

NHS Greater Glasgow and Clyde Board

20 January 2015

Report by Julie Murray CHCP Director

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP  
INTEGRATION SCHEME

**PURPOSE OF REPORT**

1. To seek approval for the Integration Scheme to establish an East Renfrewshire Health and Social Care Partnership and agree to put forward to Scottish Ministers for approval.

**RECOMMENDATIONS**

2. The Board is asked to approve the draft Integration Scheme for submission to the Scottish Ministers.

**BACKGROUND**

3. The Public Bodies (Joint Working)(Scotland) Act 2014 requires health boards and local authorities to integrate planning for, and delivery of, certain adult health and social care services. Regulations made under the Act set out those functions that must be delegated by both the local authority and the health board. However it is also open to them to choose to integrate planning and delivery of other services, for example additional adult health and social care services, beyond the minimum prescribed by Scottish Ministers.
4. The Act requires health boards and local authorities to prepare jointly an integration scheme setting out how the joint working arrangements are to be achieved. There are a number of ways in which they can do this; the health board and the local authority can either delegate their functions to the other party, or both can delegate their functions to a third party known as an Integration Joint Board. This is the approach that has already been agreed by both the Council and the Health Board. The draft scheme, once approved by both parties, must be submitted to the Scottish Ministers for final approval. At that time, Ministers will make an Order establishing the new joint board, which will be a legal entity in its own right.
5. In East Renfrewshire we have a long and successful experience of developing and running an integrated health and social care partnership for all community adult, children and families and criminal justice services. From the outset in 2006, East Renfrewshire Community Health and Care Partnership has focused on improving outcomes for East Renfrewshire residents, improving health and wellbeing and reducing inequalities. The development of the Health and Social Care Partnership is a natural progression of the positive work of the partners in East Renfrewshire.

## **REPORT**

6. The attached Integration Scheme contains the prescribed information to be agreed between each health board and local authority.
7. The draft Integration Scheme proposes the delegation of all of the Council and Health Board functions relative to adults, criminal justice and children and families services that can be delegated under the Act to the Integration Joint Board.
8. 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 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
  - In addition the Integration Joint Board will be invited by the Parties to take operational oversight of integrated service delivery

## **FINANCE AND EFFICIENCY**

9. Upon establishment, and on completion and approval of the Strategic Plan, the associated budgets for the functions will be aligned and managed by the Integration Joint Board.

## **CONSULTATION**

10. The Act sets out that the NHS Greater Glasgow & Clyde and East Renfrewshire Council must consult on the content of the Integration Scheme and the groups to be involved are set out in the regulations.
  - users of social care,
  - carers of users of social care,
  - users of health care,
  - carers of users of health care,
  - health professionals,
  - social care professionals,
  - non-commercial providers of social/ health care,
  - commercial providers of social/ health care,
  - such persons having functions in relation to housing as the Scottish Ministers think fit.
11. Consultation on the Integration Scheme has been taken forward through the Shadow Integration Board which includes stakeholder members. The Strategic Planning Group as a sub-committee of the IJB was included in this process. The Draft Scheme was shared with the Public Partnership Forum, GP Forum, Third Sector Interface and Housing Providers Forum and made available on the internet. Workshops were held with staff to discuss integration and develop the new purpose statement for the Health and Social Care Partnership. The purpose of East Renfrewshire Health and Social Care Partnership is to work with the people of East Renfrewshire to improve lives.

## **CONCLUSION**

12. A draft integration scheme has been prepared in accordance with Scottish Government guidance and amended following consultation with statutory consultees.

## **RECOMMENDATION**

13. The Council is asked to approve the draft Integration Scheme for submission to the Scottish Ministers.

## **REPORT AUTHOR**

Candy Millard  
Head of Strategic Services, East Renfrewshire CHCP  
0141 577 3376; [candy.millard@eastrenfrewshire.gov.uk](mailto:candy.millard@eastrenfrewshire.gov.uk)

January 2015

## **KEY WORDS**

Report on the Integration Scheme to be submitted to Scottish Government for approval to establish an East Renfrewshire Health and Social Care Partnership in accordance with the Public Bodies Joint Working Scotland Act.

