

**WEST DUNBARTONSHIRE COUNCIL
NHS GREATER GLASGOW & CLYDE**

**Report by the Interim Chief Officer of the
Shadow Health & Social Care Partnership**

January 2015

**Subject: Establishing a Health and Social Care Partnership for West
 Dunbartonshire**

1 Purpose

- 1.1 To seek approval of the prepared Integration Scheme that details how the Council and Greater Glasgow & Clyde Health Board will implement the Public Bodies (Joint Working)(Scotland) Act 2014 for West Dunbartonshire.

2 Recommendation

2.1 It is recommended that the Council and NHS Board:

- (1) Approve for their respective interests the attached Integration Scheme for submission to Scottish Government for approval;
- (2) Remit to the Interim Chief Officer the discretion to undertake any non-material refinements to the Integration Scheme if requested by Scottish Government officials during the course of their approval process, subject to confirmation that the specific adjustments would not represent a change in policy on behalf of either organisation;
- (4) That the Council confirm the three elected members to be appointed to the Health & Social Care Partnership Board; and the NHS Board identify the third non-executive director they wish to appoint;
- (5) Agree that revised Schemes of Delegation be prepared to reflect the contents of the Integration Scheme in respect of the resources that Chief Officer will be responsible for on the organisations' behalf and manage within the new Health & Social Care Partnership.

3 Background

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 establishes the legal framework for integrating health and social care in Scotland. The Act requires territorial NHS health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services. The Act also provides the local discretion to allow for the inclusion of further functions – such as criminal justice and children's health and social care (as are already included within the CHCP in West Dunbartonshire) - should the public bodies involved agree to do so.
- 3.2 The intention of the legislation is to create a single system for local joint strategic commissioning of health and social care services, which is built around the needs of patients and service users, and which supports whole

system redesign in favour of preventative and anticipatory care in communities.

- 3.3 The Act requires each Health Board and Local Authority to delegate some of their functions to their local Integration Authority in order to deliver nationally agreed outcomes for health and social care. Health Boards and Local Authorities can form an integration authority in one of two ways:
- By delegating functions and resources to a 'body corporate' governed by an integration joint board, serviced by a Chief Officer; or
 - By delegating functions and resources to each other for the delivery of services.
- 3.4 As the Council and the NHS Board will recall, the body corporate model is the one which most closely matches the existing and successful arrangements for West Dunbartonshire Community Health & Care Partnership (CHCP).
- 3.5 The Act requires that the Council and the NHS Board jointly prepare, jointly consult upon and then approve an *integration scheme* for their local integration authority and submit that scheme for final approval to Scottish Ministers by 31st March 2015.
- 3.6 As agreed by both the NHS Board (at its 17th December 2013 meeting) and the full Council (at its 18th December 2013 meeting), as of the 1st April 2014 the local CHCP Committee formally took on the status of a shadow Integration Joint Board (IJB) for West Dunbartonshire. The CHCP Director assumed the role of Interim Chief Officer. Those decisions were taken to enable both the Council and the NHS Board to deliver a shared objective of preparing for a new Health & Social Care Partnership as the successor to the established CHCP in an orderly and effective fashion that further developed the necessary foundations to realise the opportunities for further improvement that the legislation provides; provided clarity for staff; and avoided disruption for service users and carers.
- 3.7 As part of this, the Shadow IJB directed the Interim Chief Officer to develop the attached Integration Scheme for West Dunbartonshire on behalf of both the Council and the NHS Board in accordance with requirements of the legislation; and for subsequent recommendation for approval by the NHS Board and the Council.

4 Main Issues

- 4.1 As both the NHS Board and the Council recognised at their respective December 2013 meetings, the existence of an already fully integrated CHCP has meant that West Dunbartonshire is particularly well-placed to be an early-adopter for the new legislation, reflective of our local experience delivering the benefits of integration in practice - both strategically and operationally.
- 4.2 As Council will recall from its October 2014 meeting, the most recent Chief Social Work Officer's Annual Report fully supported and endorsed the work that has been undertaken this past year in developing a comprehensive Integration Scheme.
- 4.3 The attached Integration Scheme (Appendix A) follows the structure of the model integration scheme provided by the Scottish Government; and its contents reflect consideration of the guidance that Scottish Government has shared in relation to how it will analyse, scrutinise and undertake assurance checks of all schemes with respect to the Act and its accompanying

regulations. Subject to approval, it will replace the current CHCP Scheme of Establishment.

- 4.4 The model of integration committed to within the integration scheme is that of the Body Corporate, establishing a *new West Dunbartonshire Health & Social Care Partnership Board* as the IJB for our local area.
- 4.5 Annex 1 of the Integration Scheme details the Health Board services to be delegated to the new Health & Social Care Partnership Board. Annex 2 of the Integration Scheme details the Council functions to be delegated to the new Health & Social Care Partnership Board. These annexes include all of the minimum requirements of the Act; and all of the services currently undertaken by the existing CHCP as previously indicated by both the Council and the NHS Board.
- 4.6 The Act stipulates that a minimum of three elected members from the Council and three non-executive members from the NHS Board will form the voting members of the IJB, with the local authority able to insist upon a maximum of 10% of its total number of local councillors having a seat on the IJB.
- 4.7 As confirmed at the August 2014 Shadow IJB meeting and subject to the approval of the Integration Scheme itself, this report also then asks the Council to identify which three members will join the new Health & Social Care Partnership Board; and the NHS Board to identify a further one non-executive director to join the two that it has already selected.
- 4.8 The Act only requires and enables the delegation of strategic planning for the functions/services referred to within Para 4.5 above. In order to continue to build upon the effective integrated arrangements that have been in place locally, the scheme proposes to discharge the operational delivery of the functions delegated to the Health & Social Care Partnership Board except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway (as they serve more than one Integration Authority) through the partnership between the Council and the Health Board known as West Dunbartonshire Health & Social Care Partnership (as the successor to the current CHCP). The new West Dunbartonshire Health & Social Care Partnership will comprise the necessary resources and staff allocated by the Council and the NHS Board for the purposes of delivering those operational services as framed within the schemes of delegation. This report then also seeks approval for revised Schemes of Delegation to be prepared that reflect the contents of the Integration Scheme in respect of the resources that the Chief Officer will be responsible for on the organisations' behalf and manage within the new Health & Social Care Partnership.

5 People Implications

- 5.1 As per the legislation, the Integration Scheme details relevant issues for the workforce and in respect of staff governance. Staff will continue to be employed by either the NHS Board or the Council as they are at present, retaining their respective terms and conditions. Trade unions were consulted upon the content, with no concerns expressed.

6 Financial Implications

- 6.1** As per the legislation, the Integration Scheme details relevant issues of financial management and governance as agreed by the Health Board's Director of Finance (interim) and the Council's Section 95 Officer.

7 Risk Analysis

- 7.1** The Act requires that the Council and the NHS Board jointly prepare, jointly consult upon and then approve an Integration Scheme for their local integration authority; and for that to be done within the timelines specified within the accompanying regulations.
- 7.2** The attached Integration Scheme is an evolution of the successful CHCP arrangements that the Council and the NHS Health Board have developed for West Dunbartonshire, and its approval will enable full implementation of the Act in a manner that supports continued local developments and avoid uncertainty for staff or potential disruption for service users and carers.

8 Equalities Impact Assessment

- 8.1** An Equality Impact Assessment has been completed for the attached Integration Scheme, with no negative impacts identified.

9 Consultation

- 9.1** As reported to the Shadow IJB, the attached Integration Scheme has been informed by a considerable amount of ongoing dialogue and positive interaction with stakeholders prior to a formal month long consultation running to 5th December 2014.
- 9.2** As set out within the Integration Scheme itself, the formal public consultation has included the prescribed groups specified within regulations and other interested parties (including local staff, local Community Planning Partners and the local Community Alliance).
- 9.3** No objections or concerns have been expressed in relation to the Integration Scheme, with refinements made in response to constructive suggestions made. In general terms, the approach adopted locally has been positively received by all stakeholders.

