

Inverclyde Health and Social Care Partnership
Integration Scheme
Between
INVERCLYDE COUNCIL
And
GREATER GLASGOW AND CLYDE NHS BOARD

28th January 2015

V12

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 Community and Health Care Partnership (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 Health 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 to this Integration Scheme are:-

The Inverclyde Council, established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at Municipal Buildings, Clyde Square, Greenock, PA15 1LY. (“the Council”)

And

Greater Glasgow Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Greater Glasgow and Clyde”(NHSGG&C)) 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 the Council and the Health Board;

“The Scheme” means this Integration Scheme;

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

“The Integration Scheme Regulations” or “the 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;

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

“Chief Officer” means the Chief Officer of the Integration Joint Board whose role is more fully defined in Part 9 of the Scheme;

“Chief Finance 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 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. 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 will seek to appoint the first Chair from Inverclyde Council Elected Members and the first Vice Chair from the Greater Glasgow Health Board 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.

Meetings

- 5.5 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business. Standing Orders will be agreed at the first meeting of the Integration Joint Board and all meetings of the Integration Joint Board shall be conducted in accordance with them.

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 Council to the Integration Joint Board are set out in Part 1 of Annex 2. Part 2 of Annex 2 sets out those optional functions which it has been agreed the Council will delegate to the Integration Joint Board. The services to which all of these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 3 of Annex 2.

6.4 In general terms, the Council 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, Integration Joint Board 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 Integration Joint Board 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 The Chief Officer will have delegated operational responsibility for delivery of integrated services, with oversight from the Integration Joint Board. In this way the Integration Joint Board is able to have responsibility for strategic planning and operational delivery. These arrangements will operate within a framework established by NHSGGC and Inverclyde Council for their respective functions, ensuring both bodies can continue to discharge their governance responsibilities.

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 Health 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 Health 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 Single Outcome Agreements 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.
- 7.11 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

- 7.12 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 Integration Joint Board to ensure that the necessary support and information are being provided.
- 7.13 The Parties are committed to supporting the Health and Social Care Partnership, providing resources for the professional, technical or administrative services required to support the development of the Strategic Plan and delivery of the integration functions.
- 7.14 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 Health and Social Care Partnership.
- 7.15 The Parties commit to advise the 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 Act and supporting 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 is 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.

Professional Advice

- 8.5 The Integrated Joint Board and Chief Officer will appoint professional leads as advisors to the Integration Joint Board and Strategic Planning Group.
- 8.6 The Chief Social Work Officer will provide appropriate professional advice in relation to the local authority's statutory social work duties and make certain decisions in terms of Social Work (Scotland) Act 1968. In line with 'Changing Lives', the review of social work services published in February 2006, the governance and professional leadership role of the Chief Social Work Officer (CSWO) will be to oversee social work services and ensure the delivery of safe, effective and innovative practice.

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 Health Board and the Council. This will ensure accountability to both Parties and support a system-wide approach by the Health Board across all of its component integration authorities, 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 non-voting 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 Inverclyde Council and NHS GGC 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 the Health Board and the Council will jointly appoint a suitable interim replacement.
- 9.5 Whilst there is an acute hospital in Inverclyde, the Chief Officer will have no acute hospital operational responsibilities. The Health Board will establish arrangements to liaise with the Chief Officer in respect of the Health and Social Care Partnership Board's role in contributing to the strategic planning of Acute Division services most commonly associated with the emergency care pathway and the delivery of agreed targets where there is a mutual responsibility.
- 9.6 Inverclyde Council agrees that the relevant Council lead responsible for the local housing strategy will be required to routinely liaise with the Chief Officer in respect of the Health and Social Care Partnership Board's role in forming strategic planning for local housing as a whole and the delivery of housing support services delegated to the Integrated Joint Board.
- 9.7 The Parties agree to enable the Chief Officer to 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.

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. The 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 Community Health Care Partnership 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 Health and Social Care Partnership 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.
- 10.8 Members of the management team may be employed by either the NHS Greater Glasgow and Clyde or Inverclyde 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 NHS Greater Glasgow and Clyde and Inverclyde Council employee groups.

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 Integration 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 case which is incorporated within the Integration 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 the Health Board may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within either the Council or Health Board without the express consent of the Integration Joint Board and the other Party.

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 the Council and the Health 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 Health and Social Care Partnership 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 Integration Joint Board'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 Integration Joint Board.