Integration, Integration Scheme, Health and Social Care Partnership

# **East Renfrewshire Health and Social Care Partnership**

## **Draft Integration Scheme**

**Between**

**EAST RENFREWSHIRE COUNCIL**

**And**

**GREATER GLASGOW AND CLYDE NHS BOARD**

**January 2015**

## I. Preamble

- i. In East Renfrewshire we have a long and successful experience of developing and running an integrated health and social care partnership for all community adult, children and families and criminal justice services. East Renfrewshire Community Health and Care Partnership was established in 2006 by East Renfrewshire Council and NHS Greater Glasgow and Clyde. The purpose of the CHCP was to:
  - manage local NHS and social care services;
  - improve the health of its population and close the inequalities gap;
  - play a major role in community planning;
  - achieve better specialist care for its population;
  - achieve strong local accountability through the formal roles for lead councillors and the engagement and involvement of its community; and
  - drive NHS and Local Authority planning processes.
- ii. From the outset East Renfrewshire CHCP focused on improving outcomes for East Renfrewshire residents, improving health and wellbeing and reducing inequalities.
- iii. In November 2013, East Renfrewshire Council and NHS Greater Glasgow & Clyde formally agreed to the transition of the Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for the Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board in preparation for the full enactment of the Public Bodies (Joint Working) (Scotland) Act 2014 in April 2015.
- iv. Partners have agreed to a body corporate arrangement which will be known as the East Renfrewshire Health and Social Care Partnership. The purpose of East Renfrewshire Health and Social Care Partnership is to work with the people of East Renfrewshire to improve lives.
- v. The boundary of the Partnership will be coterminous with the boundary of East Renfrewshire Council, covering a population of around 90,000 people. The main localities are Barrhead, Neilston and Uplawmoor; Giffnock and Thornliebank; Newton Mearns; and Netherlee, Stamperland, Clarkston, Busby and Eaglesham.
- vi. The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:
  - People are able to look after and improve their own health and wellbeing and live in good health for longer.
  - People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
  - People who use health and social care services have positive experiences of those services, and have their dignity respected.
  - Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
  - Health and social care services contribute to reducing health inequalities.

- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
  - People using health and social care services are safe from harm.
  - People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
  - Resources are used effectively and efficiently in the provision of health and social care services.
- vii. NHS Greater Glasgow and Clyde and East Renfrewshire Council have agreed that Children and Families Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the partnership therefore the specific National Outcomes for Children and Criminal Justice are also included.
- viii. National Outcomes for Children are:-
- Our children have the best start in life and are ready to succeed;
  - Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
  - We have improved the life chances for children, young people and families at risk
- ix. National Outcomes and Standards for Social Work Services in the Criminal Justice System are:-
- Community safety and public protection;
  - The reduction of re-offending; and
  - Social inclusion to support desistance from offending.
- x. The Partnership will operate within the wider context of Community Planning and the strategic frameworks of the Parties, including joint arrangements such as the Community Plan and the Single Outcome Agreement (SOA).
- xi. The Act requires that the Health Board and Council submit this integration scheme for approval by Scottish Ministers. Once this scheme is approved, East Renfrewshire Health & Social Care Partnership Board will be established by Order of the Scottish Ministers as an entity which has distinct legal personality.

## Integration Scheme

The parties:

**East Renfrewshire Council**, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Council Headquarters, Eastwood Park, Giffnock, East Renfrewshire, G46 6UG.

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 (together referred to as “the Parties”)

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

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 East Renfrewshire 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 (an “integration joint board”). This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

## 1. Definitions and Interpretation

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

“The Parties” means East Renfrewshire Council and NHS Greater Glasgow & Clyde Board;

“The Scheme” means this Integration Scheme;

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

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

“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

“Lead Partner” means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the NHS Board areas.

“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.

## 2. Local Governance Arrangements

### Remit and Constitution of Integration Joint Board

2.1 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 area in accordance with sections 29 to 48 of the Act.
- To allocate and manage the delegated budget in accordance with the strategic plan.
- In addition the Integration Joint Board will have operational oversight of integrated service delivery framed by Schemes of delegation.