10 Strategic Assessment

- 10.1** The issues considered here relate to the following strategic priorities to:
- Improve care for and promote independence with older people.
 - Improve the well-being of communities and protect the welfare of vulnerable people.
 - Improve life chances for children and young people.



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Interim Chief Officer

Date: 16th January 2015

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Appendices: Integration Scheme (Body Corporate) Between West Dunbartonshire Council and Greater Glasgow & Clyde Health Board.

Equality Impact Assessment - Integration Scheme (Body Corporate) Between West Dunbartonshire Council and Greater Glasgow & Clyde Health Board.

Background Papers: The Public Bodies (Joint Working) (Scotland) Act 2014 and its supporting documents

The Children and Young Peoples (Scotland) Act 2014 and its supporting documents

West Dunbartonshire Council: Establishing a Shadow Health and Social Care Partnership for West Dunbartonshire (December 2013)

Shadow Integration Joint Board Report: West Dunbartonshire Shadow HSCP - Transition Actions for Delivery through 2014/15 (May 2014)

Shadow Integration Joint Board Report: Responses to Scottish Government Consultation on draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 (August 2014)

CHCP Committee Report: West Dunbartonshire CHCP Mid-Year Performance Report 2014/15 (November 2014)

West Dunbartonshire Council: Chief Social Work Officer's Annual Report (October 2014)

West Dunbartonshire CHCP Scheme of Establishment: www.wdchcp.org.uk/who-we-are/scheme-of-establishment

Wards Affected: All

West Dunbartonshire Health and Social Care Partnership Board

INTEGRATION SCHEME

(BODY CORPORATE)

BETWEEN

WEST DUNBARTONSHIRE COUNCIL

AND

GREATER GLASGOW AND CLYDE HEALTH BOARD

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

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

1. Introduction

- 1.1 This integration scheme describes how the *Public Bodies (Joint Working) (Scotland) Act 2014* is to be implemented for West Dunbartonshire.
- 1.2 In October 2010, West Dunbartonshire Council and NHS Greater Glasgow & Clyde Health Board established West Dunbartonshire Community Health & Care Partnership as a joint vehicle for the management and delivery of community health and social care services, under the local auspices of a combined Community Health & Care Partnership Committee whose composition reflects a partnership approach between the Council and the Health Board; and the leadership of a single Director and Senior Management Team. These integrated arrangements have been inclusive of all adult, children and criminal justice services; and their effectiveness has been positively recognised by the Care Inspectorate and Audit Scotland.
- 1.3 In December 2013, the Council and the Health Board formally agreed to transition their Community Health and Care Partnership to a Shadow Health and Social Care Partnership; and for its Community Health & Care Partnership Committee to assume the role of Shadow Integration Joint Board; and the Partnership Director to assume the role of Interim Chief Officer from 1st April 2014, in preparation for the full enactment of the *Public Bodies (Joint Working) (Scotland) Act 2014* in April 2015. This decision has enabled both the Council and the Health Board to jointly develop, constructively consult with stakeholders and then agree the arrangements for joint working as required by the Act, building on the effective integrated arrangements that have already been successfully developed locally; and reflecting on the considerable learning and insights that accrued in doing so.
- 1.4 This integration scheme details the 'body corporate' arrangement by which the Health Board and the Council have agreed to formally delegate health and social care services for adults and children to a third body, which is described in the Act as an Integration Joint Board. The Integration Joint Board for West Dunbartonshire shall be referred to as the *West Dunbartonshire Health & Social Care Partnership Board*.

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

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

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

- 1.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 1.6.2 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.
- 1.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 1.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- 1.6.5 Health and social care services contribute to reducing health inequalities.
- 1.6.6 People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and wellbeing.
- 1.6.7 People who use health and social care services are safe from harm.
- 1.6.8 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.
- 1.6.9 Resources are used effectively in the provision of health and social care services, without waste.
- 1.7 Council and the Health Board 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 Health & Social Care Partnership Board. Consequently the specific National Outcomes for Children and Criminal Justice will also be addressed within its Strategic Plans, i.e.:
 - 1.7.1 Our children have the best start in life and are ready to succeed.
 - 1.7.2 Our young people are successful learners, confident individuals, effective contributors and responsible citizens.
 - 1.7.3 We have improved the life chances for children, young people and families at risk.
 - 1.7.4 Community safety and public protection.
 - 1.7.5 The reduction of re-offending.
 - 1.7.6 Social inclusion to support desistance from offending.
- 1.8 West Dunbartonshire Health & Social Care Partnership Board will be responsible for the strategic planning of the integrated services as set out in Annexes 1 and 2 of this Scheme. The Council and the Health Board will discharge the operational delivery of those delegated services (except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway) through the partnership arrangement referred to as *West Dunbartonshire Health & Social Care Partnership*.
- 1.9 The Act requires that the Health Board and Council submit this integration scheme for approval by Scottish Ministers. Once this scheme is approved, the West Dunbartonshire Health & Social Care Partnership Board will be established by Order of the Scottish Ministers as an entity which has distinct legal personality.

2. The Parties

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

and

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

3. Definitions And Interpretation

- 3.1 “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2 “The Chief Officer” means the Chief Officer of the Integration Joint Board for West Dunbartonshire.
- 3.3 “The Chief Financial Officer” means the Chief Financial Officer of the Integration Joint Board for West Dunbartonshire.
- 3.4 “The Council” means West Dunbartonshire Council.
- 3.5 “The Health Board” means Greater Glasgow & Clyde NHS Health Board.
- 3.6 “The Health & Social Care Partnership Board” means the Integration Joint Board for West Dunbartonshire to be established by Order under section 9 of the Act.
- 3.7 “The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.
- 3.8 “Integration Joint Board Order” means the Public Bodies (Joint Working) (Scotland) Order 2014.
- 3.9 “Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act.
- 3.10 “The Partnership” means the West Dunbartonshire Health & Social Care Partnership.
- 3.11 “Scheme” means this Integration Scheme.
- 3.12 “Strategic Plan” means the strategic plan for the integrated services specified within this Scheme as prescribed under section 29 of the Act.

4. Integration Model

- 4.1 In accordance with section 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 West Dunbartonshire Health & Social Care Partnership Board, namely the delegation of functions by the Parties to a *body corporate* that is to be established by Order under section 9 of the Act.
- 4.2 The Parties have agreed that the Integration Joint Board for West Dunbartonshire shall be referred to as the *West Dunbartonshire Health & Social Care Partnership Board*.
- 4.3 This Scheme comes into effect on the date the Parliamentary Order to establish the Health & Social Care Partnership Board comes into force.

5. Local Governance Arrangements

- 5.1 The Parties understand that the Health & Social Care Partnership Board has the formal status for strategic planning for West Dunbartonshire within both the Council and the Health Board, contributing to and operating within the wider context of their respective corporate strategies. The Health & Social Care Partnership Board and the Parties will have to communicate with each other and interact in order to contribute to the overall delivery of the Outcomes for West Dunbartonshire.
- 5.2 The Parties understand that the Health & Social Care Partnership Board has a legal personality distinct from the Council and Health Board; and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Health & Social Care Partnership Board.
- 5.3 In exercising its functions, the Health & Social Care Partnership Board must take into account the Parties' requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Scheme, the Parties retain their distinct statutory responsibilities; and therefore also retain their formal decision-making roles for those functions not delegated.
- 5.4 The remit and constitution of the Health & Social Care Partnership Board is established through the legislation, with the Parties having agreed that:
 - 5.4.1 The Council will formally identify three councillors to become voting members of the Health & Social Care Partnership Board, to serve for a period of three years. The Council retains the discretion to replace its nominated members on the Health & Social Care Partnership Board.
 - 5.4.2 The Health Board will formally identify three non-executive directors to become voting members of the Health & Social Care Partnership Board, to serve for a period of three years. The Health Board retains the discretion to replace its nominated members on the Health & Social Care Partnership Board.
 - 5.4.3 The chair and vice chair of the Health & Social Care Partnership Board will be selected from amongst the identified six 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 term of office of the Chair and Vice-Chair will be three years.

