Joint Board on any issue related to this Scheme, then they will follow the undernoted process:

a) The Chief Executives of the Parties will meet to resolve the issue;

b) If unresolved, the Parties and the Integration Joint Board will each 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 NHS 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.

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

Annex 1

Part 1

Functions to be delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that are proposed to be delegated by the Health Board to the Integration Joint Board as prescribed in Regulation 3 of the Public Bodes (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further Health Board functions will be delegated to the extent specified in Annex 4.

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 2CA(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);
	section 38A (breastfeeding);
	
	section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);
	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 82use and administration of certain endowments and other property held by Health Boards);
section 83 power of Health Boards and local health councils to hold property on trust);
section 84A (power to raise money, etc., by appeals, collections etc.);
section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
section 98 (charges in respect of non-residents); and

paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;
The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

	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; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183; The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.
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: co-operation); section 38 (Duties on hospital managers: examination notification etc.); section 46 (Hospital managers' duties: notification); section 124 (Transfer to other hospital);

	section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients); 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.
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 (Scotland) Act 2011	**Except** functions conferred by The Patient Rights Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Annex 1

Part 2

Services currently provided by the Health Board that are to be integrated

Set out below is the list of services that relate to the functions at Part 1 that are to be delegated by the Health Board to the Integration Joint Board. These services relate to:

- persons of at least 18 years of age
- care and treatment provided by health professionals as defined in Regulation 3 of the Regulations1

Acute Hospital Services

The Integration Joint Board will assume lead responsibility jointly with the five other Health and Social Care Partnerships within the Greater Glasgow and Clyde area for the strategic planning of the following;

1. Accident and Emergency services provided in a hospital.
2. Inpatient hospital services relating to the following branches of medicine—
    i. general medicine;
    ii. geriatric medicine;
    iii. rehabilitation medicine;
    iv. respiratory medicine; and
3. Palliative care services provided in a hospital.

Community & Hospital Services

Services that will be delegated to the Integration Joint Board

4. District nursing services
5. Community and in-patient services for an addiction or dependence on any Substance

1 The Public Bodies (Joint Working) (Prescribed Health Board Functions)(Scotland) Regulations 2014.

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Set out below is the list of functions that must be delegated by the local authority to the Integration Joint Board as set out in the Public Bodes (Joint Working) (Prescribed Local Authority Functions etc) (Scotland) Regulations 2014. Further local authority functions can be delegated as long as they fall within the relevant sections of the Acts set out in the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014;

SCHEDULE : Regulation 2
PART 1

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
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 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
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.
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

Column A Enactment conferring function	Column B Limitation
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 to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved person's property.)	

Column A Enactment conferring function	Column B Limitation
Section 22 (Right to apply for a banning order.) Section 40 (Urgent cases.) Section 42 (Adult Protection Committees.) Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 3 (Support for adult carers.) Section 5 (Choice of options: adults.) Section 6 (Choice of options under section 5: assistances.) Section 7 (Choice of options: adult carers.) Section 9 (Provision of information about self-directed support.) Section 11 (Local authority functions.) Section 12 (Eligibility for direct payment: review.)	Only in relation to assessments carried out under integration functions.
Section 13 (Further choice of options on material change of circumstances.) Section 16 (Misuse of direct payment: recovery.) Section 19 (Promotion of options for self-directed support.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.

Part 2

Services currently provided by the Local Authority which are to be integrated

Functions, conferred by virtue of enactments, 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
The Community Care and Health (Scotland) Act 2002	
Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

Scottish Ministers have set out in guidance that the services set out below must be integrated. Further services can be added where they relate to delegated functions;

- Social work services for adults and older people
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision for adults and young people
- Occupational therapy services
- Re-ablement services, equipment and telecare

In addition Inverclyde Council will delegate:

- Residential and non-residential care charging
- Criminal Justice Social Work Services, including Youth Justice
- Children and Families Social Work Services

- 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
- Advice Services
- Strategic and Support Services

Annex 3

Hosted Services

Partnership hosted arrangements will take one of three forms:

1. Delegated within this Scheme

For services related to functions delegated within this Scheme, the Chief Officer can secure the delivery of specific elements from another Health and Social Care Partnership by entering into a Service Level Agreement with another Chief Officer to deliver specified services and attendant outcomes. In such instances:

a) The Health & Social Care Partnership Board retains responsibility for the strategic planning for that given service for their population.

b) The Health & Social Care Partnership Board continues to hold to account their Chief Officer for the delivery of any such externally hosted services and their attendant outcomes in relation to the Inverclyde population.