2.2 Detailed protocols and reporting practices will be developed to facilitate the free exchange of information between the Parties and the Integration Joint Board to support the decision making of each body.



- 2.3 The Integration Joint Board will be a partner in the East Renfrewshire Community Planning Partnership.
- 2.4 The Integration Joint Board, and the Parties will have to communicate with each other and interact in order to contribute to the Outcomes, however the Integration Joint Board has distinct legal personality and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Integration Joint Board.

### **Voting Members**

- 2.5 The arrangements for appointing the voting membership of the Integration Joint Board are that:-
  - Each Party shall appoint four voting representatives.
  - The voting representatives will consider nominations for additional non-voting members
  - The non-voting co-opted members will represent the range of stakeholders in accordance with the Act and accompanying Regulations.

### **Chair**

- 2.6 The chair and vice chair of the Integration Joint Board will be selected from amongst the identified eight voting members. The Parties will alternate nominating the chair and vice-chair, with one nominating a chair and the other nominating the vice-chair. The chair and vice chair will operate as co-chairs.
- 2.7 The first chair of the integration joint board is to be a member appointed on the nomination of the NHS. Their initial term of office is one year. Subject to agreement by the Parties, future terms might extend to a maximum of three years.

### **Meetings**

- 2.8 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. Standing orders must include a description of how the Integration Joint Board will conduct its business.

## **3. Delegation of Functions**

- 3.1 The functions that are to be delegated by NHS Greater Glasgow & Clyde 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 NHS Greater Glasgow & Clyde and which are to be integrated, are set out in Part 2 of Annex 1.
- 3.2 The functions that are to be delegated by East Renfrewshire Council to the Integration Joint Board are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the East Renfrewshire Council and which are to be integrated, are set out in Part 2 of Annex 2.

## 4. Local Operational Delivery Arrangements

### Responsibilities of the Integration Joint Board on behalf of the Parties

- 4.1 The remit of the Integration Joint Board is set out in section 2.1 of this Scheme. The Integration Joint Board will provide assurance that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting including the annual performance report which will be provided to the Parties, and through the strategic planning process.
- 4.2 In accordance with Section 26 of the Act, the Integration Joint Board will direct the Council and the Health Board to carry out each function delegated to the HSCP. This will include Adult, Children and Families Health and Social Work Services and Criminal Justice Social Work Services. Payment will be made by the HSCP to the Parties to enable the delivery of these functions in accordance with the Strategic Plan.
- 4.3 The Chief Officer will have delegated operational responsibility for delivery of integrated services, with oversight from the Integrated Joint Board. In this way the Integration Joint Board is able to have responsibility for both strategic planning and operational delivery.

### Corporate Support

- 4.4 NHS Greater Glasgow & Clyde and East Renfrewshire Council 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.
- 4.5 The existing CHCP support arrangements and resources will be used as a model for the future strategic support. This will be regularly reviewed by NHS Greater Glasgow & Clyde, East Renfrewshire Council and the Integration Joint Board to ensure that the Board is provided with the necessary support (initially on an annual basis) and the findings integrated within the annual budget setting and review processes for the Integration Joint Board.
- 4.6 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 East Renfrewshire, and commit to an in-year review during the first year between the Parties and the IJB to ensure that the necessary support and information are being provided.

### Strategic Plan

- 4.7 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. All Integration Joint Boards within NHS Greater Glasgow & Clyde will share plans at consultation.
- 4.8 The Integration Joint Board will have an overview and scrutiny role in relation to the arrangements for stakeholder engagement in the production of the Strategic Plan and the development of locality arrangements to support the development of the Strategic Plan.

- 4.9 The consultation process for the Strategic Plan will include other Integration Authorities likely to be affected by the Strategic Plan, and the Parties as consultees. Through this process the Integration Joint Board will assure itself that the Strategic Plan does not have a negative impact on the plans of the other Integration Authorities within the NHS Board area.
- 4.10 Arrangements for emergency and acute services planning in NHS Greater Glasgow and Clyde will require joint planning with the other Integration Authorities within the NHS Board area and NHS Greater Glasgow & Clyde which retains operational responsibility for the delivery of these services.