- 5.4.4 The first chair of the Health & Social Care Partnership Board will be nominated by the Council; and the first vice-chair will be nominated by the Health Board.
- 5.4.5 The non-voting members of the Health & Social Care Partnership Board will reflect the stakeholders groups prescribed within section 5(4) of the Act. Once both Parties have confirmed their first set of nominated voting members to the Health & Social Care Partnership Board, the Interim Chief Officer of the transitional Shadow Integration Joint Board will recommend to those voting members a joint process on behalf of both Parties for inviting the participation of the required non-voting members for their approval, such that appropriately representative non-voting members can be legitimately identified for the first formal meeting of the Health and Social Care Partnership Board.
- 5.4.6 The Health & Social Care Partnership 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 Health & Social Care Partnership Board; and all meetings of the Health & Social Care Partnership Board shall be conducted in accordance with them.
- 5.4.7 All voting and non-voting members of the Health & Social Care Partnership Board will be obliged to behave in accordance with *Ethical Standards in Public Life Framework*. This will include declaring relevant financial and non-financial interests, both within an annual register and at meetings in response to agenda items.

6. **Delegation of Functions**

- 6.1 The Parties agree to delegate a comprehensive range of health and social care services for adults and children to the Health & Social Care Partnership Board, including discretionary criminal justice and children's health and social care services functions.
- 6.2 The services that are to be delegated by Health Board to the Health & Social Care Partnership Board are set out in Annex 1.
- 6.3 The functions that are to be delegated by West Dunbartonshire Council to the Health & Social Care Partnership Board are set out in Annex 2.
- 6.4 Annex 3 describes the three forms of hosting service arrangements that the Chief Officer and the Partnership may be engaged in.

7. **Local Operational Delivery Arrangements**

- 7.1 The Parties understand that the Health & Social Care Partnership Board will be responsible for the strategic planning of its integrated services as set out in Annexes 1 and 2 of this Scheme.
- 7.2 The Parties have agreed that the Health & Social Care Partnership Board will:
- 7.2.1 Appoint a Chief Officer, who by virtue of that appointment will also be the Chief Officer of the Partnership.
- 7.2.2 Appoint a Chief Financial Officer, who will be the Accountable Officer for financial management and administration of the Health & Social Care Partnership Board.

- 7.2.3 Work constructively and routinely with stakeholders as part of Community Planning West Dunbartonshire to develop services that meet the needs of local people and support local Single Outcome Agreement priorities.
- 7.3 The Parties agree that the Strategic Plan will provide direction for the Health & Social Care Partnership Board's performance framework, identifying local priorities and associated local outcomes and taking into account national guidance on the core indicators for integration.
- 7.4 The Council and the NHS Board understand that they have two responsibilities with regard to performance, which need to be addressed in this integration scheme:
- 7.4.1 To set out a process by 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 Health & Social Care Partnership Board.
- 7.4.2 To set out a process for those targets, measures and arrangements that Health & Social Care Partnership Board must take account of in their strategic plan as the provision of integrated services will impact upon the delivery of the targets.
- 7.5 The Parties will work together to develop proposals on these targets, measures and arrangements to meet these requirements to put to the first meeting of the Health & Social Care Partnership Board for agreement based on the local Single Outcome Agreement; Council's Strategic Plan; the Health Board's strategic direction; and national NHS Local Delivery Plan and related requirements.
- 7.6 The Parties agree that the specific local targets, measures and arrangements associated with the Outcomes that are the responsibility of the Health & Social Care Partnership Board will be determined through the preparation of and confirmed within the first and then subsequent Strategic Plans.
- 7.7 The Parties will prepare a list of targets and measures that relate to non-delegated functions that are to be taken into account by the Health & Social Care Partnership Board when it is preparing its Strategic Plan.
- 7.8 Where the responsibility for a performance target is shared, the accountability and responsibilities of the relevant Party and the Health & Social Care Partnership Board will be documented.
- 7.9 The Parties agree to provide the Health & Social Care Partnership Board with all of the professional, technical and corporate support necessary to undertake its responsibilities as per the Scheme.
- 7.10 The Health Board agrees that it will provide analysis on the consumption of hospital services (based on a transparent analysis of hospital activity and cost information) to the Health & Social Care Partnership Board on a routine basis for the Health Board Acute Division services most commonly associated with the emergency care pathway.
- 7.11 The Parties agree to discharge the operational delivery of the functions delegated to the Health & Social Care Partnership Board except those related to the Health Board's Acute Division services most commonly associated with the emergency care pathway (as they serve more than one Integration Authority) through the partnership between the Council and the Health Board known as

West Dunbartonshire Health & Social Care Partnership. The Partnership comprises the necessary resources and staff allocated by the Parties for the purposes of delivering those operational services. Schemes of delegation frame those operational responsibilities.

8. Clinical and Care Governance

- 8.1 The Parties agree that service users are the first priority in all of what the Health & Social Care Partnership Board does by ensuring that, within available resources, they receive effective care and support from caring, compassionate and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights.
- 8.2 The Parties understand that clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured, supporting staff in continuously improving the quality and safety of care and ensuring that wherever possible poor performance is identified and addressed. Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services. Clinical and care governance for integrated health and social care services will require co-ordination across a range of services, (including procured services) so as to place people and communities at the centre of all activity relating to the governance of clinical and care services.
- 8.3 The Parties understand that the Act does not change the current or future regulatory framework within which health and social care professionals practice or the established professional accountabilities that are currently in place within the NHS and local government; and that all health and social care professionals remain accountable for their individual clinical and care decisions.
- 8.4 The Parties agree that they will work together and with the Health & Social Care Partnership Board to establish clinical and care governance arrangements that:
 - 8.4.1 Create an organisational culture that promotes human rights and social justice; value partnership working through example; affirm the contribution of staff through the application of best practice including learning and development; are transparent and open to innovation, continuous learning and improvement.
 - 8.4.2 Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
 - 8.4.3 Ensure 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.
 - 8.4.4 Ensure that transparency and candour are demonstrated in policy, procedure and practice.
 - 8.4.5 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 contractually provided through the third and independent sector.

- 8.4.6 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.
- 8.4.7 Ensure that clear, robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities.
- 8.4.8 Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- 8.4.9 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 public interest disclosure and regulatory requirements.
- 8.4.10 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, including validation of the quality of training and the training environment for all health and social care professionals in order to be compliant with all professionals regulatory requirements.
- 8.4.11 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.
- 8.4.12 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.
- 8.4.13 Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny.
- 8.4.14 Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- 8.4.15 Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- 8.4.16 Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- 8.4.17 Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- 8.4.18 Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- 8.5 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.

- 8.6 The Health & Social Care Partnership will establish a Quality Committee to focus on clinical and care governance, which will provide advice to the Health & Social Care Partnership Board and (where necessary) make recommendations to either or both Parties. The Chief Officer will ensure that necessary formal linkages are made between the Quality Committee and relevant major committees of the Parties. The responsibilities for the clinical governance of all of the Health Board's Acute Division services most commonly associated with the emergency care pathway will sit outwith the Health & Social Care Partnership and the Chief Officer, as those will be retained by the Health Board and its Chief Executive.
- 8.7 The Health & Social Care Partnership Board and Chief Officer will confirm professional leads as advisors to the Health & Social Care Partnership Board and the Quality Committee.
- 8.8 The Health Board agrees that its scheme of delegation to the Health & Social Care Partnership Board and the Chief Officer will confirm:
- 8.8.1 The arrangements through which health care professionals relate to the Health Board's professional leads.
- 8.8.2 The arrangements through which the regulatory and training roles of the Health Board's professional leads are discharged.
- 8.8.3 The relationship to the Health Board's clinical governance and related arrangements, including critical incident reporting.
- 8.9 The Council confirms that its Chief Social Work Officer will provide appropriate professional advice in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968.
- 8.10 The Parties agree that they will work together and with the Health & Social Care Partnership Board to deliver an organisation in which those individual staff delivering care will:-
- 8.10.1 Practice in accordance with their professional standards, codes of conduct and organisational values.
- 8.10.2 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.
- 8.10.3 Ensure the best possible care and treatment experience for service users and families.
- 8.10.4 Provide accurate information on quality of care and highlight areas of concern and risk as required.
- 8.10.5 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.
- 8.10.6 Speak up when they see practice that endangers the safety of patients or service users in line with local policies for public interest disclosure and regulatory requirements.
- 8.10.7 Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