13. Information-Sharing and Data Handling

- 13.1 The Council and the Health Board are party, along with all local authorities in the Greater Glasgow 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 Community Health Care Partnership has a procedure and guidance for staff which aligns these requirements, and this will be adopted by the Health and 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 Health and Social Care Partnership. 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 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.
- 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 delegated by the Health Board to the Integration Joint Board 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, other than Section 2CB(1) and (2) (provision of a service outside Scotland); Section 17L(1) (power to enter into a general medical services contract); Section 47(1) (duty to make available such facilities as appear reasonably necessary for education and research).

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7 (making of arrangements for the assessments of the needs of a person who is 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 other than Section 22 (requirement to maintain a list of medical practitioners).

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23 (co-operating with education authority).

Civil Contingencies Act 2004

All functions of health boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

National Health Service Reform (Scotland) Act 2004

All functions of health boards conferred by, or by virtue of, the National Health Service Reform (Scotland) Act 2003.

Public Health etc. (Scotland) Act 2008

All functions of health boards conferred by, or by virtue of, the Public Health etc. (Scotland) Act 2008 other than section 3 (designation of competent persons).

Certification of Death (Scotland) Act 2011

All functions of health boards conferred by, or by virtue of, the Certification of Death (Scotland) Act 2011.

Patient Rights (Scotland) Act 2011

All functions of health boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.

Public Services Reform (Scotland) Act 2010

All functions of health boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.

Part 2

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

- 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; and
 - 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
- School Nursing
- Speech and Language Therapy
- Specialist Health Improvement
- Community Children's Services
- CAMHS
- 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.

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 set out in the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014. Further local authority functions can be delegated in terms of Section 1(5) of the Public Bodies (Joint Working) (Scotland) Act 2014 as long as they fall within the relevant sections of the Acts set out in the Schedule to the said Act and these optional functions are set out in Part 2 below;

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.)	

Column A Enactment conferring function	Column B Limitation
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.
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.

Column A Enactment conferring function	Column B Limitation
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
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 out with 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.

Column A Enactment conferring function	Column B Limitation
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.)	
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.)	Only in relation to assessments carried out under integration functions.

Column A Enactment conferring function	Column B Limitation
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

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	

Annex 2**Part 2****Additional Council Functions to be Delegated****Section 1(5) of the Public Bodies (Joint Working) (Scotland) Act 2014**

Functions conferred by enactments listed in Part 1 of the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014.

Column A Enactment conferring function	Column B Limitation
National Assistance Act 1948	
Section 45 (Recovery in cases of misrepresentation or non-disclosure)	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 (Reports as to arrangements for future care and upbringing of children)	
Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	
Section 4 (Provisions relating to performance of functions by local authorities.)	
Section 5 (Powers of Secretary of State).	
Section 6B (Local authority inquiries into matters affecting children)	
Section 8 (Research.)	
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	

Column A Enactment conferring function	Column B Limitation
Section 12 (General social welfare services of local authorities.)	
Section 12A (Duty of local authorities to assess needs.)	
Section 12AZA (Assessments under section 12A - assistance)	
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.)	
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 27 (supervision and care of persons put on probation or released from prison etc.)	
Section 27 ZA (advice, guidance and assistance to persons arrested or on whom sentence deferred)	
Section 28 (Burial or cremation of the dead.)	
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.)	
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for aliment)	

Column A Enactment conferring function	Column B Limitation
Section 83 (Variation of trusts)	
Children Act 1975	
Section 34 (Access and maintenance)	
Section 39 (Reports by local authorities and probation officers.)	
Section 40 (Notice of application to be given to local authority)	
Section 50 (Payments towards maintenance of children)	
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Health and Social Services and Social Security Adjudications Act 1983	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)	
Section 22 (Arrears of contributions charged on interest in land in England and Wales)	
Section 23 (Arrears of contributions secured over interest in land in Scotland)	
Foster Children (Scotland) Act 1984	
Section 3 (Local authorities to ensure well-being of and to visit foster children)	
Section 5 (Notification by persons maintaining or proposing to maintain foster children)	
Section 6 (Notification by persons ceasing to maintain foster children)	
Section 8 (Power to inspect premises)	

