NHS GREATER GLASGOW AND CLYDE

NHS Board Meeting
15th December 2015 **Paper No 15/65**

Director of Planning and Policy

Update on Glasgow IJB – Scheme of Establishment

Recommendation

The Board note the final scheme of establishment for the Glasgow City Integration Joint Board

1. Background and Purpose

1.1 In January 2015 the Board considered the draft Schemes of Establishment for the six Integration Joint Boards.

1.2 The Board gave the Director of Planning and Policy and the respective Chief Officers delegated authority to finalise and submit the Schemes. Five of the six Schemes are already approved.

1.3 The outstanding matter that the Chief Executives of the Health Board and Council have been jointly working on since May has been on the detail of scope and wording within the Integration Scheme in relation to Specialist Children's Services.

1.4 Specialist Children's Services have four components:-

- Local Specialist Community Paediatric (CP) Services;
- Local Child and Adolescent Mental Health (CAMHs) Specialist Community Teams;
- Board wide Community Specialist CP and CAMHs;
- Inpatient Mental Health Services for Adolescents and Children.

1.5 These services currently have dual arrangements with local management but also a line of accountability to a single General Manager who has the responsibility and capacity to achieve working across the system, supported by singular CD posts for each service, also operating across the system. Those whole system arrangements include:-

- Management of the Inpatient CAMHs and Children's Psychiatric facilities;
- Participating in national and regional planning;
- Coordination to address issues which arise across the whole care system;
- Service redesign and improvement;
- Development and delivery of consistent models of care;
- Integrated care pathways between Inpatient and Community Services;
- Clinical Governance for the whole service system;

1.6 The Board had two objectives in the discussion with the Council:-

- The first was to ensure that these whole system arrangements were secure and that the Board retained an oversight and decision making role, in partnership with the IJBs.
- The second objective was to enable the IJB Chief Officer to operationally manage

specialist children's services alongside his responsibilities for wider health and social care children's services, which are fully delegated to the IJB.

1.7 The legal framework which underpins the creation of IJBs meant that these objectives can only be achieved by differentiating these services from those which are fully delegated and the revised draft Scheme of Establishment now achieves that.

1.8 The revised draft Scheme is being submitted to the next meeting of Glasgow City's Executive Committee for approval.

2. Progress on re-submission of the Integration Scheme:

2.1 All matters that were highlighted by the Government following the submission on 31st March, which were largely textual and technical and not material have been resolved and agreed by both parties and the civil servants.

2.2 Specialist Children's Services include, among other things, the provision of Children and Adolescent Mental Health Services (CAMHS), and local specialist community paediatric services.

Integration Scheme

Between

Glasgow City Council

and

NHS Greater Glasgow and Clyde

December 2015

1. Introduction

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

1.2 This document sets out the integration arrangements adopted by NHS Greater Glasgow and Clyde and Glasgow City Council, as required by Section 7 of the Act. This integration scheme follows the format of the model document produced by the Scottish Government, and includes all matters prescribed in Regulations.

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

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

1.5 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of the functions conferred on it by the Act through the locally agreed operational arrangements set out within the integration scheme in Section 6. Further, the Act gives the Health Board and the Council, acting jointly, the ability to require that the Integration Joint Board replaces its strategic plan in certain

circumstances. In these ways, the Health Board and the Council retain a degree of influence over the Integration Joint Board.

2. Aims and Outcomes of the Integration Scheme

2.1 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to support achievement of 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.

2.2 The Glasgow City Integration Joint Board is committed to ensuring that the people of Glasgow will get the services they need at the right time, in the right place and from the right person.

2.3 We want to improve outcomes and reduce inequalities by providing easily accessible, relevant, effective and efficient services in local communities where possible and with a focus on anticipatory care, prevention and early intervention.

2.4 We want to achieve the best possible outcomes for our population, service users and carers. We believe that services should be person centred and enabling, should be evidence based and acknowledge risk. We want our population to feel empowered to not only access health and social care services but to participate fully as a key partner in the planning, review and re-design of our services.