9. **Chief Officer**

- 9.1 The Chief Officer will be accountable directly to the Health & Social Care Partnership Board for the preparation, implementation and reporting on the Strategic Plan.
- 9.2 The Chief Officer's formal contract of employment will be with one of the Parties, and be then seconded to the Health & Social Care Partnership Board by that Party. The Chief Officer will hold an honorary contract with the other Party. The Chief Officer will be jointly line managed by the Council's Chief Executive and the Health Board's Chief Executive. Where there is to be prolonged period where the Chief Officer is absent or otherwise unable to carry out their responsibilities, the Council's Chief Executive and Health Board's Chief Executive will jointly propose an appropriate interim arrangement for approval by the Health & Social Care Partnership Board's Chair and Vice-Chair.
- 9.3 The totality of the Chief Officer's objectives will be set annually and performance appraised by the Council's Chief Executive, the Health Board's Chief Executive in consultation with Health & Social Care Partnership Board's Chair and Vice-Chair.
- 9.4 The Chief Officer will be a full member of both the Council's and Health Board's corporate management teams, as well as a non-voting member of the Health & Social Care Partnership Board.
- 9.5 The Parties agree that the Council's Chief Social Work Officer and the Health Board's Medical Director, Director of Nursing, and Associate Director for Allied Health Professions will routinely liaise with the Chief Officer with respect to the arrangements and support for clinical and care governance.
- 9.6 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.
- 9.7 The Council 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 for local housing as a whole and the delivery of housing support services delegated to the Health & Social Care Partnership Board.
- 9.8 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.

10. **Workforce**

- 10.1 The preparation of the first workforce and organisational development plan will be a specific commitment within the first Strategic Plan, and subsequently presented to the Health & Social Care Partnership Board for approval within the first year of its operation.
- 10.2 The Parties understand that staff governance is a system of corporate accountability for the fair and effective management of all staff. The Health & Social Care Partnership Board will establish a standing Staff Partnership Forum whose focus will be the application of the principles of staff

governance across delegated services except the Health Board's Acute Division services most commonly associated with the emergency care pathway, i.e. that staff should be:

- 10.2.1 Well informed.
 - 10.2.2 Appropriately trained.
 - 10.2.3 Involved in decisions which affect them.
 - 10.2.4 Treated fairly and consistently.
 - 10.2.5 Provided with an improved and safe working environment.
- 10.3 The Staff Partnership Forum will provide the collaborative vehicle by which the Health & Social Care Partnership Board's integrated workforce and organisational development plan will be prepared and implemented in support of the Strategic Plan. The Parties will ensure that there are formal linkages between the Staff Partnership Forum and their respective corporate trade union partnership forums.

11. Finance

- 11.1 The Health & Social Care Partnership Board will be allocated funding by the Parties for the range of delegated services and functions set out within this Scheme and the targets agreed within Strategic Plans. The Health & Social Care Partnership Board will adopt the National Guidance on Financial Resources and its associated procedures.
- 11.2 The Health & Social Care Partnership Board shall appoint a Chief Financial Officer, who will be the Accountable Officer for financial management and administration of the Health & Social Care Partnership Board. The Chief Financial Officer will be line managed by the Chief Officer, and professionally supervised and formally supported by the Council's Section 95 Officer and the Health Board's Director of Finance.
- 11.3 The Parties will provide the Health & Social Care Partnership Board with assurance that its delegated resources are appropriately robust to allow it to carry out its delegated services and functions, both prior to the approval of its Strategic Plans and at the start of each financial year. Delegated baseline budgets for 2015/16 will be subject to due diligence and based on a review of recent past performance, existing and future financial forecasts for the Health Board and the Council for the functions which are to be delegated.
- 11.4 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 the Health Board for consideration as part of their respective annual budget setting process. This will allow the Council and Health Board to determine the final approved budget for the Health & Social Care Partnership Board. The draft proposal will incorporate assumptions on:
- 11.4.1 Activity changes.
 - 11.4.2 Cost inflation.
 - 11.4.3 Efficiencies.
 - 11.4.4 Performance against outcomes.

- 11.4.5 Legal requirements.
- 11.4.6 Transfer to or from the amounts set aside by the Health Board.
- 11.4.7 Adjustments to address equity of resource allocation
- 11.5 The process for determining amounts to be made available (within the 'set aside' budget) by the Health Board to the Health & Social Care Partnership 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 Health & Social Care Partnership Board and will be based on:
 - 11.5.1 Actual Occupied Bed Days and admissions in recent years.
 - 11.5.2 Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan.
 - 11.5.3 Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).
- 11.6 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Council and the Health Board.
- 11.7 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 Health & Social Care Partnership Board's budget. This may include:
 - 11.7.1 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.
 - 11.7.2 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).
- 11.8 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 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 Health & Social Care Partnership Board. In the event that the recovery plan does not succeed, the Council and the 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 the Health Board, and approved by the Health & Social Care Partnership Board. If the revised plan cannot be agreed by the Council and Health Board, or is not approved by the Health & Social Care Partnership Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.
- 11.9 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 Health & Social Care

Partnership 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 a Reserves Strategy to be agreed by the Health & Social Care Partnership Board). Any windfall or unplanned underspend will be dealt with in accordance with local arrangements to be agreed by the Parties.

- 11.10 Neither the Council nor the Health Board may reduce the payment in-year to the Health & Social Care Partnership Board to meet exceptional unplanned costs within either the Council or the Health Board without the express consent of the Health & Social Care Partnership Board and the other Party.
- 11.11 Recording of all financial information in respect of the Health & Social Care Partnership Board will be in the financial ledger of the Party which is delivering financial services on behalf of the Health & Social Care Partnership Board.
- 11.12 Any transaction specific to the Health & Social Care Partnership Board (e.g. expenses) will be processed via the Council ledger, with specific funding being allocated by the Health & Social Care Partnership Board to the Council for this.
- 11.13 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Council and the Health Board, with the information from both sources being consolidated for the purposes of reporting financial performance to the Health & Social Care Partnership Board.
- 11.14 The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.
- 11.15 Periodic financial monitoring reports will be issued to the Chief Officer and their budget holders in line with timescales agreed by the Council and Health Board.
- 11.16 In advance of each financial year a timetable of reporting will be submitted to the Health & Social Care Partnership Board for approval.
- 11.17 The schedule of payments by the Parties to be made in settlement of the payment due to the Health & Social Care Partnership Board will be resource transfer; virement between the Parties; and the net difference between payments made to the Health & Social Care Partnership Board. Resources delegated by the Health & Social Care Partnership Board will be transferred between the Parties initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.
- 11.18 In the event that the Health & Social Care Partnership Board becomes formally established part-way through the 2015-16 financial year, the payment to the Health & Social Care Partnership Board for delegated functions will be that portion of the budget covering the period from the establishment of the Health & Social Care Partnership Board to 31st March 2016.