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

- 4.11 East Renfrewshire Council and NHS Greater Glasgow & Clyde Board have two responsibilities with regard to performance which need to be addressed in this integration scheme; these are to:-
- Set out a process by which a list of targets, measures and arrangements that relate to the delegated functions will be developed, and the extent to which responsibility will lie with the Integration Joint Board.
  - Set out a process for those targets, measures and arrangements that the Integration Joint Board must take account of in their strategic plan as the provision of integrated services will impact upon the delivery of the targets.
- 4.12 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.
- 4.13 The Strategic Plan will provide direction for the performance framework, identifying local priorities and associated local outcomes and taking into account national guidance on the core indicators for integration.
- 4.14 Where the responsibility for a target is shared, the accountability and responsibilities of each organisation will be documented.

## **5. Clinical and Care Governance**

### **Arrangements for Clinical and Care Governance**

- 5.1 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.
- 5.2 Clinical and care governance for integrated health and social care services will require co-ordination across a range of services, including commissioned services. This rightly places people and communities at the centre of all activity in relation to the governance of clinical and care services.
- 5.3 The CHCP has a long running care governance sub committee with elected members, NHS non-executive and public partnership forum membership alongside clinical and social work professional representation.
- 5.4 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.

- 5.5 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.
- 5.6 The NHS scheme of delegation, which is the basis on which the Board delegates to the Integration Joint Board and Chief Officer, operational responsibilities confirms the arrangements through which:-
- Professional staff relate to the Board's professional leads.
  - The regulatory and training roles of the Board's professional leads are discharged.
  - The relationship to the Boards clinical governance and related arrangements including critical incident reporting.
- 5.7 This will deliver an organisation in which those individual staff delivering care will:-
- Practice in accordance with their professional standards, codes of conduct and organisational values.
  - Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
  - Ensure the best possible care and treatment experience for service users and families.
  - Provide accurate information on quality of care and highlight areas of concern and risk as required.
  - Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
  - Speak up when they see practice that endangers the safety of patients or service users in line with local whistle-blowing policy and regulatory requirements.
  - Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

### **Professional Advice**

- 5.8 The Integration Joint Board and Chief Officer will appoint professional leads as advisors to the Integration Joint Board and Strategic Planning Group.
- 5.9 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 the 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.

## 6. Chief Officer

### The arrangements in relation to the Chief Officer agreed by the Parties

- 6.1 The Chief Officer will be appointed by the Integration Joint Board and is employed by one of the Parties on behalf of both. The Chief Officer will be seconded by the employing party to the Integration Joint Board and will be the principal advisor to, and officer of the Integration Joint Board.
- 6.2 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 East Renfrewshire Council and NHS Greater Glasgow & Clyde from an integration perspective.
- 6.3 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.
- 6.4 The Chief Officer will be jointly line managed by the Chief Executives of NHS Greater Glasgow & Clyde and East Renfrewshire Council. This will ensure accountability to both Parties and support a system-wide approach by the NHS Board across all of its component integration authorities.
- 6.5 In the event that the Chief Officer is absent or otherwise unable to carry out their functions, the Chief Executives of NHS Greater Glasgow & Clyde and East Renfrewshire Council will, in consultation with the Chair /Vice Chair of the Integration Joint Board, jointly appoint a suitable interim replacement.
- 6.6 There are no acute hospitals in East Renfrewshire and the Chief Officer has no acute hospital operational responsibilities. The Health Board will establish arrangements to liaise with the Chief Officer in respect of the Health & 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.
- 6.7 The Council agrees that the relevant Council lead responsible for the local housing strategy and the overall housing function will be required to routinely liaise with the Chief Officer in respect of the Health & Social Care Partnership Board's role in informing strategic planning for local housing as a whole and the delivery of housing support services delegated to the Health & Social Care Partnership Board.
- 6.8 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.

## 7. Workforce

### The arrangements in relation to their respective workforces agreed by the Parties are:

- 7.1 Apart from the Chief Officer post, all other appointments/staff will report to a single line manager, either NHS Greater Glasgow & Clyde or East Renfrewshire Council, who will be responsible for all aspects of supervision and management of these postholders.

