Paper 15/06b

DRAFT INTEGRATION SCHEME

BETWEEN

RENFREWSHIRE COUNCIL

AND

GREATER GLASGOW AND CLYDE HEALTH BOARD

1. Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Councils to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional health and social care services beyond the minimum prescribed by Ministers. The Act requires them to prepare jointly a formal integration scheme setting out how this joint working is to be achieved.

Renfrewshire Council (the "Council") and Greater Glasgow and Clyde Health Board (the "Health Board") have elected to use a "body corporate" arrangement whereby services will be delegated to a third body called the Integration Joint Board ("IJB") whose composition reflects a partnership approach between the Council and the Health Board under the leadership of a single Chief Officer.

This Integration Scheme ("Scheme") sets out the detail as to how the Health Board and Council will work jointly to integrate and plan for services in accordance with the Act. Once the Scheme has been approved by the Scottish Ministers, the IJB (which has distinct legal personality) will be established by Order of the Scottish Ministers.

As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the IJB will operate within the wider context of Community Planning and the strategic frameworks of the Council and the Health Board, including any joint arrangements.

The IJB is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the integration scheme in Section 4. Further, the Act gives the Health Board and the Council, acting jointly, the ability to require that the IJB replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Council together have significant influence over the IJB, and they are jointly accountable for its actions.

The Council and the Health Board are committed to creating the Renfrewshire Health and Social Care Partnership (RHSCP) whose key focus is to ensure high quality adult health and social care services that improve outcomes for local people in the communities of Renfrewshire.

The core values of the RHSCP will be improvement; efficiency; transparency; and fairness which are underpinned by the integration delivery principles of prevention and protection and in line with national outcomes.

2. Aims and Outcomes of the Integration Scheme

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

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care services.

The IJB will set out within its Strategic Plan how it will plan to meet the future needs of local people and use its allocated resources to deliver the Outcomes.

The IJB and the Parties will be committed to participating within and providing leadership through the Renfrewshire Community Planning Partnership (hereinafter referred to as the "CPP"), to both deliver its own mission and to contribute to the on-going improvement of the Renfrewshire area. This will include contributing to, operating within and delivering against the local Community Planning Partnership Single Outcome Agreement (hereinafter referred to as the "SOA").

3. Supplementary Papers

Once approved by the Scottish Ministers, the contents of this Scheme shall be full and final and it shall not be possible to make any modifications without a further consultation and subsequent further approval by the Scottish Ministers. For this reason, the Scheme sets out the core requirements for the IJB and will be supplemented by several separate documents which will provide further detail in respect of the workings and arrangements of the IJB. As the RHSCP develops, it may be necessary to make changes and improvements to certain operational arrangements and this can be achieved through modification of the separate documents supplementing this Scheme. Any changes to these separate documents may be made by approval of the IJB as it sees fit from time to time and such changes will not require to be intimated to nor approved by the Scottish Ministers.

4. Summary of the Scheme and Contextual Information

The Integration Scheme contains 14 clauses that set out the arrangements for the integration of health and social care services within Renfrewshire. The following

paragraphs give a summary of each of these clauses and provide some further contextual information:

Clause 1 Definitions and Interpretation

This clause explains what is meant by any technical language used within the Scheme much of which comes from the Act.

Clause 2 Local Governance Arrangements

This clause states the arrangements for appointing voting members and the Chair and Vice-Chair of the Integration Joint Board and the periods they will hold office. Once established, the Integration Joint Board will also appoint non-voting members in accordance with the Act and may appoint additional non-voting members.

Clause 3 Delegation of Functions

This clause specifies the functions and services which will be delegated by the Health Board and the Council to the Integration Joint Board as required by the Act. All adult health and social care services will be delegated. Social care services will include the delegation of Addictions, Domestic Abuse and Adaptations which have not traditionally sat in the Council's Adult Social Care Services. Children's health services currently provided by the Renfrewshire CHP will also be housed within the partnership however Children's social care services will remain with the Council's Children's Services Directorate alongside Education.

Clause 4 Local Operational Delivery Arrangements

This clause describes the role of the Integration Joint Board particularly with regard to the strategic planning, operational governance and monitoring of integrated services. It also sets out arrangements and processes for the Health Board and the Council to support the Integration Joint Board in this role.

Clause 5 Clinical and Care Governance

This clause deals with the arrangements that will be put in place to ensure the quality and safety of integrated services. It includes arrangements for reporting, professional supervision, advice and accountability.

Clause 6 Chief Officer

The Act states that each partnership must appoint a Chief Officer who will lead the partnership arrangements. This clause details the role and responsibilities of the Chief Officer for the planning and delivery of integrated services. It sets out who the Chief Officer reports to, and what happens if the Chief Officer is not available.

Clause 7 Workforce

This clause describes what integration of services will mean for staff involved in their delivery. It confirms that staff will continue to be employed by the Health Board or the Council. As services change to meet future needs, plans will be developed on a planned basis involving the full engagement of those affected by any changes and the Trade Unions. A list of plans which will be developed to support staff is included and these will be completed by April 2016.

Clause 8 Finance

This clause includes the role of the Chief Finance Officer, the methods for determining the budget to be made available by the Health Board and the Council to deliver these services and the financial management and reporting arrangements for these resources.

Clause 9 Participation and Engagement

This clause lists the stakeholders who were consulted in the development of the Integration Scheme and the methods of consultation used. The resources and support to be made available by the Health Board and the Council to support the Integration Joint Board to develop a participation and engagement strategy are also outlined. This will be developed within 6 months of the formation of the Integration Joint Board. The Act lists the different stakeholders who must be consulted.

Clause 10 Information Sharing and Data Handling

This clause states that the Health Board and the Council will work together to agree an information sharing accord and specific procedures for the sharing of information in relation to integrated services. The accord and procedures will be developed from existing information sharing and data handling arrangements.

Clause 11 Complaints

This clause sets out the arrangements for complaints relating to integrated services. Existing procedures will continue to be used and, where a complaint relates to multiple services, the parties will work together to prepare a single joint response wherever possible.

Clause 12 Claims Handling, Liability and Indemnity

This clause recognises that the Health Board or the Council could receive a claim arising from activities undertaken on behalf of the Integration Joint Board. It states that normal common law and statutory rules relating to liability will apply and sets out responsibilities for progressing and determining claims and the manner in which these will be dealt with.

Clause 13 Risk Management

This clause provides that a risk management policy and strategy will be developed by the Integration Joint Board and sets out the primary objectives of the strategy. Risk management procedures and a risk register will be developed in line with existing best practice and the Health Board and the Council will provide appropriate resources to ensure the management of risk meets the standards and reporting timescales set out in the strategy.

Clause 14 Dispute Resolution Mechanism

This clause states the process that will be followed where either of the parties fails to agree with the other or with the Integration Joint Board on any issue related to the Integration Scheme and/or the delivery of integrated services.

The parties to this Integration Scheme are:

THE RENFREWSHIRE COUNCIL, constituted under the Local Government etc. (Scotland) Act 1994 and having its headquarters at Renfrewshire House, Cotton Street, Paisley, PA1 1BU (hereinafter referred to as "the Council"); and

GREATER GLASGOW HEALTH BOARD, constituted under section 2(1) of the National Health Service (Scotland) Act 1978 (as amended) (operating as "NHS Greater Glasgow and Clyde") and having its principal office at J B Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH (hereinafter referred to as "the Health Board").