- 11.19 The Parties agree that Strategic Plans will take account of all resources available to the Partnership, including capital assets owned by the Health Board on behalf of Scottish Ministers, and the Council.
- 11.20 Capital and assets and the associated running costs will continue to sit with the Parties. The Parties agree that the Chief Officer and the Chief Financial Officer will be formally and appropriately engaged within Health Board and Council corporate processes regarding minor works and minor equipment, making the best use of existing resources and developing capital programmes.
- 11.21 The Parties agree that where the Health & Social Care Partnership Board identifies the need for new capital investment within the Strategic Plan, a business case will be developed by the Chief Officer for both Parties to transparently consider through their corporate processes. The Parties agree that process by which a business case has been considered, the decision reached and the basis for that decision will be formally reported back to the Health & Social Care Partnership Board.
- 11.22 The Parties agree that the Chief Financial Officer will routinely liaise with their counterparts in other Integrated Joint Boards within the Greater Glasgow & Clyde area to agree and implement appropriate financial risk sharing arrangements where deemed prudent and in the mutual interests of all Integration Joint Boards involved.
- 11.23 The Parties agree that both they and the Health & Social Care Partnership Board will demonstrate the principles of openness, integrity and accountability expressed within the *Following the Public Pound Code* for all resources delegated to and allocated by the Health & Social Care Partnership Board.
- 11.24 The Health & Social Care Partnership Board will establish a standing Audit Committee to focus on financial and internal audit on behalf of the Health & Social Care Partnership Board, including (where necessary) to make recommendations to either or both Parties. The Audit Committee will be composed of the voting members of the Health & Social Care Partnership Board; and chaired by the Vice-Chair of the Health & Social Care Partnership Board. The Chief Officer and Chief Financial Officer will be required to attend meetings of the Audit Committee. The Audit Committee will receive the formal submission of reports, findings and recommendations by the appointed Internal Audit service (as per 9.24 of the Scheme), Audit Scotland, the external auditors and Inspectorate bodies. The Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Audit Committee is provided with necessary technical and corporate support in relation to its remit.
- 11.25 The Chief Financial Officer will be responsible for providing assurance on the system of internal financial control to the Audit Committee on behalf of the Parties. That system of internal financial control will be based on a framework of regular management information,

Financial Regulations and Standing Financial Instructions, administrative procedures (including segregation of duties), management and supervision, and a system of delegation and accountability. The Parties accept that the Chief Financial Officer will be reliant on both of the Parties' systems of internal control to support compliance with both organisations' policies and promote achievement of each organisation's aims and objectives, as well as those of the Health & Social Care Partnership Board as expressed in its Strategic Plan. The Chief Financial Officer will appoint an Internal Audit Service to work on behalf of the Audit Committee. The Chief Financial Officer will prepare an Annual Governance Statement for the Audit Committee and the Health & Social Care Partnership Board.

12. Participation and Engagement

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

12.2 The stakeholders who were jointly consulted by the Parties in the development of this Scheme included:

12.2.1 West Dunbartonshire Community Health & Care Partnership Committee.

12.2.2 West Dunbartonshire Community Health & Care Partnership Professional Advisory Group.

12.2.3 West Dunbartonshire Community Health & Care Partnership Locality Groups, including local NHS external contractors.

12.2.4 West Dunbartonshire Community Health & Care Partnership Local Staff Partnership Forum, and all of the Council trade union and Health Board staff side organisations involved.

12.2.5 West Dunbartonshire Community Health & Care Partnership Public Partnership Forum, and the network of community groups involved.

12.2.6 West Dunbartonshire Older People Change Fund Plan Implementation Group.

12.2.7 West Dunbartonshire Children & Young People Development & Improvement Group.

12.2.8 Carers of West Dunbartonshire.

12.2.9 West Dunbartonshire Alcohol & Drug Partnership Forum.

12.2.10 West Dunbartonshire Chief Officers' Public Protection Forum.

12.2.11 Community Planning West Dunbartonshire.

12.2.12 West Dunbartonshire Community Alliance, and the network of community and residents groups that they represent.

12.2.13 West Dunbartonshire Youth Alliance and the network of groups that they represent.

- 12.2.14 West Dunbartonshire Community Volunteer Service, and the network of third sector organisations that they interface on behalf of.
- 12.2.15 West Dunbartonshire Housing Forum, and the range of housing sector providers involved.
- 12.2.16 Scottish Care, and their network of independent sector health providers and social care providers.
- 12.2.17 Care Inspectorate.
- 12.2.18 Healthcare Improvement Scotland.
- 12.2.19 Audit Scotland.
- 12.2.20 Scottish Health Council.
- 12.3 The extensive consultation undertaken adopted a multi-modal approach, incorporating electronic material promoted and accessible via the Council and the Health Board intranet and internet websites; circulation of both paper and electronic copies of material to mailing lists; discussions at staff team meetings; participation at external forums and invited groups; and specially organised meetings. Comments from across all these consultation vehicles was captured, collated and then considered within the final preparation of this Scheme. The response to the consultation from across stakeholder groups was substantively positive and encouraging.
- 12.4 The Parties jointly undertook an Equalities Impact Assessment as part of the process of finalising this Scheme: no negative impacts were identified, and positive opportunities were adopted.
- 12.5 The predecessor community health and care partnership arrangements previously established by the Parties for the delivery of health and social care services for adults and children across West Dunbartonshire included integrated participation and engagement arrangements that are supported by and contribute to local Community Planning Partnership arrangements; and constructive and routine collaboration with stakeholders as part of the local Community Planning Partnership to develop services that meet the needs of local people and support local Single Outcome Agreement priorities. The Parties are committed to continuing that constructive participation and engagement.
- 12.6 The participation and engagement of service users and local communities in the work of the Health & Social Care Partnership Board will reflect the principles for the strategic planning and delivery of integrated services set out within the Act (as detailed within section 1.6 of this Scheme).
- 12.7 The Health & Social Care Partnership Board will develop a Participation and Engagement Strategy that is supported by and contributes to local Community Planning Partnership arrangements. This will be presented for approval by the Health & Social Care Partnership Board within the first year of its operation as a commitment within the first Strategic Plan.
- 12.8 The Parties agree that the Participation and Engagement Strategy will be developed and implemented through the Partnership and with the necessary technical and corporate support from both organisations in a manner that reflects the following principles of co-production: equality; diversity; accessibility; and reciprocity.

- 12.9 The Parties agree that the Participation and Engagement Strategy will be developed and implemented through the Partnership and with the necessary technical and corporate support from both organisations in accordance with the National Standards for Community Engagement, i.e.:
- 12.9.1 Involvement - will identify and involve the people and organisations who have an interest in the focus of the engagement.
 - 12.9.2 Support - will identify and overcome any barriers to involvement.
 - 12.9.3 Planning - will gather evidence of the needs and available resources and use this evidence to agree the purpose, scope and timescale of the engagement and the actions to be taken.
 - 12.9.4 Methods - will agree and use methods of engagement that are fit for purpose.
 - 12.9.5 Working together - will agree and use clear procedures that enable the participants to work with one another effectively and efficiently.
 - 12.9.6 Sharing information - will ensure that necessary information is communicated between the participants.
 - 12.9.7 Working with others - will work effectively with others with an interest in the engagement.
 - 12.9.8 Improvement - will develop actively the skills, knowledge and confidence of all the participants.
 - 12.9.9 Feedback - will feed back the results of the engagement to the wider community and agencies affected.
 - 12.9.10 Monitoring and evaluation - will monitor and evaluate whether the engagement achieves its purposes and meets the national standards for community engagement.
- 12.10 The Parties agree that the Participation and Engagement Strategy will promote the requirements of the Equalities Act (Scotland) 2010, taking appropriate account of the eight protected characteristics of people who use services, i.e.: disability; sex (gender); gender reassignment; pregnancy and maternity; race; religion or belief; sexual orientation; and age.

13. Information-Sharing and data handling

- 13.1 The Health Board and the six local authorities within the Greater Glasgow & Clyde area have established a Joint Information & Health Systems Group for the purposes of considering and developing appropriate systems and processes for data handling by and information sharing between services and staff so as to contribute to improved outcomes for service users. This has included the development of a local Data Sharing Protocol that has been approved by all of the organisations involved, which includes the Parties
- 13.2 The Chief Officer will ensure appropriate arrangements are in place in respect of information governance and the requirements of the Information Commissioner's Office on behalf of and with the necessary technical and corporate support from both Parties. Staff within the Partnership are obliged to operate in accordance with the local Data Sharing Protocol and the data confidentiality policies of their employing organisations.