- 7.2 Members of the management team may be employed by either the NHS Greater Glasgow & Clyde or East Renfrewshire 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 & Clyde and East Renfrewshire Council employee groups.
- 7.3 Managers will promote best practice, integrated working and provide guidance and development equitably, regardless of whether they are managing a team of NHS staff, Council staff or a combination of both.
- 7.4 Where groups of staff require professional leadership, this will be provided by the relevant professional lead.
- 7.5 Staff employed in services whose functions have been delegated to the Integration Joint Board will retain their current employment status with either East Renfrewshire Council or NHS Greater Glasgow & Clyde and continue with the terms and conditions of their current employer. The Partnership will report on HR issues to the Parties including in relation to the Equality Act.
- 7.6 The Integration Joint Board will develop a joint Workforce Development and Support Plan, taking account of existing workforce development policies and procedures of both Parties, and rationalising these in partnership with other integration authorities within the same NHS Greater Glasgow & Clyde catchment.
- 7.7 The Integration Joint Board will develop an Organisational Development strategy in relation to teams delivering integrated services, managing the staffing and other resources delegated to the Integration Joint Board by the Parties. This will include detailed plans for staff engagement and governance.
- 7.8 Staff governance is a system of corporate accountability for the fair and effective management of all staff.
- 7.9 Staff Governance in the Integration Joint Board will ensure that staff are:-
- Well informed
  - Appropriately training and developed
  - Involved in decisions
  - Treated fairly and consistently with dignity and respect in an environment where diversity is valued
  - Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community
- 7.10 Initial plans will be developed within the first two years of establishment, at which point further requirements will be reviewed.
- 7.11 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at an early stage in decisions affecting them, including in relation to service change and development. Investment in and recognition of staff is a core value of the Parties and is key to supporting the development of integrated working. These Partnership arrangements will meet the required national standards and link to the NHS GGC Area Partnership Forum and ERC Joint Consultative Committee.

## 8. Finance

### Introduction

- 8.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Local Authority and NHS Board.
- 8.2 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.

### Budgets

- 8.3 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 NHS Board and Local Authority for the functions which are to be delegated.
- 8.4 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Local Authority and NHS Board for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:
- Activity changes
  - Cost inflation
  - Efficiencies
  - Performance against outcomes
  - Legal requirements
  - Transfer to or from the amounts set aside by the Health Board
  - Adjustments to address equity of resource allocation
- 8.5 This will allow the Local Authority and NHS Board to determine the final approved budget for the Integrated Joint Board.
- 8.6 The process for determining amounts to be made available (within the 'set aside' budget) by the NHS Board to the Integration Joint Board in respect of all of the functions delegated by the NHS Board which are carried out in a hospital in the area of the NHS 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).
- 8.7 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Local Authority and NHS 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 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).

### **Overspends**

- 8.8 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 Local Authority and NHS 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 Local Authority and NHS 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 Local Authority and NHS Board and Integration Joint Board. If the revised plan cannot be agreed by the Local Authority and NHS 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.

### **Underspends**

- 8.9 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.

### **Unplanned Costs**

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

### **Accounting Arrangements and Annual Accounts**

- 8.11 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.
- 8.12 Any transaction specific to the Integration Joint Board e.g. expenses, will be processed via the Local Authority ledger, with specific funding being allocated by the Integration Joint Board to the Local Authority for this.
- 8.13 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Local Authority and NHS Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.

- 8.14 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.
- 8.15 Periodic financial monitoring reports will be issued to the Chief Officer/ budget holders in line with timescales agreed by the Local Authority and NHS Board.
- 8.16 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval.

### **Payments between Local Authority and NHS Board**

- 8.17 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.
- 8.18 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.

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

- 8.19 Capital and assets and the associated running costs will continue to sit with the Local Authority and NHS 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 Local Authority and NHS Board.