1. Definitions and Interpretation

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

"Chief Finance Officer" means the proper officer of the IJB appointed under section 95 of the Local Government (Scotland) Act 1973

"CSWO" means the Chief Social Work Officer of the Council or, where appropriate and where approved by the IJB, a suitable substitute nominated by him or her;

"The Parties" means the Renfrewshire Council and Greater Glasgow and Clyde Health Board;

"The Renfrewshire Health and Social Care Partnership" and "The RHSCP" are informal terms which, for the purposes of this Scheme mean the Parties working together in accordance with the Scheme and the Strategic Plan to achieve the Outcomes;

"IJB" means the Integration Joint Board to be established by Order under section 9 of the Act;

"Outcomes" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

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

"Integration Joint Board Order" means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

"Scheme" means this Integration Scheme;

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

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

2. Local Governance Arrangements

2.1. 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 the RHSCP, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Order to establish the IJB comes into force.

2.2. Having regard to the requirements contained in the Integration Scheme Regulations, the Parties have set out in the paragraphs below details of the remit and constitution of the IJB and of its voting membership, chair and vice chair.

2.3. The IJB and the Parties will communicate with each other and interact in order to contribute to the Outcomes.

2.4. The IJB has distinct legal personality and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the IJB.

2.5. The IJB is responsible for the strategic planning of the functions delegated to it by the Council and the Health Board, and for ensuring the discharge of those functions through the RHSCP.

2.6. The IJB will prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in Renfrewshire in accordance with the Act.

2.7. The Act requires the voting members of the IJB are appointed by the Parties; and is made up of councillors and NHS non-executive directors. Whilst serving on the IJB, the members carry out their functions under the Act on behalf of the IJB itself, and not as delegates of their respective Party.

2.8. The Parties have agreed the voting membership of the IJB will be as follows:

a The Council shall nominate 4 Councillors as voting members.
b The Health Board shall nominate 4 voting members.

2.9. Where a voting member is unable to attend a meeting of the IJB, the Party which nominated that member shall use best endeavours to arrange for a suitable experienced proxy to attend the meeting in place of the voting member. For the Council, the proxy must be a Councillor and for the Health Board, the proxy must be a Health Board member. The proxy may vote on decisions put to the meeting but may not preside over the meeting.

2.10. The voting members of the IJB shall be appointed for a maximum period of 3 years. At the end of their term of office, if the IJB deems it appropriate, a voting member may be reappointed.

2.11. Voting members of the IJB are there *ex officio* (by virtue of their other appointment to the Council or the Health Board). Where a voting member of the IJB from the Council resigns or is removed from office, they shall cease to be a member of the IJB. Where a voting member of the IJB from the Health Board no longer holds membership with the Health Board, they shall cease to be a member of the IJB.

2.12. A voting member of the IJB shall also cease to be a voting member if he/she fails to attend three consecutive meetings of the IJB, provided the absences

were not due to illness or other reasonable cause (which shall be a matter for the IJB to determine). In this event, the IJB shall give the member one month's notice in writing of his/her removal. The IJB will, at the same time, request the organisation which nominated that member to nominate a replacement who will appointed to the voting membership of the IJB as soon as the other member is removed or within such other time as is reasonably practicable.

2.13. Where a temporary vacancy arises, the vote that would be exercisable by the voting member appointed to that vacancy may be jointly exercisable by the other voting members nominated by the relevant Party.

2.14. The Parties will take turns nominating the Chair and Vice-Chair, with one nominating the Chair and the other nominating the Vice-Chair. The first Chair will be nominated by the Council from its voting members and the first Vice Chair will be nominated by the Health Board from its voting members. Each appointment of Chair and Vice-Chair shall be for a two year period at the end of which the Party which last nominated the Chair shall nominate the Vice Chair and vice versa.

2.15. The following officers will be co-opted by the IJB as non-voting members:

a the Chief Officer of the IJB;
b the Chief Social Work Officer of the Council;
c the Chief Finance Officer;
d a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under sections 17P of the National Health Service (Scotland) Act 1978;
e a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
f a registered medical practitioner employed by the Health Board and not providing primary medical services.

2.16. Once established, the IJB may appoint further non-voting members and, in accordance with articles 3(6) and 3(7) of the Integration Joint Board Order, will appoint at least one further non-voting member from each of the following groups:

a staff of the parties engaged in the provision of services under the delegated functions;
b third sector bodies carrying out activities related to health or social care in the Renfrewshire area;
c service users residing in the Renfrewshire area; and
d persons providing unpaid care in the Renfrewshire area.

2.17. The regulation of the IJB's procedure, business and meetings and that of any Committee of the IJB will follow its standing orders which will be agreed by the IJB at its first meeting, and which may be amended by the IJB. The standing orders will be set out in a separate document.

3. Delegation of Functions

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

3.2. The functions that are to be delegated by the Local Authority to the IJB are set out in Part 1 of Annex 2. The services to which these functions relate, which are currently provided by the Local Authority and which are to be integrated, are set out in Part 2 of Annex 2. All functions referred to in this clause are delegated to the extent that they are exercisable in relation to persons of at least 18 years of age.

3.3. Annex 3 sets out the proposals for hosting arrangements that the IJB and the Chief Officer may be engaged in.

3.4. Part 1 of Annex 4 lists additional functions that the Health Board proposes to delegate to the IJB. The services to which these relate are set out in Part 2 of Appendix 4.

3.5. In exercising its functions, the IJB must take into account the Parties' requirements to meet their respective statutory obligations. Apart from those functions delegated by this Scheme, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision making roles.

3.6. The delegation of functions from the Parties to the IJB shall not affect the legality of any contract made by either of the Parties which relates to the delivery of integrated or non-integrated services. The IJB will enter into a joint commissioning strategy with the Parties.

4. Local Operational Delivery Arrangements

4.1. **The operational role of the IJB** shall be as follows:

4.1.1. Local operational delivery arrangements will reflect the integration delivery principles established under section 31 of the Act.

4.1.2. The Parties have agreed that the IJB will be responsible for the strategic planning of its integrated services as set out in Annexes 1 and 2 of this Scheme; and operational management for the delivery of those integrated services, except acute hospital services which serve more than one integration authority.

4.1.3. The IJB will be supported in its strategic planning and operational management of the delivery of integrated services by regular performance reporting from the Parties. If, and to the extent that, it considers it necessary in light of these reports, the IJB will be required to issue directions to the Parties to improve performance.

4.1.4. The IJB shall be responsible for the approval of policy and strategy for those service areas and functions included within the remit of the RHSCP and within the overall frameworks set by the Health Board and the Council.

4.1.5. The IJB shall ensure and consider issues relating to effective clinical and care governance within the RHSCP, and where necessary shall make recommendations to either or both the Parties.

4.1.6. The Chief Officer will have delegated operational responsibility for delivery of integrated services, with oversight from the IJB. In this way the IJB is able to have responsibility for strategic planning and oversight for operational delivery. These arrangements will operate within a framework established by the Parties for their respective functions, ensuring the Parties can continue to discharge their governance responsibilities.