14. **Complaints**

- 14.1 With respect to the functions delegated to the Health & Social Care Partnership Board, both of the Parties will retain separate complaints policies reflecting distinct statutory requirements: the Patient Rights (Scotland) Act 2011 making provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 making provisions for the complaints about social work services.
- 14.2 Partnership staff will apply the relevant Party's complaints policy depending on the nature of the complaint made. Where a complaint made could be dealt with by both Parties' policies, the appropriate member of staff within the Partnership will determine whether both need to be applied separately or a single joint response is appropriate. Where a joint response to such a complaint is not possible or appropriate, the material issues should be separated and progressed through the respective Party's procedures.
- 14.3 The person making a complaint will always be informed which Party's policies are being applied.
- 14.4 Complaints management will be a standing item on the agenda of the Quality Committee, whose remit will include identifying learning from upheld complaints across services.
- 14.5 The Chief Officer of the Partnership will report to the Quality Committee and to the Parties statistics on relevant complaints performance in accordance with national and corporate reporting arrangements.

15. **Claims Handling, Liability & Indemnity**

- 15.1 The Parties understand that 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 the Health Board or the 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.
- 15.2 The Parties will continue to indemnify, insure and accept responsibility for the 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.
- 15.3 Liabilities arising from decisions taken by the Health & Social Care Partnership Board will be equally shared between the Parties.

16. **Risk Management**

- 16.1 The Chief Officer and the Chief Finance Officer will prepare an annual strategic risk register that will identify, assess and prioritise risks related to the preparation and delivery of the Strategic Plan; and identify and describe processes for mitigating those risks. This process will also take due cognisance of the overall corporate risk registers of both Parties. The first strategic risk register will be presented to the Health & Social Care Partnership Board for approval at the same time as the first Strategic Plan is presented for approval.

16.2 Strategic risk registers will be presented to the Audit Committee for scrutiny and the Health & Social Care Partnership Board for approval on an annual basis. The Parties agree that the Health Board's Director of Finance and the Council's Section 95 Officer will ensure that the Health & Social Care Partnership Board and its Audit Committee is provided with the necessary technical and corporate support to develop, maintain and scrutinise strategic risk registers. The Chief Officer is responsible for drawing to the attention of the Health & Social Care Partnership Board and the Audit Committee any substantive developments in-year that lead to a substantial change to the strategic risk register outwith the routine review process. The approved strategic risk register will be shared with both of the Parties on an annual basis to contribute to their distinct risk management strategies.

17. **Dispute resolution mechanism**

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

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

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

17.3.1 The Chief Executives of the Health Board and the Council, and the Chief Officer, will meet to resolve the issue.

17.3.2 If unresolved, the Health Board, the Council and the Health & Social Care Partnership Board will each prepare a written note of their position on the issue and exchange it with the others.

17.3.3 The Chief Officer, Leader of the Council, Chair of the Health Board and the Chief Executives of the Health Board and the Council will then meet to resolve the issue.

17.3.4 In the event that the issue remains unresolved, representatives of the Health Board, the Council and the Health & Social Care Partnership Board will proceed to mediation with a view to resolving the issue. The process for appointing the mediator will be agreed between the Chair of the Health Board and Leader of the Council.

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

ANNEX 1

Part 1:

Functions delegated by the Health Board to the Health & Social Care Partnership 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 delegated by the Health Board to the Health & Social Care Partnership Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
 - General medicine.
 - Geriatric medicine.
 - Rehabilitation medicine.
 - Respiratory medicine.
 - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visting services.
- School Nursing.
- Speech and Language Therapy.
- Specialist Health Improvement.
- Community Children's Services.
- Child and Adolescent Mental Health Services
- District Nursing services.
- The public dental service.
- Primary care services provided under a general medical services contract.
- General dental services.
- Ophthalmic services.
- Pharmaceutical services.
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided outwith a hospital in relation to geriatric medicine.
- Palliative care services provided outwith a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided outwith a hospital.
- Continence services provided outwith a hospital.
- Kidney dialysis services provided outwith a hospital.
- Services provided by health professionals that aim to promote public health.

ANNEX 2

Part 1: Functions which must be delegated by the Council to the Health & Social Care Partnership Board

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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(Residential accommodation with nursing.)	
Section (Provision of care or aftercare.)	13B
Section (Home help and laundry facilities.)	14
Section (Burial or cremation of the dead.)	28 So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	29
Section (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	59 So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section (The provision of gardening assistance for the disabled and the elderly.)	24(1)
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section (Rights of authorised representatives of disabled persons.)	2
Section (Assessment by local authorities of needs of disabled persons.)	3
Section (Persons discharged from hospital.)	7 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 (Duty of local authority to take into account abilities of carer.)	8 In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section (Functions of local authorities.)	10
Section (Investigations.)	12
Section (Residents whose affairs may be managed.)	37 Only in relation to residents of establishments which are managed under integration functions.
Section	39 Only in relation to residents of

<i>Column A</i> <i>Enactment conferring function</i>		<i>Column B</i> <i>Limitation</i>
(Matters which may be managed.)		establishments which are managed under integration functions.
Section (Duties and functions of managers of authorised establishment.)	41	Only in relation to residents of establishments which are managed under integration functions
Section (Authorisation of named manager to withdraw from resident's account.)	42	Only in relation to residents of establishments which are managed under integration functions
Section (Statement of resident's affairs.)	43	Only in relation to residents of establishments which are managed under integration functions
Section (Resident ceasing to be resident of authorised establishment.)	44	Only in relation to residents of establishments which are managed under integration functions
Section (Appeal, revocation etc.)	45	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001		
Section (Assistance for housing purposes.)	92	Only in so far as it relates to an aid or adaptation.
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		
Section (Local authority arrangements for residential accommodation outwith Scotland.)	5	
Section (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	14	
The Mental Health (Care and Treatment) (Scotland) Act 2003		
Section (Duties of Scottish Ministers, local authorities and others as respects Commission.)	17	
Section (Care and support services etc.)	25	Except in so far as it is exercisable in relation to the provision of housing support services.
Section (Services designed to promote well-being and social development.)	26	Except in so far as it is exercisable in relation to the provision of housing support services.
Section (Assistance with travel.)	27	Except in so far as it is exercisable in relation to the provision of housing support services.
Section	33	

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
(Duty to inquire.)	
Section (Inquiries under section 33: Co-operation.)	34
Section (Request for assessment of needs: duty on local authorities and Health Boards.)	228
Section (Advocacy.)	259
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 (Council's duty to make inquiries.)	4
Section (Co-operation.)	5
Section (Duty to consider importance of providing advocacy and other.)	6
Section (Assessment Orders.)	11
Section (Removal orders.)	14
Section (Protection of moved persons property.)	18
Section (Right to apply for a banning order.)	22
Section (Urgent cases.)	40
Section (Adult Protection Committees.)	42
Section (Membership.)	43
Social Care (Self-directed Support) (Scotland) Act 2013	
Section (Support for adult carers.)	3 Only in relation to assessments carried out under integration functions.
Section (Choice of options: adults.)	5
Section (Choice of options under section 5: assistances.)	6
Section	7

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

Part 2:
Additional functions delegated by the Council to the Health & Social Care Partnership Board

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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Children and Young People (Scotland) Act 2014

All Social Work functions of the Local Authority conferred by, or by virtue of the Children and Young People (Scotland) Act 2014.

Children (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Children (Scotland) Act 1995.

Adoption and Children (Scotland) Act 2007

All Social Work functions of the Local Authority conferred by, or by virtue of the Adoption and Children (Scotland) Act 2007.

Adoption Agencies (Scotland) Regulations 2009

All Social Work functions of the Local Authority conferred by, or by virtue of the Adoption Agencies (Scotland) Regulations 2009.

Looked After Children (Scotland) Regulations 2009

All Social Work functions of the Local Authority conferred by, or by virtue of the Looked After Children (Scotland) Regulations 2009.

Carers Recognition of Service Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Carers Recognition of Service Act 1995.

Column A
Enactment conferring function

Column B
Limitation

Column A
Enactment conferring function

Column B
Limitation

Disabled Persons Parking Badges (Scotland) Act 2014

All Social Work functions of the Local Authority conferred by, or by virtue of the Disabled Persons Parking Badges (Scotland) Act 2014.

Prisoners and Criminal Proceedings (Scotland) Act 1993

All Social Work functions of the Local Authority conferred by, or by virtue of the Prisoners and Criminal Proceedings (Scotland) Act 1993.