2.5 Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems we will be better able to deliver the improvements we strive for; faster access, effective treatment and care, respect for people's preferences, support for self-care and the involvement of family and carers.

2.6 The Integration Joint Board will be committed to ensuring that real service transformation takes place. It will operate in a transparent manner in line with the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty. The Integration Joint Board will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach it will ensure that it is well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.

2.7 Integration must be about much more than the structures that support it. The behaviours of Board members and officers of the parties must reflect these values. It is only by improving the way we work together that we can in turn improve our services and the outcomes for individuals who use them.

3. Model Integration Scheme

The parties:

Glasgow City Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Glasgow City Chambers, George Square, Glasgow, G2 1DU ("the Council");

And

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

(together referred to as "the Parties")

Definitions and Interpretation

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

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

"Glasgow City Shadow Integration Joint Board" means the body established by the Council and Health Board to oversee development of the Integration Scheme and other integrated arrangements ahead of establishment of the Integration Joint Board.

"Chief Officer" means the individual appointed by the Integration Joint Board under section 10 of the Act.

"Chief Social Work Officer" means the individual appointed by the Council under Section 3 of the Social Work (Scotland) Act 1968.

"Chief Executive of the Council" means the individual appointed by the Council as its most senior official responsible for discharging the Council's strategy and statutory responsibilities.

"Chief Executive of the Health Board" means the individual appointed by the Health Board as its most senior official responsible for discharging the Health Board's strategy and

statutory responsibilities.

"Acute Services" means:

1. Accident and Emergency services provided in a hospital
2. Inpatient hospital services relating to the following branches of medicine:
   (i)General Medicine
   (ii) Geriatric Medicine
   (iii) Rehabilitation Medicine
   (iv) Respiratory Medicine
3. Palliative care services provided in a hospital

"Chief Operating Officer for Acute Services" means the individual appointed by the Health Board with lead responsibility for the operational delivery of Acute Services

"Set Aside Budget" means the monies made available by the Health Board to the Integration Joint Board in respect of those functions delegated by the Health Board which are carried out in a hospital within the Health Board area and provided for the areas of two or more Local Authorities.

"Outcomes" means the outcomes set out in the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014;

"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 document which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of integrated health and social care services in accordance with section 29 of the Act.

"Strategic Planning Group" means the group established under section 32 of the Act.

"Social Work Governance Board" means the body established by the Council's Social Work department to oversee all aspects of local Social Work policy, practice and procedures.

"Clinical Governance Forum" means the body established by the Health Board to oversee all aspects of local Health Board policy, practice and procedures.

"Healthcare Improvement Scotland" means the body established by the Public Services Reform (Scotland) Act 2010 and responsible for regulation of health services.

"Care Inspectorate" means the body established by the Public Services Reform (Scotland) Act 2010 and responsible for regulation of care services.

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

In accordance with section 2(3) 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 Glasgow City Council area, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

4. Local Governance Arrangements

4.1 Having regard to the requirements contained in the Integration Scheme Regulations, the Parties have provided below the detail of the voting membership, the chair and vice chair of the Integration Joint Board:

- Each Party will appoint eight voting members to the Integration Joint Board
- The period of office for the Chair and Vice-Chair shall be 1 year
- The first Chair of the Integration Joint Board will be appointed by the Council

4.2 Upon establishment, the Integration Joint Board will implement appropriate governance arrangements in line with the requirements of the Act and associated Regulations. This will necessarily require close working with the Parties in relation to any corresponding impact on their internal governance arrangements.

5. Delegation of Functions

5.1 The functions that must be delegated by the Health Board to the Integration Joint Board are set out in Part 1 of Annex 1. The services to which these functions relate, which are

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

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

5.3 Annex 3 lists the services that it is proposed to be hosted by one Integration Joint Board on behalf of the other five within the Health Board area. Part 1 of Annex 4 lists additional Health Board and Council functions that will be delegated to the Integration Joint Board. The services to which these functions relate, which are currently provided by the Health Board and the Council and which are to be integrated, are set out in Part 2 of Annex 4.