4.1.7. Functions that are in-scope to be delegated may, by agreement, be hosted by the IJB on behalf of another integration authority or on behalf of one or both of the Parties. Similarly, the IJB may arrange for another integration authority to host services on its behalf. In any such circumstances, service level agreements will set out the governance arrangements for operational and strategic accountability.

4.1.8. The IJB shall retain oversight for any services delivered to the people of Renfrewshire that are hosted on its behalf by another integration authority and shall engage with the host integration authority and the relevant chief officer on any concerns and issues arising in relation to these services.

4.2. The process to develop an agreement for the provision of **support services** to the IJB shall be that the Parties will consider the requirements of the IJB and develop the most effective and efficient way of providing to the IJB those services which support front line service delivery, such as, but not limited to, legal, financial and administrative services.

4.3. **To support strategic planning**:

4.3.1. The parties will provide support to the IJB for the purposes of preparing and reviewing a Strategic Plan and for carrying out integrated functions, both strategic and operational, that it requires to discharge fully under the Act and other legislation to which it operates.

4.3.2. The Parties will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by other Health Boards or within other local authority areas by people who live within the Renfrewshire area.

4.3.3. The Parties shall arrange to obtain from other relevant integration authorities the necessary activity and financial data for services, facilities or resources for the planned use of services within the Renfrewshire area by people who are resident outwith the area.

4.3.4. The Parties commit to advise the IJB where they intend to change service provision that will have a resultant impact on the Strategic Plan.

4.4. With regard to **targets and performance measurement**:

4.4.1. The Parties will prepare a list of targets and measures that relate to the delegated functions and the extent to which responsibility for these will lie with the IJB will be taken account of in the Strategic Plan.

4.4.2. The Parties will prepare a list of targets and measures that relate to non-delegated functions which are to be taken into account by the IJB when it is preparing a Strategic Plan and the extent to which responsibility for these will lie with the IJB will be taken account of in its Strategic Plan.

4.4.3. These lists of targets and measures will be prepared and agreed by the Parties by the date on which the IJB is formed and may be amended

from time to time. The Parties will work together to develop proposals on these targets and measures to put to an early meeting of the IJB for agreement based on the Parties' respective strategic plans and agreements.

4.4.4. The specific targets, measures and reporting arrangements for the IJB will be developed within the first year of its establishment, reflective of previous guidance issued and associated core suite of indicators for integration. It is proposed that this will take the form of a tri-partite agreement between the Health Board, the Council and the IJB. Thereafter, the arrangements shall be reviewed regularly by the Parties and the IJB.

4.4.5. The Parties will share the targets, measures and other arrangements that will be devolved to the IJB and will take into account national guidance on the core indicators for integration.

4.4.6. In preparing performance reports, the Parties will provide the IJB with performance and statistical support resources, access to relevant data sources and will share all information required on services to permit analysis and reporting in line with the prescribed content as set out in Regulations and guidance. Where the responsibility for the target is shared, the Parties will set out their respective accountability and responsibilities.

4.4.7. To performance manage the delivery of the Strategic Plan (including national outcome targets) and management of resources within the budget allocations, the parties will jointly develop a Performance Management Framework (PMF) focused on the delivery of the Outcomes.

4.4.8. The IJB shall prepare and publish an annual performance report. In addition to the annual report, performance will be reported regularly to the IJB and to both Parties.

5. Clinical and Care Governance

5.1. Effective clinical and care governance arrangements need to be in place to support the delivery of safe, effective and person-centred health and social care services within integrated services.

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

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

5.4. The IJB will be required to establish arrangements to:-

- Create an organisational culture that promotes human rights and social justice, values partnership working through example; affirms the contribution of staff through the application of best practice including learning and development; is transparent and open to innovation, continuous learning and improvement.
- Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation.
- 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.
- Ensure that transparency and candour are demonstrated in policy, procedure and practice.
- Deliver assurance that effective arrangements are in place to enable relevant health and social care professionals to be accountable for standards of care including services provided by the third and independent sector.

- Ensure that there is effective engagement with all communities and partners to ensure that local needs and expectations for health and care services and improved health and wellbeing outcomes are being met.
- Ensure that clear robust, accurate and timely information on the quality of service performance is effectively scrutinised and that this informs improvement priorities. This should include consideration of how partnership with the third and independent sector supports continuous improvement in the quality of health and social care service planning and delivery.
- Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes.
- Provide assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrong doing in line with local policies for whistleblowing and regulatory requirements.
- Establish clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training (in order to be compliant with all professionals regulatory requirements).
- Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported and innovation promoted.
- Provide a clear link between organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education.
- Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.
- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.

- Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services. Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

5.5. The NHS scheme of delegation, which is the basis on which the Health Board delegates to the IJB and Chief Officer operational responsibilities, confirms the arrangements through which:

- professional staff relate to the Board's professional leads;
- the regulatory and training roles of the Board's professional leads are discharged
- the relationship to the Boards clinical governance and related arrangements including critical incident reporting

5.6. The CSWO:-

5.6.1. remains accountable for the quality of social care services and professional governance in relation to the functions delegated by the Council to the IJB.

5.6.2. will provide support the Chief Officer and the IJB in the same manner that the CSWO provides support to the Council.

5.6.3. will report directly to the Chief Executive of the Council in respect of all social work matters relating to quality and professional governance.

5.6.4. will submit their annual report to the IJB in addition to the Council. This report will be publicly available.

5.7. The arrangements for Clinical and Care Governance shall ensure that staff delivering services will:-

- Practice in accordance with their professional standards, codes of conduct and organisational values.
- Be responsible for upholding professional and ethical standards in their practice and for continuous development and learning that should be applied to the benefit of the public.
- Ensure the best possible care and treatment experience for service users and families.
- Provide accurate information on quality of care and highlight areas of concern and risk as required.
- Work in partnership with management, service users and carers and other key stakeholders in the designing, monitoring and improvement of the quality of care and services.
- Speak up when they see practice that endangers the safety of patients or service users in line with local whistle-blowing policy and regulatory requirements.
- Engage with colleagues, patients, service users, communities and partners to ensure that local needs and expectations for safe and high quality health and care services, improved wellbeing and wider outcomes are being met.

6. Chief Officer

6.1. In accordance with section 10 of the Act, the IJB shall appoint a Chief Officer who will then be a member of the appropriate senior management teams of the Health Board and the Council. This will enable the Chief Officer to work with senior management of both Parties to carry out the functions of the RHSCP in accordance with the Strategic Plan.

6.2 The Chief Officer will be jointly line managed by the Chief Executives of the Parties.

6.3 The Chief Officer will be responsible for the operational management of the integrated services delegated to the IJB, other than acute hospital services or the services hosted by another integration authority as detailed in Annex 3.

6.4 The Chief Officer will be responsible for the development and monitoring of operational plans which set out the mechanism for the delivery of the Strategic Plan.

6.5 The Chief Executive of the Health Board will be responsible for the operational management of acute hospital services and will provide regular updates to the Chief Officer on the operational delivery of, and the set aside budget for, these services.

6.6 Where integrated services are hosted by another integration authority, the Chief Officer will arrange to obtain such regular updates and appropriate reports on the operational delivery of these services as the IJB requires.