## **9. Participation and Engagement**

- 9.1 The Act sets out that the NHS Greater Glasgow & Clyde and East Renfrewshire Council must consult on the content of the Integration Scheme and the groups to be involved are set out in the regulations.
- users of social care,
  - carers of users of social care,
  - users of health care,
  - carers of users of health care,
  - health professionals,
  - social care professionals,
  - non-commercial providers of social/ health care,
  - commercial providers of social/ health care,
  - such persons having functions in relation to housing as the Scottish Ministers think fit.
- 9.2 Consultation on the Integration Scheme has been taken forward through the Shadow Integration Board which includes stakeholder members. The Strategic Planning Group as a sub-committee of the IJB was included in this process. The

Draft Scheme was shared with the Public Partnership Forum, GP Forum, Third Sector Interface and Housing Providers Forum and made available on the internet. Workshops were held with staff to discuss integration and develop the new purpose statement for the Health and Social Care Partnership.

- 9.3 The Integration Joint Board will produce an engagement strategy will be in line with the principles and practice endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement.
- 9.4 Existing forums, including the Public Partnership Forum and Third Sector Interface along with other community networks and stakeholder groups with an interest in health and social care that NHS Greater Glasgow & Clyde and East Renfrewshire Council will be part of the process of engagement.

## **10. Information-Sharing and Data Handling**

- 10.1 East Renfrewshire Council and NHS Greater Glasgow & Clyde are party, along with all local authorities in Greater Glasgow and Clyde to an Information Sharing Protocol.
- 10.2 The Parties positively encourage their 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. 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.
- 10.3 This Protocol will be reviewed annually and, as a consequence of submission to Information Commissioners Office (ICO) for endorsement, 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 held or considered.

## **11. Complaints**

- 11.1 The complaints process adopted by the East Renfrewshire Health and Social Care Partnership will reflect and satisfy the requirements of:-
- NHS Greater Glasgow & Clyde
  - East Renfrewshire Council
  - 1968 Social Work (Scotland) Act
  - The Patient Rights (Scotland) Act 2011
- 11.2 The Patients 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. NHS Greater Glasgow & Clyde reviewed their complaints policy and processes to adhere to the requirements of this Act and launched this during 2012. The CHCP has a procedure and guidance for staff which aligns these requirements. 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.

- 11.3 Currently the Scottish Government are reviewing the Social Work complaints process. Once recommendations have been made regarding this, the policy and procedures will be amended.

## **12. Claims Handling, Liability & Indemnity**

- 12.1 The Health & Social Care Partnership Board, while having legal personality in its own right, has neither replaced nor assumed the rights or responsibilities of either NHS Greater Glasgow & Clyde or East Renfrewshire Council as the employers of the staff who are managed within the Partnership; or for the operation of buildings or services under the operational remit of those staff.
- 12.2 The Parties will continue to indemnify, insure and accept responsibility for the Partnership staff that they each employ; their particular capital assets that the Partnership delivers services from or with; and the respective services themselves that each Party has delegated to the Health & Social Care Partnership Board.
- 12.3 Liabilities arising from decisions taken by the Health & Social Care Partnership Board will be equally shared between the Parties.

## **13. Risk Management**

- 13.1 The Integration Joint Board is under a duty to establish a risk management and reporting process including risk monitoring and reporting. This will require the Parties and the Integration Joint Board to review the shared risk management arrangements currently in operation including the Strategic Risk Register.
- 13.2 The Chief Officer will lead the review of Risk Management arrangements of the Integration Joint Board with support from the risk management functions of the Parties. The Integration Joint Board will annually approve its Risk Register with in year and exception reporting. This reporting will allow amendment to risks. Any strategic risk will be communicated to the Parties by the Chief Officer. The Integrated Joint Board will also pay due regard to relevant corporate risks of the parties.
- 13.3 There will be shared risk management across NHS Greater Glasgow & Clyde, East Renfrewshire Council and the Integration Joint Board for significant risks that impact on integrated service provision; NHSGGC, East Renfrewshire Council and the Integration Joint Board will consider risks to integrated service provision on a regular basis and notify each other where they have changed.