5.4 Specialist Childrens services will be operational managed by the IJB Chief Officer and operationally overseen by the IJB but not delegated under the terms of the legislation. Annexe 5 sets out the specific arrangements for these services.

6. Local Operational Delivery Arrangements

6.1 The local operational arrangements agreed by the Parties are:

- The Integration Joint Board has responsibility for the planning of services via the Strategic Plan.
- The Integration Joint Board will be responsible for monitoring and reporting on performance on the delivery of those services covered by the strategic plan.
- The Integration Joint Board will be responsible for operational oversight of integrated services, and through the Chief Officer, will be responsible for management of integrated services, except Acute services on which the chief officer will work closely with the Chief Operating Officer for Acute Services.
- The Integration Joint Board will issue directions to the Parties taking account of the information on performance to ensure performance is maintained and improved. The Integration Joint Board along with the other five Integration Joint Boards in the Health Board area will contribute to the strategic planning of Acute Services and the Health Board will be responsible for the management of Acute Services.
- The Health Board will provide information to The Chief Officer and the Integration Joint Board on the operational delivery of Acute Services.

- The Health Board and the six Integration Joint Boards shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the six Integration Joint Boards' Strategic Plans.
- The Health Board will consult with the six Integration Joint Boards to ensure that the overarching Strategic Plan for acute services and any plan setting out the capacity and resource levels required for the Set Aside budget for such acute services is appropriately coordinated with the delivery of services across the Greater Glasgow and Clyde area.
- The Parties shall ensure that a group including the Chief Operating Officer for Acute Services and Chief Officers of the six Integration Joint Boards will meet regularly to discuss such respective responsibilities for Acute Services.
- Both the Health Board and the Council will undertake to provide the necessary activity and financial data for service, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the Integration Joint Board

6.2 Targets, Measures and Reporting Arrangements

6.2.1 The process set out below is the means by which the Health Board and the Council will develop a list of all targets, measures and reporting arrangements that relate to any delegated functions and the extent to which responsibility for each target, measure or arrangement will lie with the Integration Joint Board.

- Prior to the formal establishment of the Integration Joint Board the Health Board and the Council will identify a high level list of targets, measures and reporting arrangements which they are currently required to deliver and for which the Integration Joint Board will become responsible when it is formally established.

  This list will be expanded by the development for the Integration Joint Board of local performance targets consistent with all national targets in order to support:

  i) the achievement of the National Health and Wellbeing Outcomes;
  ii) the overall vision of the partnership area; and
  iii) any retained corporate reporting requirements of both parties;

  and will be further informed by the development of the Strategic Plan.

The full list of performance targets and measures will be developed through the Parties' strategic

planning and performance structures, the integrated Strategic Planning Group, and approved through joint management structures and the Integration Joint Board. This will be completed by 1st April 2016 and be subject thereafter to a regular review process.

- The Strategic Plan will be reviewed and monitored by the Integration Joint Board in relation to these targets and measures.

6.2.2 Where either of the Parties has targets, measures or arrangements for functions which are not delegated to the Integration Joint Board, but which are related to any functions that are delegated to the Integration Joint Board, these targets, measures and arrangements will be taken into account in the development of the Strategic Plan; and to that end, a list of these targets, measures or arrangements will be made available to the Integration Joint Board upon its formal establishment.

6.3 Support to the Integration Joint Board

- The Parties agree to make available to the Integration Joint Board such professional, technical or administrative resources as are required to support the development of the Strategic Plan and the carrying out of delegated functions.
- The existing planning, performance, quality assurance and development support arrangements and resources of the Parties will be used as a model for the future strategic support arrangements to the Integration Joint Board.
- The Parties will reach an agreement on how this will be integrated within the annual budget setting and review processes for the Integration Joint Board.
- Collaboratively, the Health Board, Council and Integration Joint Board will conduct an in-year review within the first year of the Integration Joint Board being established, to ensure the Parties are providing the level of support required.