6.7 For planned absences of the Chief Officer, the Chair and Vice-Chair of the IJB and the Chief Officer will agree a suitable interim Chief Officer. For unplanned absences the Parties' Chief Executives will work with the Chair and Vice-Chair of the IJB to identify a suitable interim Chief Officer.

7. Workforce

7.1 RHSCP staff will be employees of the Health Board or of the Council, and will be subject to the relevant terms and conditions as specified within their own contracts (including the adherence to the corporate polices of their employing organisation). The process of developing integrated adult service teams, building on existing joint teams, will be initiated during the first year of the RHSCP.

7.2 Core Human Resources services will continue to be provided by the appropriate Corporate Human Resource and Workforce functions in the

Council and the Health Board who, where appropriate, will work together to develop a shared understanding of human resource and workforce issues.

7.3 The Council and the Health Board are committed to the continued development and maintenance of positive and constructive relationships with recognised Trades Unions and professional organisations involved in Health and Social Care. Any future changes will be planned and coordinated and will ensure the appropriate engagement with all those affected by the changes, in accordance with established policies, procedures and practices of the Parties.

7.4 The Parties are committed to ensuring their staff involved in health and social care service delivery have the necessary training, skills and knowledge to provide the people of Renfrewshire with the highest quality services. The Parties recognise that their staff are well placed to identify how improvements can be made to services and will work together and with their staff to develop and establish plans for:

(a) Workforce planning and development;
(b) Organisational development;
(c) Learning and development of staff; and
(d) Engagement of staff and development of a healthy organisational culture.

The Parties will develop these plans before 1 April 2016.

7.5 The Chief Officer will receive advice from Human Resources and Organisational Development professionals who will work together to support the implementation of integration and provide the necessary expertise and advice as required. They will work collaboratively with staff, managers, staff side representatives and trade unions to ensure a consistent approach which is fair and equitable.

7.6 The Parties agree that Workforce Governance is a system of corporate accountability for the fair and effective management of staff. Workforce Governance in the IJB will therefore ensure that staff are:-

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently, with dignity and respect and in an environment where diversity is valued.
- Provided with a continually improving and safe working environment, promoting the health and well-being of staff, patients/clients and the wider community.

7.7 The Chief Officer is accountable to the IJB for Workforce Governance.

7.8 The IJB will report on workforce governance matters to the Parties through their appropriate governance and management structures. In addition any joint staff forum established by the IJB will establish formal structures to link with the Health Board's area partnership forum and the Council's joint consultative forum.

8. Finance

8.1. Introduction to this clause

8.1.1. This clause sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the IJB from the Council and the Health Board.

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

8.2. Budgets

8.2.1. Delegated baseline budgets for 2015/16 will be subject to due diligence and based on a review of recent past performance, existing and future financial forecasts for the Health Board and the Council for the functions which are to be delegated.

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

a Activity changes
b Cost inflation
c Efficiencies
d Performance against outcomes
e Legal requirements
f Transfer to or from the amounts set aside by the Health Board
g Adjustments to address equity of resource allocation

This will allow the Council and the Health Board to determine the final approved budget for the IJB.

8.2.3. The process for determining amounts to be made available (within the 'set aside' budget) by the Health Board to the IJB 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 IJB and will be based on:

- Actual Occupied Bed Days and admissions in recent years;
- Planned changes in activity and case mix due to the effect of interventions in the Strategic Plan;
- Projected activity and case mix changes due to changes in population need (i.e. demography & morbidity).

8.2.4. The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Parties. 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 IJB's budget. This may include:

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

8.3. **Budget Management**

8.3.1. The IJB will direct the resources it receives from the Parties in line with the Strategic Plan, and in so doing will seek to ensure that the planned activity can reasonably be met from the available resources viewed as a whole, and achieve a year-end break-even position.

8.4. **Overspends**

8.4.1. The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan does not succeed, the first resort should be to the IJB reserves, where available, in line with the IJB's Reserves policy. The Parties 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 Parties and the IJB. If the revised plan cannot be agreed by theParties , or is not approved by theIJB , mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

8.5. **Underspends**

8.5.1. Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, arises from specific management action, this will be retained by the IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the IJB's Reserves Strategy. The exception to this general principle relates to exceptional circumstances as defined by local arrangements.

8.6. **Unplanned Costs**

8.6.1. Neither Party may reduce the payment in-year to the IJB to meet exceptional unplanned costs within either the Council or the Health Board without the express consent of the IJB and the other Party.

8.7. **Accounting Arrangements and Annual Accounts**

8.7.1. Any transaction specific to the IJB e.g. expenses, will be processed via the Council ledger, with specific funding being allocated by the IJB to the Council for this.

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

8.7.3. 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.

8.7.4. Periodic financial monitoring reports will be issued to the Chief Officer/ budget holders in line with timescales agreed by theParties.

8.7.5. In advance of each financial year a timetable of reporting will be submitted to the IJB for approval.

8.8. Payments between the Council and the Health Board

8.8.1. The schedule of payments to be made in settlement of the payment due to the IJB will be:

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

8.8.2. In the event that functions are delegated part-way through the 2015-16 financial year, the payment to the IJB for delegated functions will be that portion of the budget covering the period from the delegation of functions to the IJB to 31 March 2016.

8.9. Capital Assets and Capital Planning

8.9.1. Capital and assets and the associated running costs will continue to sit with the Parties. The IJB will require to develop a business case for any

planned investment or change in use of assets for consideration by the Parties.

9. Participation and Engagement

9.1. In developing this Scheme, the parties undertook stakeholder mapping to identify the key stakeholder groups to be consulted in terms of the Act and the most appropriate and effective methods of consultation for each of these groups.

9.2. All stakeholder groups as prescribed in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 were consulted by the Parties in the development of this Scheme.

9.3. All responses received during the consultation have been reviewed and taken into consideration in the production of the final version of this Scheme.

9.4. The Parties will provide appropriate resources and support to enable the IJB to develop a “participation and engagement strategy” to ensure significant engagement with, and participation by, members of the public, representative groups and other organisations in relation to decisions about the carrying out of integration functions. The resources and support to be made available shall include community engagement staff; communications support; and the development of shared principles for engagement and participation.

9.5. Existing forums and networks between the Parties and other stakeholders shall be involved in the development, implementation, review and, where appropriate, monitoring of any new arrangements.

9.6. The participation and engagement strategy shall be in place within 6 months of the formation of the IJB.

9.7. Participation and engagement of service users and local communities will comply with the principles for the planning and delivery of integrated services

set out within the Act, namely that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users; and that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible:

9.7.1. Is integrated from the point of view of service-users.

9.7.2. Takes account of the particular needs of different service-users.

9.7.3. Takes account of the particular needs of service-users in different parts of the area in which the service is being provided.

9.7.4. Takes account of the particular characteristics and circumstances of different service users.

9.7.5. Respects the rights of service-users.

9.7.6. Takes account of the dignity of service-users.

9.7.7. Takes account of the participation by service-users in the community in which service-users live.

9.7.8. Protects and improves the safety of service-users.

9.7.9. Improves the quality of the service.

9.7.10. Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care).