Criminal Justice (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Justice (Scotland) Act 1995.

Criminal Procedure (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Procedure (Scotland) Act 1995.

Criminal Justice (Scotland) Act 2003

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Justice (Scotland) Act 2003.

Anti-Social Behaviour etc (Scotland) Act 2004

All Social Work functions of the Local Authority conferred by, or by virtue of the Anti-Social Behaviour etc (Scotland) Act 2004.

Management of Offenders (Scotland) Act 2005

All Social Work functions of the Local Authority conferred by, or by virtue of the Management of Offenders (Scotland) Act 2005 in particular to the Criminal Justice Authority, Management, Sexual Violent and Serious Offenders excepting where amended in subsequent legislation.

Custodial Sentences and Weapons (Scotland) Act 2007

All Social Work functions of the Local Authority conferred by, or by virtue of the Custodial Sentences and Weapons (Scotland) Act 2007.

Criminal Justice and Licensing (Scotland) Act 2010

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Justice and Licensing (Scotland) Act 2010.

Regulation of Care (Scotland) Act 2001

All Social Work functions of the Local Authority conferred by, or by virtue of the Regulation of Care (Scotland) Act 2001.

Children's Hearing (Scotland) Act 2011

Column A
Enactment conferring function

Column B
Limitation

All Social Work functions of the Local Authority conferred by, or by virtue of the Children's Hearing (Scotland) Act 2011.

Column A
Enactment conferring function

Column B
Limitation

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

All Social Work functions of the Local Authority conferred by, or by virtue of the Education (Additional Support for Learning) (Scotland) Act 2004.

Civil Contingencies Act 2004

All Social Work functions of the Local Authority conferred by, or by virtue of the Civil Contingencies Act 2004.

National Health Service Reform (Scotland) Act 2004

All Social Work functions of the Local Authority conferred by, or by virtue of the National Health Service Reform (Scotland) Act 2004.

Public Health Etc (Scotland) Act 2008

All Social Work functions of the Local Authority conferred by, or by virtue of the Public Health Etc (Scotland) Act 2008.

Certification of Death (Scotland) Act 2011

All Social Work functions of the Local Authority conferred by, or by virtue of the Certification of Death (Scotland) Act 2011.

Patient Rights (Scotland) Act 2011

All Social Work functions of the Local Authority conferred by, or by virtue of the Patient Rights (Scotland) Act 2011.

Public Services Reform (Scotland) Act 2010

All Social Work functions of the Local Authority conferred by, or by virtue of the Public Services Reform (Scotland) Act 2010.

Local Government (Scotland) Act 1973

All Social Work functions of the Local Authority conferred by, or by virtue of the Local Government (Scotland) Act 1973.

Local Government etc (Scotland) Act 1994

All Social Work functions of the Local Authority conferred by, or by virtue of the Local Government etc (Scotland) Act 1994.

Local Government (Scotland) Act 2003

All Social Work functions of the Local Authority conferred by, or by virtue of the Local Government (Scotland) Act.

Regulation of Care (Scotland) Act 2001

All Social Work functions of the Local Authority conferred by,

Column A
Enactment conferring function

Column B
Limitation

or by virtue of the Regulation of Care (Scotland) Act 2001.

Protection of Children (Scotland) Act 2003

All Social Work functions of the Local Authority conferred by, or by virtue of the Protection of Children (Scotland) Act 2003.

Column A
Enactment conferring function

Column B
Limitation

Chronically Sick and Disabled Persons Act 1970

All Social Work functions of the Local Authority conferred by, or by virtue of the Chronically Sick and Disabled Persons Act 1970.

Criminal Procedures (Scotland) Act 1995

All Social Work functions of the Local Authority conferred by, or by virtue of the Criminal Procedures (Scotland) Act 1995.

Health & Social Services Adjudications Act 1983

All Social Work functions of the Local Authority conferred by, or by virtue of the Health & Social Services Adjudications Act 1983.

National Health Service (Scotland) Act 1978

All Social Work functions of the Local Authority conferred by, or by virtue of the National Health Service (Scotland) Act 1978.

Part 2:

Services delegated by the Council to the Health & Social Care Partnership Board

- Social work services for adults and older people.
- Services and support for adults with physical disabilities and learning disabilities.
- Mental health services.
- Drug and alcohol services.
- Adult protection and domestic abuse.
- Carers support services.
- Community care assessment teams.
- Support services.
- Care home services.
- Adult placement services.
- Health improvement services.
- Housing support, including aids and adaptations.
- Day services.
- Local area co-ordination.
- Self-Directed Support.
- Occupational therapy services.
- Re-ablement services, equipment and telecare.
- Residential and non-residential care charging.
- Respite provision for adults and young people.
- Social work services for children and young people:
 - Child Care Assessment and Care Management.
 - Looked After and Accommodated Children.
 - Child Protection.
 - Adoption and Fostering.
 - Child Care.
 - Special Needs/Additional Support.
 - Early intervention.
 - Throughcare Services.
- Social work criminal justice services, including Youth Justice Services.

ANNEX 3

Hosted Services

Partnership hosted arrangements will take one of three forms:

1. 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 or Council Department or the Health Board Acute Division by entering into a Service Level Agreement for delivery of 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 the Chief Officer for the delivery of any such externally hosted services and their attendant outcomes in relation to West Dunbartonshire population.
2. 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 Integrated Joint Boards as agreed with a Service Level Agreement between the Chief Officer of the Partnership 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 West Dunbartonshire population;
 - b) The Health & Social Care Partnership Board can only hold the Chief Officer of the Partnership to account for the delivery of any such internally hosted services and their attendant outcomes in relation to the West Dunbartonshire population.
 - c) The strategic planning of any such internally hosted services for populations outwith West Dunbartonshire will be retained by the Integrated Joint Board for that area.
 - d) The Chief Officer of the Partnership will not be accountable to any other Integrated Joint Board for the managerial delivery of such internally hosted services, as any such accountability will be retained by the Chief Officer with whom they have entered into a Service Level Agreement.
3. 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 of the Partnership. The Chief Officer of the Partnership will account for performance here 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.

EQUALITY, HEALTH & HUMAN RIGHTS IMPACT ASSESSMENT

This template is to be used in conjunction with the Equality, Health & Human Rights Impact Assessment Guidelines.

Section 1: Policy Details A policy is understood in the broad sense including the full range of functions, activities and decisions the council is responsible for, i.e. everything it does. This includes both current policies and new policies under development. This guidance is also relevant for assessing the impact of financial decisions.	
Name of Policy:	West Dunbartonshire Health and Social Care Partnership Integration Scheme
Lead Department & other departments/ partners involved:	West Dunbartonshire Council NHS Greater Glasgow and Clyde Third Sector – WD CVS Independent Sector – Scottish Care
Responsible Officer	Soumen Sengupta Head of Strategy, Planning and Health Improvement – Community Health & Care Partnership
Impact Assessment Team	Keith Redpath Interim Chief Officer Soumen Sengupta Head of Strategy, Planning and Health Improvement Jackie Irvine Chief Social Work Officer Kevin Fellows Clinical Director Chris McNeill Head of Community Health and Care John Russell Head of Mental Health, Learning Disability and Addictions Serena Barnett Head of People and Change Wendy Jack Strategy and Policy Manager Selina Ross CVS Brian Polding-Clyde Scottish Care
Is this a new or existing policy/function?	New
Start date: (the assessment should be started prior to policy development or at the early stages of review): October 2014	
End date (this should allow for the assessment to inform decision-making): December 2014	
What are the main aims of the policy?	This Integration Scheme describes the joint working is to be achieved for West Dunbartonshire. It details the body corporate ⁴ arrangement by which the NHS Greater Glasgow & Clyde Health Board and West Dunbartonshire Council have agreed to delegate a comprehensive range of health and social care services for adults and children to a third body, described in the Joint Bodies Act as an Integration Joint Board.
Who are the main target groups/ who will be affected by the policy?	West Dunbartonshire Health & Social Care Partnership Board will be responsible for the