6.4 The Integration Joint Board will 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; and 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 that the rights, experience, expertise, interests and concerns of service users, carers and communities 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 professional 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.

6.5 The foregoing arrangements will operate within a framework that will be established by the Health Board and Council for their respective functions, thereby ensuring that both bodies can continue to discharge their governance responsibilities.

7. Clinical and Care Governance

7.1 Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act, of organisations and individuals delivering care.

7.2 Quality, clinical, care and professional governance in relation to services provided in pursuance of the functions delegated to the Integration Joint Board will:

- involve service users and carers and the wider public in the development of services;

- ensure safe and effective services and appropriate support, supervision and training for staff;
- strive for continuous quality improvement;
- maintain a framework of policies and procedures designed to deliver effective care;
- ensure accountability and management of risk.

7.3 Professional staff will continue to work within the professional regulatory framework applicable to health and social care staff and primary care contractors.

7.4 The Health Board's Chief Executive is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. The Chief Officer of the Integration Joint Board has delegated responsibility for the professional standards of all staff working in integrated services. The Chief Officer, relevant Health Leads and Chief Social Work Officer will work together to ensure appropriate professional standards and leadership.

7.5 The Health Board's Medical Director is responsible for the systems which support the delivery of clinical governance and medicines governance, those arrangements including the clinical governance unit and the processes which underpin it will operate in support of the Integration Joint Board.

7.6 The Chief Social Work Officer is responsible for ensuring the provision of effective, professional advice to the local authority in relation to the provision of Social Work Services and ensuring the delivery of safe, effective and innovative practice. The Chief Social Work Officer's annual report will be submitted to the Integration Joint Board.

7.7 The Parties will make available to the Integration Joint Board professional leads representing social work, nursing and medicine. These professional leads will have a number of responsibilities including advising the Chief Officer, Integration Joint Board, Strategic Planning groups and localities on professional issues, clinical and care issues, and providing assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis. The relationship between these professional leads and the Strategic Planning Groups, localities, the Chief Officer and the governance arrangements of the Parties is outlined at Annex 5.

7.8 The Parties have a range of clinical and care governance structural arrangements relevant to particular areas of health and social care. This will still be necessary for clinical and care governance compliance within integrated arrangements. These arrangements will come together in the Clinical and Care Governance Board Workstream Group which will be

chaired by the Chief Officer on behalf of both Parties. Through this structure the Parties will be responsible for demonstrating compliance with statutory requirements in relation to clinical governance, authorising an accurate and honest annual clinical governance statement and responding to scrutiny and improvement reports by external bodies such as Healthcare Improvement Scotland and the Care Inspectorate.

7.9 The Parties will provide, as required, assurance to the Integration Joint Board on the Parties compliance with statutory requirements around clinical and care governance arrangements through the Clinical and Care Governance Workstream Group.

7.10 Clinical and professional leads from both Parties will discharge the following functions in relation to the Integration Joint Board, Strategic Planning Groups and Localities:

- Advise the Chief Officer, members of the Integration Joint Board, Strategic Planning Groups and Localities on professional issues.
- Provide professional expertise to the Integration Joint Board, Strategic Planning Groups and Localities on a wide range of clinical and care issues.
- Provide assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis.
- In the case of the Chief Social Work Officer, provide their annual report to the Integration Joint Board.
- Assure the Integration Joint Board that the National Nursing & Midwifery and other Professional Assurance frameworks are implemented.
- Advise the Integration Joint Board on professional workforce and workload planning including the mandatory application of workforce tools.
- Advise the Integration Joint Board on the pre and post registration educational standards required for professions.
- Provide a link from the Integration Joint Board, Strategic Planning Groups and Localities to professional structures within the Council and the Health Board.
- Ensure a shared collective responsibility for governance across the Integration Joint Board.
- Ensure professional leadership is seen as integral to the corporate management of the Integration Joint Board.
- Ensure a clear focus on the contribution of professional expertise available to the Integration Joint Board, Strategic Planning Groups and Localities.
- Ensure an effective line of professional responsibility throughout the organisation; an Integration Joint Board to team / ward level approach which ensures all professional leaders influence and shape the work of the Integration Joint Board.