9.7.11. Best anticipates needs and prevents them arising.

9.7.12. Makes the best use of the available facilities, people and other resources.

10. Information-Sharing and data handling

10.1. The Parties have, along with all local authorities in the Health Board area, agreed to an Information Sharing Protocol. The Protocol is subject to ongoing review and positively encourages staff to share information appropriately about their service users when it benefits their care and when it is necessary to protect vulnerable adults or children.

10.2. The Parties will establish a joint group to agree an appropriate information sharing accord for the sharing of information in relation to integrated services.

10.3. The information sharing accord will be developed from existing information sharing and data handling arrangements between the Parties and will set out the principles under which information sharing will be carried out.

10.4. The Parties will also work together to agree the specific procedures for the sharing of information for any purpose connected with the preparation of an integration scheme, the preparation of a strategic plan or the carrying out of integration functions. These procedures will include the detailed arrangements, practical policies, designated responsibilities and any additional requirements.

10.5. The information sharing accord and procedures for information sharing will be ratified by the Parties by April 2016 and may be amended or replaced by agreement of the Parties and the IJB.

10.6. The Parties will continue to develop information technology systems and procedures to enable information to be shared appropriately and effectively between the Parties and the IJB.

10.7. The Chief Officer will ensure appropriate arrangements are in place in respect of information governance.

11. Complaints

11.1. The Parties and the IJB will use complaints as a valuable tool for improving services and to identify areas where staff training may be of benefit.

11.2. The Parties agree the following arrangements in respect of complaints about the delivery of integrated health and social care services:

11.2.1. The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the IJB.

11.2.2. The Health Board and the Council will retain separate complaints policies and procedures reflecting distinct statutory requirements: the Patient Rights (Scotland) Act 2011 makes provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 makes provisions for the complaints about social care services.

11.2.3. The existing procedures adopt the principles of early front-line resolution of complaints. Where complaints remain unresolved, they are escalated to a relevant senior manager. Thereafter, if required, complaints shall be escalated to the Chief Officer and then to the Social Work Complaints Review Committee (CRC) and/or the Scottish Public Services Ombudsman.

11.2.4. Where a complaint is made direct to the IJB or the Chief Officer, the Chief Officer shall follow the relevant processes and timescales of the complaints procedure of the appropriate Party as determined by the nature of the complaint and the associated functions.

11.2.5. Complaints will be processed depending on the subject matter of the complaint made. Where a complaint relates to multiple services the matters complained about will be processed, so far as possible, as a single complaint with one response from the IJB. Where a joint response to a complaint is not possible or appropriate this will be explained to the complainant who will receive separate responses from the services concerned. Where a complainant is dissatisfied with a joint response, then matters will be dealt with under the respective review or appeal mechanisms of either party, and thereafter dealt with entirely separately.

11.2.6. The IJB will ensure that the person making a complaint is always informed which complaint procedure is being followed and of their right of review of any decision notified.

11.2.7. Complaints management, including the identification of learning from upheld complaints across services, will be subject to periodic review by the IJB.

11.2.8. The IJB will report to the Parties statistics on complaints performance in accordance with national and local reporting arrangements.

12. Claims Handling, Liability & Indemnity

12.1. Any claims arising from activities carried out under the direction of the IJB shall be progressed quickly and in a manner which is equitable to the Parties. Normal common law and statutory rules relating to liability shall apply, however it is noted that decisions relating to claims and liabilities will also be subject to any requirements, obligations or conditions of any insurance purchased by either Party.

12.2. Each Party will assume responsibility for progressing and determining any third party claim which relates to any act or omission on the part of one of its employees and/ or any claim that relates to the injury or harm of one of its employees.

12.3. Each Party will assume responsibility for progressing and determining any claim which relates to any building which is owned or occupied by them subject to any relevant lease terms and conditions.

12.4. In the event of any claim arising against the IJB where it is not clear which Party should assume responsibility, the Chief Officer (or his/ her representative) will liaise with the Chief Executives of the Parties (or their representatives) to determine which party should assume responsibility for progressing the claim.

12.5. If a third party claim is settled by either Party and it thereafter transpires that liability (in whole or in part) should have rested with the other Party, then the

Party settling the claim may seek indemnity from the other Party, subject to normal common law and statutory rules relating to liability.

12.6. If a claim has a "cross-boundary" element whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other to reach agreement as to how the claim should be progressed and determined.

12.7. The IJB will develop a procedure with other relevant integration authorities for any claims relating to Hosted Services.

12.8. Claims which relate to an event that pre-dated the establishment of the IJB will be dealt with by the Parties through the procedures used by them prior to integration. The IJB will develop a procedure for claims relating to Hosted Services with the other relevant integration authorities. Such claims may follow a different procedure to that set out above.

13. Risk Management

13.1. A risk management policy and strategy will be developed by the IJB that will demonstrate a considered, practical and systemic approach to addressing potential and actual risks related to the planning and delivery of services, particularly those related to the IJB's delivery of the Strategic Plan.

13.2 The primary objectives of the strategy will be to:

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

13.3 Risk management procedures and a risk register will be developed with a view to encompassing best practice currently undertaken by both Parties in their ongoing management of strategic and operational risk.

13.4 The Parties will provide an appropriate level of resources to ensure that management of risk is delivered and maintained to the standards and reporting timescales as set out in the risk management strategy. Where appropriate, resources currently deployed by the Parties for the support of risk management will be utilised.

13.5 The risk management policy and strategy will be developed during the shadow period and an initial draft submitted for consideration and approval by the IJB within three months of the IJB's establishment. It is acknowledged that the strategy will continue to develop over time and thus will be subject to regular review and revision at least annually by the IJB.

13.6 The IJB will formally review the risk register at six-monthly intervals.

13.7 Risks identified will be entered in the risk register utilising a common methodology through which the likelihood and consequence of each risk is analysed and evaluated, and mitigating and control actions identified in order to reduce or contain the level of residual risk.

13.8 A framework will be developed that will specify the principles and procedures to be applied in reporting risks to ensure risk information is communicated well and an appropriate level of scrutiny in relation to planned control actions. This will include reporting to the IJB at least annually. Reporting to the IJB will be based on the principle that risks with higher significance to the Partnership will be reviewed and reported more frequently.

14. Dispute resolution mechanism

14.1. Where either of the Parties fails to agree with the other or with the IJB on any issue related to this Scheme and/or the delivery of integrated health and social care services, then the following process will be followed:-

(a) The Chief Executives of the Health Board and the Council, and the Chief Officer, will meet to resolve the issue;

(b) If unresolved, the Health Board, the Council and the IJB will each prepare a written note of their position on the issue and exchange it with the others. The Chief Officer, Leader of the Council, Chair of the Health Board and the Chief Executives of the Council and the Health Board will then meet to resolve the issue.

(c) In the event that the issue remains unresolved, representatives of the Health Board, the Council and the IJB will proceed to mediation with a view to resolving the issue.

(d) A representative of each of the Council and the Health Board shall meet with the Chief Officer with a view to agreeing a suitable person to be appointed as mediator. If agreement cannot be reached, the Chief Officer will appoint a suitable independent mediator. The mediation process shall be determined by the mediator appointed and the costs of mediation shall be shared equally between the Parties.