## 14. Dispute Resolution Mechanism

- 14.1 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 agree to prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.
  - c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of NHS Greater Glasgow & Clyde and the Leader of East Renfrewshire Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.
- 14.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

## Annex 1

### Part 1

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

##### **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 Visting
- 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 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 Bodies (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

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

#### PART 1 – FUNCTIONS WHICH MUST BE DELEGATED

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
<b>National Assistance Act 1948</b> Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
<b>The Disabled Persons (Employment) Act 1958</b> Section 3 (Provision of sheltered employment by local authorities)	
<b>The Social Work (Scotland) Act 1968</b> 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.)	



<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.
<b>The Local Government and Planning (Scotland) Act 1982</b>	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
<b>Disabled Persons (Services, Consultation and Representation) Act 1986</b>	
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.
<b>The Adults with Incapacity (Scotland) Act 2000</b>	
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.

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

Section 41  
(Duties and functions of managers of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions

Section 42  
(Authorisation of named manager to withdraw from resident's account.)

Only in relation to residents of establishments which are managed under integration functions

Section 43  
(Statement of resident's affairs.)

Only in relation to residents of establishments which are managed under integration functions

Section 44  
(Resident ceasing to be resident of authorised establishment.)

Only in relation to residents of establishments which are managed under integration functions

Section 45  
(Appeal, revocation etc.)

Only in relation to residents of establishments which are managed under integration functions

**The Housing (Scotland) Act 2001**

Section 92  
(Assistance for housing purposes.)

Only in so far as it relates to an aid or adaptation.

**The Community Care and Health (Scotland) Act 2002**

Section 4  
(Accommodation more expensive than usually provided)

Section 5  
(Local authority arrangements for residential accommodation outwith Scotland.)

Section 14  
(Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)

**The Mental Health (Care and Treatment) (Scotland) Act 2003**

Section 17  
(Duties of Scottish Ministers, local authorities and others as respects Commission.)

Section 25  
(Care and support services etc.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26  
(Services designed to promote well-being and social development.)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27  
(Assistance with travel.)

Except in so far as it is exercisable in relation to the provision of housing support services.

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.)

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

**The Housing (Scotland) Act 2006**

Section 71(1)(b)  
 (Assistance for housing purposes.)

Only in so far as it relates to an aid or adaptation.

**The Adult Support and Protection (Scotland) Act 2007**

Section 4  
 (Council's duty to make inquiries.)

Section 5  
 (Co-operation.)

Section 6  
 (Duty to consider importance of providing advocacy and other.)

Section 11  
 (Assessment Orders.)

Section 14  
 (Removal orders.)

Section 18  
 (Protection of moved persons property.)

Section 22  
 Right to apply for a banning order.)

Section 40  
 (Urgent cases.)

Section 42  
 (Adult Protection Committees.)

Section 43  
 (Membership.)

**Social Care (Self-directed Support) (Scotland) Act 2013**

Section 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.)

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

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

(Promotion of options for self-directed support.)

## **PART 2 – ADDITIONAL FUNCTIONS TO BE DELEGATED ON A DISCRETIONARY BASIS**

### **National Assistance Act 1948**

Section 45

(Recovery in cases of misrepresentation or non-disclosure)

### **Matrimonial Proceedings (Children) Act 1958**

Section 11

(Reports as to arrangements for future care and upbringing of children)

### **Social Work (Scotland) Act 1968**

Section 5

(Powers of Secretary of State).

Section 6B

(Local authority inquiries into matters affecting children)

Section 27

(supervision and care of persons put on probation or released from prison etc.)

Section 27 ZA

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

Section 78A

(Recovery of contributions).

Section 80

(Enforcement of duty to make contributions.)

Section 81

(Provisions as to decrees for aliment)

Section 83

(Variation of trusts)

Section 86

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

### **Children Act 1975**

Section 34

(Access and maintenance)

Section 39

(Reports by local authorities and probation officers.)