- Ensure the effectiveness of the local clinical governance arrangements in meeting local and cross system needs whilst supporting the Integration Joint Board with reports and assurance.

7.11 Clinical and professional leads from both Parties will ensure that relevant policies in relation to clinical and care governance are adhered to, including policies on:

- Infection control.
- Patient Safety and Clinical Quality.
- Care and Assurance Accreditation Framework.
- Child and Adult Protection Policies.

8. Chief Officer

8.1 The Integration Joint Board shall appoint a Chief Officer in accordance with section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

- The Chief Officer is a member of the senior management team of both the Health Board and the Council
- The Chief Officer will be appointed by the Integration Joint Board, employed by one of the Parties and seconded by that Party to the Integration Joint Board.
- The Chief Officer will attend Senior Management Team meetings of the Health Board and the Council, and will work with the senior management team of both Parties as required to carry out functions in accordance with the Strategic Plan.
- The Chief Officer is line managed jointly by the Chief Executives of the Council and the Health Board and is accountable to both Parties.
- The Chief Officer will have delegated operational responsibility for delivery of integrated services, as outlined in Annexes 1, 2 and 4 of this Scheme except as they are exercised for acute hospital services. The Health Board Chief Executive is responsible for the operational management and performance of acute services and will provide regular updates to the Chief Officer on this.
- The structural arrangements at senior officer level within Glasgow City include the positions of Chief Officer Operations; Chief Officer, Planning and Strategy and Chief Social Work Officer; and a Chief Finance and Resources Officer. The absence of the Chief Officer for any period will be covered by one of these post-holders. The Chief Officer will nominate a senior officer to act for him or her during periods of absence. In the absence of a nomination, the Chair and Vice Chair of the Integration Joint Board and the Chief Executives of both Parties will agree a person to act.

9. Workforce

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

- The Parties will develop a joint Workforce Development and Support Plan and an Organisational Development strategy to support delivery of effective integrated services.
- These will be developed and put in place within the first year of establishment of the Integration Joint Board and subject to regular review by the Parties and the Chief Officer.
- The Integration Scheme recognises that the employment status of staff does not change as a result of this Scheme. Employees of the Parties will remain employed by their respective organisations and will therefore be subject to the normal conditions of service as contained within their contract of employment.

9.2 Workforce Governance is a system of corporate accountability for the fair and effective management of staff.

9.3 Workforce Governance in the Integration Joint Board will, therefore, ensure that all staff carrying out functions under the direction of the Integration Joint Board are:

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

9.4 It is our vision that the Chief Officer will have accountability to the Integration Joint Board for Workforce Governance and that the Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board's Area Partnership Forum and the Council's Joint Consultative Forum.

10. Finance

10.1 This section sets out the arrangements in relation to the determination of the

amounts to be paid, or set aside, and their variation, to the Integration Joint Board from the Council and Health Board.

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

Budgets

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

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

- Activity changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board
- Adjustments to address equity of resource allocation

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

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

- Actual Occupied Bed Days and admissions in recent years.

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

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

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

- The planned changes in activity and case mix due to interventions in the Strategic Plan and the projected activity and case mix changes due to changes in population need.

- Analysis of the impact on the affected hospital budgets, taking into account cost behaviour (i.e. fixed, semi fixed and variable costs) and timing differences (i.e. the lag between reduction in capacity and the release of resources).