(e) If the issue remains unresolved after following the processes outlined in (a)-(d) above, the Parties agree that they will notify the Scottish Ministers that agreement cannot be reached. The notification will explain the nature of the dispute and the actions taken to try to resolve it including any written opinion or recommendations issued by the mediator. The Scottish Ministers will be requested to make a determination on the dispute and the Parties agree to be bound by that determination.

Annex 1

Part 1

Functions delegated by the Health Board to the IJB

Set out below is the list of functions that must be delegated by the Health Board to the IJB as set out in the Public Bodes (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further health functions can be delegated as long as they fall within the functions set out in Schedule One of the same instrument;

SCHEDULE 1 Regulation 3

Functions prescribed for the purposes of section 1(8) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978	

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CA([1]) (Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I([2]) (use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38([3]) (care of mothers and young children);

([1]) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).
([2]) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.
([3]) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

section 38A([4]) (breastfeeding);

section 39([5]) (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55([6]) (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);
section 64 (permission for use of facilities in private practice);

section 75A([7]) (remission and repayment of charges and payment of travelling expenses);

section 75B([8])(reimbursement of the cost of services provided in another EEA state);

section 75BA ([9])(reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82([10]) use and administration of certain endowments and other property held by Health Boards);

section 83([11]) (power of Health Boards and local health councils to hold property on trust);

([4]) Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.
([5]) Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.
([6]) Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.
([7]) Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.
([8]) Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.
([9]) Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).
([10]) Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.
([11]) There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

section 84A([12]) (power to raise money, etc., by appeals, collections etc.);

section 86 (accounts of Health Boards and the Agency);

section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

section 98 ([13]) (charges in respect of non-residents); and

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

and functions conferred by—

The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 ([14]);

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;

The National Health Service (Discipline Committees) Regulations 2006/330;

The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and

([12]) Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.
([13]) Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.
([14]) S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

	The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55([15]).

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7 (Persons discharged from hospital)	

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	

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

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)([16]); section 38 (Duties on hospital managers: examination notification etc.)([17]); section 46 (Hospital managers' duties: notification)([18]); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer); section 260 (Provision of information to patients); section 264 (Detention in conditions of excessive security: state hospitals);

([15]) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.
([16]) There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.
([17]) Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.
([18]) Section 46 is amended by S.S.I. 2005/465.

	section 267 (Orders under sections 264 to 266: recall); section 281([19]) (Correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005([20]); The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005([21]); The Mental Health (Use of Telephones) (Scotland) Regulations 2005([22]); and The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008([23]).
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act**)**	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36([24]).

Part 2

([19]) Section 281 is amended by S.S.I. 2011/211.
([20]) S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([21]) S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([22]) S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([23]) S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.
([24]) S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of "relevant NHS body" relevant to the exercise of a Health Board's functions.

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

Set out below is the list of services that the minimum list of delegable functions is exercisable in relation to. Further services can be added as they relate to the functions delegated.

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

10. In this schedule—

"Allied Health Professional" means a person registered as an allied health professional with the Health Professions Council;

"general medical practitioner" means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

"general medical services contract" means a contract under section 17J of the National Health Service (Scotland) Act 1978;

"hospital" has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

"inpatient hospital services" means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

"out of hours period" has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004([25]); and

"the public dental service" means services provided by dentists and dental staff employed by a health board under the public dental service contract.

PART 2

11. Accident and Emergency services provided in a hospital.

12. Inpatient hospital services relating to the following branches of medicine—

(a) general medicine;

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

13. Palliative care services provided in a hospital.

14. Inpatient hospital services provided by General Medical Practitioners.

15. Services provided in a hospital in relation to an addiction or dependence on any substance.

([25]) S.S.I. 2004/115.

16. Mental health services provided in a hospital, except secure forensic mental health services.

PART 3

17. District nursing services.

18. Services provided outwith a hospital in relation to an addiction or dependence on any substance.

19. Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.

20. The public dental service.

21. Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978([26]).

22. General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978([27]).

23. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978([28]).

24. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978([29]).

25. Services providing primary medical services to patients during the out-of-hours period.

26. Services provided outwith a hospital in relation to geriatric medicine.

27. Palliative care services provided outwith a hospital.

28. Community learning disability services.

29. Mental health services provided outwith a hospital.

30. Continence services provided outwith a hospital.

31. Kidney dialysis services provided outwith a hospital.

32. Services provided by health professionals that aim to promote public health.

([26]) Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.
([27]) Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.
([28]) Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.
([29]) Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

Annex 2

Part 1

Functions delegated by the Local Authority to the IJB

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

SCHEDULE Regulation 2

PART 1

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

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948([30])	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958([31])	
Section 3 (Provision of sheltered employment by local authorities)	

([30]) 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

([31]) 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

Column A *Enactment conferring function*	*Column B* *Limitation*
The Social Work (Scotland) Act 1968([32])	
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.

([32]) 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

Column A *Enactment conferring function*	*Column B* *Limitation*
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 (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982([33])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([34])	

([33]) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

([34]) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000([35])	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions

([35]) 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001([36])	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002([37])	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003([38])	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	

([36]) 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.
([37]) 2002 asp 5.
([38]) 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([39])	
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([40])	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013([41])	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.

([39]) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

([40]) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

([41]) 2013 asp 1.

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

PART 2

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

Column A *Enactment conferring function*	*Column B* *Limitation*
The Community Care and Health (Scotland) Act 2002	
Section 4([42]) The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002([43])	

([42]) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).
([43]) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Part 2

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

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

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

Annex 3

Hosted Services

Where a Health Board spans more than one IJB, one of them might manage a service on behalf of the other(s). This Annex sets out those arrangements which the Parties wish to put in place. Such arrangements are subject to the approval of the IJB but will not be subject to Ministerial approval.

The Parties consider the current arrangements are the most appropriate hosting arrangements for the Health Board area and details of these are provided in this Annex for consideration by the IJB.

The table below represents the current hosting arrangements at the time of the production of the first Integration Scheme. Any future changes to these arrangements will be agreed and managed locally.

Service Area	**Host Authority**
· Continence services outwith hospital	Glasgow
· Enhanced healthcare to Nursing Homes	Glasgow
· Musculoskeletal Physiotherapy	West Dunbartonshire
· Oral Health – public dental service and primary dental care contractual support	East Dunbartonshire
· Podiatry services	Renfrewshire
· Primary care contractual support (medical and optical)	Renfrewshire
· Sexual Health Services (Sandyford)	Glasgow
· Specialist drug and alcohol services and system-wide planning & co-ordination	Glasgow
· Specialist learning disability services and learning disability system-wide planning & co-ordination	To be confirmed
· Specialist mental health services and mental health system-wide planning & co-ordination	Glasgow

Annex 4

Part 1 – Additional Health Board Functions

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

National Health Services (Scotland) Act 1978 Sections 36 (accommodation and services) for the provision of medical, nursing and other services in relation to specialist children's services for those aged under 18 years of age.

Mental Health (Care and Treatment) (Scotland) Act 2003 Section 23 (provision of services and accommodation for certain patients under 18) for the provision of appropriate services to any child or young person aged under 18 who is receiving treatment for a mental disorder wither on a voluntary basis or is detained under provisions within the Act. There is to be excluded from such provision any care or treatment provided under regionally funded arrangements for in-patient accommodation.