Section 40

(Notice of application to be given to local authority)

Section 50

(Payments towards maintenance of children)

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

---

**Health and Social Services and Social Security Adjudications Act 1983**

Section 21

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

Section 22

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

Section 23

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

**Foster Children (Scotland) Act 1984**

Section 3

(Local authorities to ensure well being of and to visit foster children)

Section 5

(Notification by persons maintaining or proposing to maintain foster children)

Section 6

(Notification by persons ceasing to maintain foster children)

Section 8

(Power to inspect premises)

Section 9

(Power to impose requirements as to the keeping of foster children)

Section 10

(Power to prohibit the keeping of foster children)

**Children (Scotland) Act 1995**

Section 17

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

Sections 19

(Local authority plans for services for children)

Section 20

(Publication of information about services for children)

Section 21

(Co-operation between authorities)

Section 22

(Promotion of welfare of children in need)

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)

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

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).

#### **Adults with Incapacity (Scotland) Act 2000**

Section 40

(Supervisory bodies)

#### **Community Care and Health (Scotland) Act 2002**

Section 6

(Deferred payment of accommodation costs)

#### **Management of Offenders etc (Scotland) Act 2005**

Section 10

(Arrangements for assessing and managing risks posed by certain offenders)

Section 11

(Review of arrangements)

#### **Adoption and Children (Scotland) Act 2007**

---

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

---

Section 1  
(Duty of local authority to provide adoption service)

Section 4  
(Local authority plans)

Section 5  
(Guidance)

Section 6  
(Assistance in carrying out functions under sections 1 and 4)

Section 9  
(Assessment of needs for adoption support services)

Section 10  
(Provision of services)

Section 11  
(Urgent provision)

Section 12  
(Power to provide payment to person entitled to adoption support service)

Section 19  
(Notice under section 18: local authority's duties)

Section 26  
(Looked after children: adoption not proceeding)

Section 45  
(Adoption support plan)

Section 47  
(Family member's right to require review of plan)

Section 48  
(Other cases where authority under duty to review plan)

Section 49  
(Reassessment of needs for adoption support services)

Section 51  
(Guidance)

Section 71  
(Adoption allowances schemes)

Section 80  
(Permanence orders)

Section 90  
(Precedence of court orders and supervision requirements over order)

Section 99  
(Duty of local authority to apply for variation or revocation)

Section 101  
(Local authority to give notice of certain matters)

Section 105  
(Notification of proposed application for order)

**Adult Support and Protection (Scotland) Act 2007**

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

Section 7  
(Visits)

Section 8  
(Interviews)

Section 9  
(Medical examinations)

Section 10  
(Examination of records etc)

Section 16  
(Right to move adult at risk)

**Children’s Hearings (Scotland) Act 2011**

Section 35  
(Child assessment orders)

Section 37  
(Child protection orders)

Section 42  
(Parental responsibilities and rights directions)

Section 44  
(Obligations of local authority)

Section 48  
(Application for variation or termination)

Section 49  
(Notice of application for variation or termination)

Section 60  
(Local authority's duty to provide information to Principal Reporter)

Section 131  
(Duty of implementation authority to require review)

Section 144  
(Implementation of compulsory supervision order: general duties of implementation authority)

Section 145  
(Duty where order requires child to reside in certain place)

Section 153  
(Secure accommodation: regulations)

Section 166  
(Review of requirement imposed on local authority)

Section 167  
(Appeals to sheriff principal: section 166)

Section 180  
(Sharing of information: panel members)

Section 183  
(Mutual assistance)

Section 184  
(*Enforcement of obligations on health board under section 183*)



---

*Column A*  
*Enactment conferring function*

*Column B*  
*Limitation*

---

**Social Care (Self- Directed Support)(Scotland) Act 2013**

Section 8

(Choice of options: children and family members)

Section 10

(Provision of information: children under 16)

CONSULTATION DRAFT

## Part 2

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

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

In addition East Renfrewshire Council will delegate:

- Residential and non-residential care charging
- Criminal Justice Social Work Services, including Youth Justice
- Children and Families Social Work Services:-
  - Adoption and Fostering/Corporate Parenting Team;
  - Assessment and Planning Service;
  - Child Protection;
  - Children with Disabilities
  - Intensive Service for children and families
  - Looked After and Accommodated Children;
  - Throughcare Services
  - Transition Team
  - Young Peoples Intensive Service