Column A Enactment conferring function	Column B Limitation
Section 9 (Power to impose requirements as to the keeping of foster children)	
Section 10 (Power to prohibit the keeping of foster children)	
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.)	
Section 8 (Duty of local authority to take into account abilities of carer.)	
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 (Homeless Persons)	
Children (Scotland) Act 1995	
Section 17 (Duty of local authority to child looked after by them)	
Sections 19 (Local authority plans for services for children)	
Section 20 (Publication of information about services for children)	
Section 21 (Co-operation between authorities)	
Section 22 (Promotion of welfare of children in need)	

Column A Enactment conferring function	Column B Limitation
Section 23 (Children affected by disability)	
Section 24 (Assessment of ability of carers to provide care for disabled children)	
Section 24A (Duty of local authority to provide information to carer of disabled child)	
Section 25 (Provision of accommodation for children etc.)	
Section 26 (Manner of provision of accommodation to children looked after by local authority)	
Section 27 (Day care for pre-school and other children)	
Section 29 (After-care)	
Section 30 (Financial assistance towards expenses of education or training)	
Section 31 (Review of case of child looked after by local authority)	
Section 32 (Removal of child from residential establishment)	
Section 36 (Welfare of certain children in hospitals and nursing homes etc.)	
Section 38 (Short-term refuges for children at risk of harm)	
Section 76 (Exclusion orders)	
Criminal Procedure (Scotland) Act 1995	
Section 51 (Remand and committal of children and young persons).	
Section 203 (Reports)	
Section 234B (Drug treatment and testing order).	
Section 245A (Restriction of liberty orders).	

Column A Enactment conferring function	Column B Limitation
<p>Adults with Incapacity (Scotland) Act 2000</p> <p>Section 10 (Functions of local authorities.)</p> <p>Section 12 (Investigations.)</p> <p>Section 37 (Residents whose affairs may be managed.)</p> <p>Section 39 (Matters which may be managed.)</p> <p>Section 40 (Supervisory bodies)</p> <p>Section 41 (Duties and functions of managers of authorised establishment.)</p> <p>Section 42 (Authorisation of named manager to withdraw from resident's account.)</p> <p>Section 43 (Statement of resident's affairs.)</p> <p>Section 44 (Resident ceasing to be resident of authorised establishment.)</p> <p>Section 45 (Appeal, revocation etc.)</p>	
<p>Housing (Scotland) Act 2001</p> <p>Section 1 (Homelessness strategies)</p> <p>Section 2 (Advice on homelessness etc.)</p> <p>Section 5 (Duty of registered social landlord to provide accommodation)</p> <p>Section 6 (Duty of registered social landlord: further provision)</p> <p>Section 8 (Common housing registers)</p>	
<p>Section 92 (Assistance for Housing Purposes)</p>	<p>So far as it is exercisable in relation to another integration function.</p>

Column A Enactment conferring function	Column B Limitation
Community Care and Health (Scotland) Act 2002	
Section 5 (Local authority arrangements for residential accommodation out with Scotland.)	
Section 6 (Deferred payment of accommodation costs)	
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.)	
Management of Offenders etc. (Scotland) Act 2005	
Section 10 (Arrangements for assessing and managing risks posed by certain offenders)	
Section 11 (Review of arrangements)	
Housing (Scotland) Act 2006	
Section 71 (Assistance for housing purposes)	So far as it is exercisable in relation to another integration function.

Column A Enactment conferring function	Column B Limitation
Adoption and Children (Scotland) Act 2007	
Section 1 (Duty of local authority to provide adoption service)	
Section 4 (Local authority plans)	
Section 5 (Guidance)	
Section 6 (Assistance in carrying out functions under sections 1 and 4)	
Section 9 (Assessment of needs for adoption support services)	
Section 10 (Provision of services)	
Section 11 (Urgent provision)	
Section 12 (Power to provide payment to person entitled to adoption support service)	
Section 19 (Notice under section 18: local authority's duties)	
Section 26 (Looked after children: adoption not proceeding)	
Section 45 (Adoption support plans)	
Section 47 (Family member's right to require review of plan)	
Section 48 (Other cases where authority under duty to review plan)	
Section 49 (Reassessment of needs for adoption support services)	
Section 51 (Guidance)	
Section 71 (Adoption allowance schemes)	
Section 80 (Permanence Orders)	
Section 90 (Precedence of certain other orders)	

Column A Enactment conferring function	Column B Limitation
Section 99 (Duty of local authority to apply for variation or revocation)	
Section 101 (Local authority to give notice of certain matters)	
Section 105 (Notification of proposed application for order)	
Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 7 (Visits)	
Section 8 (Interviews)	
Section 9 (Medical examinations)	
Section 10 (Examination of records etc)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 16 (Right to move adult at risk)	
Section 18 (Protection of moved person's property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	