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

Part 2 – Additional Services

- School Nursing and Health Visitor Services
- Child and Adolescent Mental Health Services (excluding the Child and Adolescent In-Patient unit currently provided at Skye House)
- Children's Specialist Services

Health and Social Care Integration

Consultation on Integration Scheme - feedback report

1. Purpose of this report

1.1. To report on the level of stakeholder engagement during the Integration Scheme (IS) consultation process and how the project team captured the feedback received;
1.2. To summarise the feedback received and highlight the key themes which emerged;
1.3. To recommend the response to stakeholder feedback and any requested changes to the draft IS content.

2. Recommendations

2.1. approve the recommendations set out in *Section 6 - Amendments to IS document wording*;
2.2. note the actions / responses outlined in *Section 5 - Response to consultation feedback*;
2.3. consider any additional changes required to the final Integration Scheme based on the recommendation set out in *Section 7: Additional recommendations*; and
2.4. note the contents of *Appendix 1: IS Consultation Feedback Log* and advise where any further action is required.

3. Background

3.1. The formal consultation took place over a two week period, between the 19th January and 3rd February 2015.

A variety of consultation methods were employed, to encourage feedback from the wide range of prescribed stakeholders, including -

- A health and social care Integration website area was developed providing
  - Useful background to health and social care integration;
  - Frequently asked questions;
  - A copy of the full Integration Scheme;
  - A booklet providing a summary guide to the Integration Scheme;
  - An online Integration Scheme feedback form;
  - Contact details for those with any other general integration queries

- Provision of printed copies of the Integration Scheme / feedback questionnaire and freepost envelope. Materials were also offered in large print, Braille, audio CD/tape and British Sign Language interpretation upon request.

- A series of staff consultation sessions took place across Paisley, Johnstone and Renfrew.

- Special update sessions were held for managers with teams who typically work outwith office hours in order to ensure they had the appropriate knowledge and presentation materials to update these staff at team meetings.

- The NHS GCC and the Council met with their respective Trade Unions in advance of the staff sessions to consult them on both the Integration Scheme and the proposed staff presentation materials.

- A number of presentations were also delivered to existing community planning, joint strategic and working groups which included representation from third sector bodies, carers, users, health and social care professionals, social care and housing providers.

3.2. A further consultation period, ending 9th February 2015, is being provided to facilitate Elected Member engagement and feedback.

4. Analysis of stakeholder engagement and feedback

4.1. The table below summarises stakeholder engagement throughout consultation process and how the project team captured feedback.

Consultation method	Level of stakeholder engagement	Method of recording feedback
Staff and manager presentations	Sessions were well received with approx 250 staff attending however the bad weather did impact some of the sessions. Staff raised a number of questions / points however these tended to be about integration in general rather than IS specific.	Feedback was transcribed. All questions and points raised were recorded within the IS Consultation Feedback log
Presentation to other stakeholder groups	Stakeholders were receptive to the direction of travel and appreciated the efforts being made to consult. There were no specific questions raised about the IS content at these sessions however attendees were encouraged to complete the online questionnaire.	Feedback was transcribed. All questions and points raised were recorded within the IS Consultation Feedback log
Meetings with Trade Unions	The meetings with both Health and Council Trade Unions were viewed as encouraging by the Health and Council management teams. There were no specific questions about the IS however all parties were keen to be represented and participate in integration planning going forward.	Feedback was transcribed. All questions and points raised were recorded within the IS Consultation Feedback log
Online questionnaire	27 responses were received. 3 stakeholders requested a personal response to their feedback.	The online survey was developed using a tool called Surveymonkey which records all feedback and enables analysis of responses. All questions and points raised were recorded within the IS Consultation Feedback log

Direct feedback to the Chief Officer Designate	Letters received to date - Marie Curie Cancer Care - Area Pharmaceuticals Committee - Donald W Sime, Employee Director, NHS GGC - Dorothy McErlean, TU Rep and Staff Side Secretary to Joint Trade Unions, NHS GGC - Request from the Staff Partnership Forum (SRF)	Copies of letters were saved to the Project Folder and recorded within the IS Consultation Feedback log

4.2. Integration feedback log

Appendix 1- IS Consultation Feedback Log provides a full list of all feedback collated throughout the consultation period with the recommended response type for each.

4.3. Emerging themes

When reviewing the overall stakeholder response to the consultation process, a number of key themes emerged.

4.3.1. **Communication and consultation** – stakeholders, in particular staff, highlighted the importance of being kept well informed and consulted on changes and plans to manage services going forward. Some staff expressed anxieties about what the changes could mean for them.

4.3.2. **Participation in strategic planning** - stakeholders, including staff, the third sector and Trade Unions, expressed an interest in being more actively involved in strategic planning and the running of the IJB. Many were keen to understand how the non-voting members of the IJB and members of the Strategic Planning Group would be decided. It was questioned how third sector providers, who cover the interests of different client groups, can be truly represented on the IJB.

4.3.3. **Clinical and Care Governance** – there was some reassurance sought, from both health and social care professionals in relation to codes of conduct and ensuring professional standards are maintained and developed. It was questioned whether Health / Social Care staff will have sufficient understanding of each other's role, values and statutory duties.

4.3.4. **Terms and Conditions** – the differences in Health and Council Terms and Conditions, including pay scales, was viewed an issue by some staff. A number of staff asked if there was any plan to review this in light of integration.

4.3.5. **Lack of resources** – there were a number of responses which questioned how the Partnership will meet the needs of a growing aging population without increased resources.

4.3.6. **Information sharing and ICT** – a number of staff asked whether we will move to a single IT system and/or make changes to existing information sharing practices to support joint working.

4.3.7. **Delegation of Council social care services which do not currently sit within adult services**, namely Addictions, Domestic Abuse, Adaptations and Support Services – staff within these areas asked what integration will mean in practice for them. Some have raised concerns that disaggregation of teams could be detrimental to both staff and service users.

5. Response to consultation feedback

Based on the different types of responses received the Programme Board is planning a range of follow up actions.

Type of feedback	Agreed action / response
1. Where a stakeholder has noted that the IS wording is unclear and/or recommended an amendment to the draft IS content is required	*Section 6 – Amendments to IS document wording* details these requests and the Programme Board's recommendations in relation to any changes required. The Project Team is drafting a letter from the Chief Officer Designate to all prescribed stakeholders acknowledging their response to the consultation and providing a summary of changes within the updated IS. This will be e-mailed and posted on the integration website area.
2. Where stakeholders have raised general questions / points about integration, rather than providing specific comments about the IS	The Project Team, in liaison with HR, legal and clinical specialists, is developing additional FAQs and a glossary which will be posted to the integration website area.
3. Where a stakeholder has requested a personal response	The Project Team is drafting personal responses for the Chief Officer Designate.

6. Amendments to IS document wording

The majority of consultation feedback received was about health and social care integration in general rather than explicitly about the IS document content.

The table below details any requests for specific amendments to the draft Integration Scheme wording and recommendations from the Programme Board proposing how each should be addressed.