	strategic planning and delivery of a range of health and social care adult and children services functions delegated to it.
What does the policy aim to achieve?	The Integration Scheme has already been informed by considerable local experience of developing and delivering integration in practice; and also benefitted from a considerable amount of ongoing dialogue and positive interaction with a range of stakeholders over the years since the legislation was first announced right up to now. NHS Greater Glasgow and Clyde Health Board and West Dunbartonshire Council are committed to continuing that constructive arrangement.
Relevance (relevance of the policy, service, function to the general equality duties and equality groups, also record where there is no relevance giving reasons and evidence)	
Yes Reasons: This Integration Scheme affects the delivery of services provided to vulnerable children, young people, adults and older people in West Dunbartonshire	
	If yes, complete all sections, 2-9
	If no, complete only sections 8-9
	If don't know, complete sections 2& 3 to help assess relevance
Section 2: Evidence Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.	
Available evidence:	
Consultation/ Involvement with community, including individuals or groups or staff as relevant	The Integration Scheme has been widely circulated to statutory, third and independent sector partners and forums; consulted on with representatives of the Third and Independent sectors; and developed in a Community Planning Partnership in practice manner.
Research and relevant information	The Integration Scheme is based in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act. It is supported by national statutory guidance
Officer knowledge	The Integration Scheme was developed by a wide range of professions, representing senior management level within West Dunbartonshire Council and NHS Greater Glasgow and Clyde Health Board.
Equality Monitoring information – including service and employee monitoring	The policies and plans referenced in the Integration Scheme have existing EIAs.
Feedback from service users, partner or other organisation as relevant	The extensive consultation undertaken adopted a multi-modal approach, incorporating electronic material promoted and accessible via the Council and the Health Board intranet and internet

	websites; circulation of both paper and electronic copies of material to mailing lists; discussions at staff team meetings; participation at external forums and invited groups; and specially organised meetings. Comments from across all these consultation vehicles was captured, collated and then considered within the final preparation of this Scheme. The response to the consultation from across stakeholder groups was substantively positive and encouraging.		
Other			
Are there any gaps in evidence? Please indicate how these will be addressed			
Gaps identified	Nil		
Measure to address these			
<i>Note: Link to Section 6 below Action Plan to address any gaps in evidence</i>			
Section 3: Involvement and Consultation			
Include involvement and consultation relevant to this policy, including what has already been done and what is required to be done, how this will be taken and results of the consultation.			
Please outline details of any involvement or consultation, including dates carried out, protected characteristics. Also include involvement or consultation to be carried out as part of the developing and implementing the policy.			
Details of consultations	Date	Findings	Characteristics
Proposed distribution			
Scottish Government	4.11.14 – 5.12.14		Race
CHCP Public Partnership Forum	4.11.14 – 5.12.14		Sex
CHCP Professional Advisory Group	4.11.14 – 5.12.14		Gender Reassignment
CHCP Joint Staff Consultative Forum	4.11.14 – 5.12.14		Disability
Community Planning West Dunbartonshire Children and Family Delivery and Implementation	4.11.14 – 5.12.14		Age
Community Planning West Dunbartonshire Safe and Stronger Delivery and Implementation Group	4.11.14 – 5.12.14		Religion/ Belief
Community Planning West Dunbartonshire Older People Delivery and Implementation Group	4.11.14 – 5.12.14		Sexual Orientation

Community Planning West Dunbartonshire Alcohol and Drug Partnership	4.11.14 – 5.12.14		Civil Partnership/ Marriage
Community Planning West Dunbartonshire Criminal Justice Partnership	4.11.14 – 5.12.14		Pregnancy/ Maternity
West Dunbartonshire Council – Education Services and Housing Environmental and Economic Development Services	4.11.14 – 5.12.14		Health
NHS Greater Glasgow and Clyde Health Board	4.11.14 – 5.12.14		Other
West Dunbartonshire Leisure Trust	4.11.14 – 5.12.14		
Housing Providers Forum	4.11.14 – 5.12.14		

Note: Link to Section 6 below Action Plan

Section 4: Analysis of positive and Negative Impacts

Protected Characteristic	Positive Impact	Negative Impact	No impact
Race	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
Sex	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and</p>		

	children's services are included within the Integration Scheme		
Gender Re-assignment	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
Disability	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme.</p> <p>As the Integration Scheme focuses on the needs and health and wellbeing outcomes it is likely to have a positive effect on disability as services will less likely to be age specific.</p>		
Age	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and</p>		

	<p>children's services are included within the Integration Scheme</p> <p>As the Integration Scheme focuses on the needs and health and wellbeing outcomes it is likely to have a positive effect on age as criteria for access will less likely to be age specific.</p>		
Religion/ Belief	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
Sexual Orientation	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
Civil Partnership/ Marriage	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and</p>		

	children's services are included within the Integration Scheme		
Pregnancy/ Maternity	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
Socio- economic	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
Human Rights	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
Health	The Integration Scheme provides a framework to support the integration of health and social care		

	<p>services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme The continued role of the Health and Social Care Partnership within community planning will continue to have a positive effect on the health and wellbeing of the population.</p>		
<p>Other Public Protection</p>	<p>The Integration Scheme provides a framework to support the integration of health and social care services to improve the quality and consistency of services and to ensure resources are used effectively and efficiently.</p> <p>In West Dunbartonshire all adult, older people and children's services are included within the Integration Scheme</p>		
<p>Note:</p> <p>The Integration Scheme commits the new Health & Social Care Partnership Board to ensuring that its Participation and Engagement Strategy (as required by the legislation) will promote the requirements of the Equalities Act (Scotland) 2010, taking appropriate account of the eight protected characteristics of people who use services, i.e.: disability; sex (gender); gender reassignment; pregnancy and maternity; race; religion or belief; sexual orientation; and age.</p>			

Section 5: Addressing impacts

Select which of the following apply (use can choose more than one) and give a brief explanation – to be expanded in Section 6: Action Plan

1. No major change	X
2. Adjust the policy	
3. Continue the policy	
4. Stop and remove the policy	

Give reasons:

The development of the Integration Scheme supports West Dunbartonshire Council's and NHS Greater Glasgow and Clyde Health Board's agreed strategic priorities; following on the from establishment of the Community Health and Care Partnership in 2010.

Section 6: Action Plan

Please describe the action which will be taken following on from the assessment of impact above in order to reduce or remove any negative impacts, promote any positive impacts, gather further information or evidence or further consultation required

Action	Responsible person (s)	Intended outcome	Date for completion	Protected Characteristic
				Race
				Gender
				Gender Reassignment
				Disability
				Age
				Religion/ Belief
				Sexual Orientation
				Civil Partnership/ Marriage
				Pregnancy/ Maternity
				Socio- economic
				Human Rights
				Health
				Other

Are there any negative impacts which cannot be reduced or removed? If so, please outline the reasons for continuing with the policy

No

Section 7: Monitoring and review

Please detail the arrangements for review and monitoring of the policy

How will the policy be monitored? What equalities monitoring will be put in place?	The Integration Scheme is being widely consulted upon before being signed off by Government Ministers. Ongoing monitoring of issues relating to the Integration Scheme would be carried out as part of the functions of the Integrated Joint Board and through the delivery of the Strategic Plan.
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When will the policy be reviewed?	Once the Integration Scheme is signed off, ongoing monitoring of the Integration Scheme will be carried out as part of the functions of the Integrated Joint Board and through the delivery of the Strategic Plan.
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Section 8: Signatures

The following signatures are required:

Lead/ Responsible Officer:	S Sengupta	22/12/2014
Equality Impact Assessment Trained Officer:	S Sengupta	22/12/2014

Section 9: Follow up action

Publishing: Forward to community Planning and Policy for inclusion on intranet/ internet pages	Signature:	Date:
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Service planning: Link to service planning/ covalent – update your service plan/ covalent actions accordingly	Signature:	Date:
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Give details:

Committee Reporting: complete relevant paragraph on committee report and provide further information as necessary	Signature:	Date:
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Completed form: Pass completed forms retained within department and copy passed to Policy Development Officer (Equality) within Community Planning and Policy	Signature:	Date:
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