Column A Enactment conferring function	Column B Limitation
<p>Children's Hearings (Scotland) Act 2011</p> <p>Section 35 (Child assessment orders)</p> <p>Section 37 (Child protection orders)</p> <p>Section 42 (Parental responsibilities and rights directions)</p> <p>Section 44 (Obligations of local authority)</p> <p>Section 48 (Application for variation or termination)</p> <p>Section 49 (Notice of application for variation or termination)</p> <p>Section 60 (Local authority's duty to provide information to Principal Reporter)</p> <p>Section 131 (Duty of implementation authority to require review)</p> <p>Section 144 (Implementation of compulsory supervision order: general duties of implementation authority)</p> <p>Section 145 (Duty where order requires child to reside in certain place)</p> <p>Section 166 (Review of requirement imposed on local authority)</p> <p>Section 167 (Appeals to Sheriff Principal: Section 166)</p> <p>Section 180 (Sharing of information: panel members)</p> <p>Section 183 (Mutual Assistance)</p> <p>Section 184 (Enforcement of obligations on health board under Section 183)</p>	
<p>Social Care (Self- Directed Support)(Scotland) Act 2013</p> <p>Section 3 (Support for adult carers.)</p> <p>Section 5 (Choice of options: adults.)</p>	<p>Only in relation to assessments carried out under integration functions.</p>

Column A Enactment conferring function	Column B Limitation
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013.
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	
Functions conferred by virtue of enactments listed in Part 2 of the Schedule to the Public Bodies (Joint Working) (Scotland) Act 2014.	
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)	
Children's Hearings (Scotland) Act 2011	
(Secure accommodation: regulations)	

Annex 2

Part 3

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

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:

- Criminal Justice Services
 - Criminal Justice Social Work
 - Prison Based Social Work
 - Unpaid Work
 - MAPPA
- Children & Families Social Work Services
 - Child Protection
 - Fieldwork Social Work Services for Children and Families
 - Residential Child Care including Children's Homes
 - Looked After & Accommodated Children

- Adoption & Fostering
- Kinship Care
- Services for Children with Additional Needs
- Throughcare
- Youth Support / Youth Justice
- Young Carers

- Services for People affected by Homelessness

- Advice Services

- Strategic & Support Services
 - Health Improvement & Inequalities
 - Quality & Development (including training and practise development, contract monitoring and strategic planning)
 - Business Support

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 Integration Joint Boards

The Health and Social Care Partnership Board can agree that the Partnership can manage the delivery of specific functions or services delegated to one or more other Integration 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 population's outwith Inverclyde will be retained by the Integration Joint Board for that area.
- d) The Chief Officer will not be accountable to any other Integration 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

Summary of Consultation

Type Of Consultee	Name of Group/Individual	Means of Consultation
Health Professionals	Inverclyde Staff Partnership Forum	Presentation at meeting and email to all staff
Social Care Professionals		
Primary Care	General Practitioners & Practice Managers	
Users of health care &/or social care	Inverclyde CHCP Advisory Group & People Involvement Network	Presentation at group meetings and distributed to network members
Carers of users of health care &/or social care	As Above and Inverclyde Carers Centre Board Inverclyde Carers Council	
Commercial Providers of health care &/or social care	Scottish Care CVS Inverclyde All Commissioned Service Providers	X 2 Provider Forum Sessions and distributed to all organisations
Non Commercial Providers of health care &/or social care	CVS Inverclyde Inverclyde Third Sector Interface All Grant Funded Third Sector Organisations	
Staff of Inverclyde CHCP who are not health or social care professionals	•	Via email to all staff
Senior Managers of Inverclyde Council	Corporate Management Team, Inverclyde Council	Presentations and briefing papers
Elected Members of Inverclyde Council	Inverclyde Health & Social Care Committee	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Non-Executive Directors of NHS Board	Greater Glasgow Health Board	Presentations and briefing papers
	Inverclyde CHCP Sub Committee	
Organisations operating in Inverclyde	Inverclyde Alliance Community Planning Partnership Board	Presentations and briefing papers

Notes

- Consultation has taken account of the parties' statutory obligations in relation to participation and engagement
- Consultation has been synchronised with existing consultation processes and forums to enable engagement with specific groups such as service users, carers, providers, the workforce and partners
- Consultation has taken place via a range of media to support open access for all groups