Request for an amendment to the Integration Scheme	Programme Board recommendation:
a) Survey feedback – "There is a lack of clarity around the monitoring and overseeing of the proposed IJB – at the introduction on page 2 it is identified as being an "separate legal entity" with "full autonomy and capacity to act on its own behalf" (para 4) but in the next paragraph the report states that "the Health Board and Council together have significant influence over the IJB"	The Programme Board believe the current wording in relation to governance is clear and comes from the Scottish Governments model. The IJB is a separate legal entity but will be working very closely with the Council and the Health Board and there are ways that they can exercise influence over the IJB.
b) Survey feedback - "At section 6 under the Chief Officer, there are some similar queries about how the Chief Officer of a separate, distinct legal entity can be line managed be the Chief Executives of two independent agencies – this again compromises the independence of the IJB if it to be a wholly autonomous organisation."	The Programme Board believe the current wording in relation to governance is clear; this is a requirement in the legislation. The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014 prescribe that the Integration Scheme must include the line management arrangements which the constituent authorities are to put in place to ensure that the Chief Officer is

	accountable to each of the constituent authorities.
c) Survey feedback - "There no vision in proposed legal documents how services are going to be redesigned. In proposed document is based on in document mentioned Scotland acts the most important ones are missing the scottish national standards of care and the equality act 2010 and the Scottish autism strategy"	I. Vision – the Programme Board view this as a matter for the IJB to decide and not for the parent authorities to set out in Integration Scheme. II. Reference to Acts - Whilst these are not explicitly detailed, it is implied that these will be covered by the IJB. In line with advice from the Scottish Government, the Programme Board does not recommend this specific legislation is detailed.
d) Survey feedback - "Scottish Standard of care are not mentioned" (within the Integration Scheme)	Whilst these are not explicitly mentioned in the IS, there is a clear understanding by all parties that the services operated and commissioned must comply with all relevant standards including the care standards. The Programme Board does not recommend that the Scottish Standards of Care are specifically referenced.
e) Request from the Staff Partnership Forum (SRF) in relation to 7.6 "There should be reference to the Staff Partnership Forum here (plus the council equivalent) and a direct link to the Board's Staff Governance Committee (the SGC is mentioned elsewhere but we feel it should also be clearly linked into the section) Giving details of the need for the IJB to provide evidence to the Board's Staff Governance Committee of robust partnership working and staff involvement. Further to this, there should also be reference to the Board's FTFT agenda (plus any council equivalent)"	The Programme Board does not recommend that the Integration Scheme references specific groups by name, such as the Staff Partnership Forum, unless it is a legal requirement. If groups referenced are reorganised or change their name this could lead to a requirement to update the Integration Scheme. This is in line with Scottish Government guidance.
f) Request from Area Pharmaceutical Committee (APC) "In light of the significant contribution community pharmacy currently makes to managing the pharmaceutical and public health needs of the general public, and particularly residents of care homes, the APC would advocate that a community pharmacist representative is listed under section 2:15. While we appreciate that inclusion of a	The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 prescribes the lists of people that the IJB must appoint as members and these are referenced within the Integration Scheme. It is entirely up to the IJB to decide whether it wishes to appoint any additional members and, if so, who they should be however it is not recommended that these are detailed within the Integration Scheme. This is in line with Scottish Government guidance.

pharmacy professional may be included in section 2:16, a guaranteed place would be preferable"	
g) Request from Dorothy McErlean, TU Rep and Staff Side Secretary to Joint Trade Unions, NHS GGC From a staff side point there is one area that I would want included under the Workforce section and this is with regards to governance. "The Partnership will report on Workforce Governance matters to the Parties through their appropriate Governance and Management Structures. In addition any joint staff forum established by the Integrated Joint Board will establish formal structures to link with the Board's Area Partnership Forum and the Council's Joint Consultative Forum. "	The Chief Officer Designate is seeking a view from Catriona Renfrew to ensure consistency across GCC.
h) Request from G Donald W Sime, Employee Director, NHS GGC The Board's Staff Governance Committee is equivalent to the Council's Joint Consultative Forum. I would very much doubt that the Consultative Forum is part of the governance structure of the Council. I believe this could all be addressed by amending paragraph 7.8 to read as follows: "7.8 The Partnership will report on Workforce Governance matters to the Parties through their appropriate Governance and Management Structures. In addition any joint staff forum established by the Integrated Joint Board will establish formal structures to link with the Board's Area Partnership Forum and the Council's Joint Consultative Forum. "	This is the same request as h). The Chief Officer Designate is seeking a view from Catriona Renfrew to ensure consistency across GCC.
i) Request from the Project Team that the following wording in the IS is amended "The Council and the Health Board are committed to creating the Renfrewshire Health and Social Care Partnership (RHSCP) whose mission is to ensure high quality adult health and social care services that improve health and reduce health inequalities and enable safe, effective and efficient health and care to and within the communities of Renfrewshire. The core values of the RHSCP will be	The Programme Board recommend that the wording is revised within the final IS Document to – "The Council and the Health Board are committed to creating the Renfrewshire Health and Social Care Partnership (RHSCP) whose **key focus** is to ensure high quality adult health and social care services that **improve outcomes for local people in the communities of Renfrewshire**.

protection; improvement; efficiency; transparency; fairness and prevention." - to remove the reference to a 'mission' as this may pre-empt the work of the Integration Joint Board (IJB); - to change the current reference to 'prevention' and 'protection' as values to examples of integration delivery principles.	The core values of the RHSCP will be; improvement; efficiency; transparency and fairness, **which are underpinned by the integration delivery principles of prevention and protection and in line with national outcomes."**
j) Request from Jean Still, Head of Administration, RCHP The Parties on page 8 should read 'Greater Glasgow Health Board, styled as Greater Glasgow and Clyde Health Board' as this is not the correct legal name.	The Programme Board recommend this change is made to the Integration Scheme.
k) Request from Sylvia Morrison, Head of Primary Care & Community Services, RCHP There is a typo is Clause 8 where "business care" should read "business case"	The Programme Board recommend this change is made to the Integration Scheme.
l) Request from Project Team that wording in the IS Introduction is amended There is an inconsistency between the consultation summary and clause 9.5. Clause 9.5 was amended following comments from Max Brown (SG) but the corresponding change was not made to the consultation summary document. This means that the words "and before the consultation on the Strategic Plan" need to be deleted from the second last line of the summary of Clause 9 on page 6 (Introduction).	The Programme Board recommend this change is made to the Integration Scheme.

7. Additional recommendations

In addition to the stakeholder feedback received during the formal consultation period, the Programme Board note that further changes may be required to the Integration Scheme based on direction and advice from the Scottish Government, other GGC Partnerships and Elected Members.

It is recommended that the following are considered when drafting the final Integration Scheme -

7.1. To reflect, where agreed by both parties, advisory IS feedback from Max Brown, Renfrewshire's Integration Lead Officer at the Scottish Government. Prior to the consultation, straightforward changes were reflected in the consultation draft issued. It was agreed that the remaining changes would be considered following consultation,

specifically his recommendation to remove any specific references to legislation from the actual Integration Scheme into the Introduction section.

7.2. To understand the direction and advice the four GGC Health and Social Care Partnerships, who are at a most advanced stage in the approval process, have received from the Scottish Government to date.

7.3. To consider any consultation responses received from Elected Members. Members have been asked to provide their feedback on the draft Integration Scheme by Monday 9th February 2015.