2. Delegated to one or more other Integrated Joint Boards

The Health and Social Care Partnership Board can agree that the Partnership can manage the delivery or specific functions or services delegated to one or more other Integrated Joint Boards as agreed with a Service Level Agreement between the Chief Officer and their counterpart(s). In such instances:

a) The Health & Social Care Partnership Board is only responsible for the strategic planning and delivery for that given service for the Inverclyde population;

b) The Health & Social Care Partnership Board can only hold the Chief Officer to account for any such internally hosted services and their attendant outcomes in relation to the Inverclyde population.

c) The strategic planning of any such internally hosted services for populations outwith Inverclyde will be retained by the Integrated Joint Board for that area.

d) The Chief Officer will not be accountable to any other Integrated Joint Board for the managerial delivery of such internally hosted services, as any such accountability will be retained by the Chief Officer with whom they have entered into a Service Level Agreement with.

3. Managerial Delivery of Services

Managerial delivery of services (with attendant resources) that are not included within this Scheme that the Health Board Chief Executive or Council Chief Executive requests are to be included within the responsibilities and objectives of the Chief Officer. These are then discharged by that Chief Officer through the Partnership, who will account for performance back to either the Health Board Chief Executive directly as they will continue to be governed by the Health Board; or to the Council Chief Executive and Council (or appropriate Council Committee). The Health & Social Care Partnership Board will have no role or responsibilities in relation to the strategic planning or delivery of any such services.

There are no additional services to be hosted by Inverclyde on behalf of other Integration Authorities within NHSGGC

The following health services are to be hosted by other Integration Authorities within NHSGGC on behalf of Inverclyde

Service	Hosting Integration Authority
List to be populated by NHS Board	

Annex 4

Supporting Documents

- Greater Glasgow & Clyde Protocol for Sharing Information
- ICHP Complaints Procedure
- CHCP Advisory Group Proposal for Service User, Carer and Community Engagement and Participation BRIAN – I don't think this should be included
- Integration Scheme Consultation Timetable
- Training and Development Plan
- CHCP Welcome Pack
- CHCP Management Structure
- Overview of Governance of External Organisations

APPENDIX2

Towards Inverclyde Health and Social Care Partnership
Integration Timeline

	Event/Action	Timeframe
Engagement	Engagement session with providers	5th Dec 2014
	Advisory Group meeting – engagement on Integration and non voting reps on IJB	17th December 2014.
Internal	Informal Session with CHCP Committee Members	17th December 2014
	Draft Integration Scheme (IS) to CMT	18th December 2014
Key enabler	Revised guidance and negative regulations expected from SG	20th December 2014
Consultation	Consultation commences	Monday 5th January 2015
	Consultation draft of IS out to public and partner consultation	5th January 2015 – 16th January 2015
	Send consultation draft to Scottish government for informal feedback	5th Jan 2015
	IS to CMT	15th January 2015
	IS to Alliance Board special meeting	12th January 2015
	Engagement session with Home Care, Care Home and Day Care providers	14th January 2015
	IS out GP Forum	15th January 2015 TBC
	IS to Staff Partnership forum	16th January 2015
Key Deadline	Consultation closes	Friday 16th January 2015
Internal	Consultation Closed and Re-drafting	Weekend of 17th and 18th Jan
Sign off	All Member Briefing on Health and Social Care Integration	20th January 2015
	IS to special meeting of Health Board	20th January 2015
	IS to Special CHCP Sub Committee	26th January 2015
	IS to Special Health and Social Care Committee	26th January 2015
	IS to Special Full Council meeting	29th January 2015
Key Deadline	Submit Final Integration Scheme to Scottish Government	Week of 2nd February 2015
Government Processes	Cabinet Secretary Sign Off expected	Week of 23rd February 2015
	Lay time	2nd March – 27th March 2015
	Parliamentary Order granted	Anticipated 30th March 2015
Key Event	CHCP disestablishment	31st March 2015
Key Deadline	First IJB meeting	Week of 1st April 2015
Key Deadline	Submit draft Strategic Plan to IJB	Week of First April 2015