Overspends

10.8 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance and Resources Officer of the Integration Joint Board and the appropriate finance officers of the Council and Health Board must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery is not successful, the Parties will consider making additional funds available on a basis to be agreed by the Parties and the Integration Joint Board, taking into account the nature and circumstances of the overspend. If the revised plan cannot be agreed by the Council and Health Board, or is not approved by the Integration Joint Board, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

Underspends

10.9 Where an underspend in an element of the operational budget, with the exception of ring fenced budgets, arises from specific management action, this will be retained by

the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy. Where any windfall underspend occurs, with the agreement of the Integration Joint Board and the Parties on an individual basis, this will be returned to the Parties in the same proportion as individual Parties' contribution to investment in that area.

Unplanned Costs

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

Accounting Arrangements and Annual Accounts

10.11 Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Council.

10.12 Any transaction specific to the Integration Joint Board e.g. expenses, will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

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

10.14 The Chief Officer and Chief Finance and Resources Officer of the Integration Joint Board will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan. The Integration Joint Board Chief Finance and Resources Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. In order to agree the transactions and year end balances between the Council, Health Board and Integration Joint Board, the Chief Finance and Resources Officer will engage with the Directors of Finance of the Council and Health Board to agree an appropriate process.

10.15 Monthly financial monitoring reports will be issued to the Chief Officer by the Chief Finance and Resources Officer in line with timescales agreed by the Parties.

Financial reports will include subjective and objective analysis of budgets and actual/projected outturn, and other such financial monitoring reports as the Integration Joint Board might require.

10.16 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval, with a minimum of four financial reports being submitted to the Integration Joint Board. This will include reporting on Acute activity and estimated cost against Set Aside budgets.

Payments between Council and Health Board

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

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

10.18 In the event that the Integration Joint Board becomes formally established part-way through the 2015-16 financial year, the payment to the Integration Joint Board for delegated functions will be that portion of the budget covering the period from the establishment of the Integration joint Board to 31 March 2016.

Capital Assets and Capital Planning

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

11. Participation and Engagement

11.1 Consultation on the draft Integration Scheme was undertaken in accordance with the requirements of the Act. This was the start of an ongoing dialogue; the Integration Scheme will establish the parameters of the future Strategic Plans of the Integration Joint Board. This final scheme has been amended in relation to consultation comments and technical drafting advice from the Scottish Government.

11.2 The stakeholders consulted in the development of this Scheme were:

- All stakeholder groups as prescribed in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014.
- The Glasgow City Shadow Integration Joint Board.
- Staff of the Health Board and Council.

11.3 All consultees as outlined in Regulations were consulted via existing stakeholder representatives on Glasgow's Shadow Integration Joint Board. These individuals were sent an electronic copy of the draft document and responses invited from them, their respective organisations and colleagues before a defined date. The requirement to consult with other local authorities within the Health Board area was complied with via the Chief Officer Designate writing to the Chief Officer Designates of the five other local authorities within the NHS Greater Glasgow and Clyde board area. These individuals were also sent an electronic copy of the draft document and responses invited before a defined date.

11.4 Consultation with health professionals employed by the Health Board, social care professionals employed by the Council and other staff of both organisations who are not health or social care professionals was expedited by an electronic copy of the draft document being issued to all staff and responses invited before a defined date.

11.5 Members of the Shadow Integration Joint Board were invited to comment on the draft integration scheme at their meeting on 17th November 2014 and again on 26th January 2015 when the formal consultation activity with statutory consultees was undertaken.

11.6 Further consultation was conducted with representatives of the Third and Independent Sector at Social Work Services Provider Engagement Event on 25th November 2014 where a high-level overview of the vision and principles to be included within Glasgow's Integration Scheme was shared and comments invited.

11.7 The draft Integration Scheme was considered by the Health Board members on the 20th January and the Executive Committee of Glasgow City Council on 5th February 2015. This final amended scheme was considered and approved by the Executive Committee of Glasgow City Council on 13th August 2015.

11.8 The Parties jointly agree to provide support to the Integration Joint Board to develop its 'Participation and Engagement Strategy' as follows:

- A ‘Participation and Engagement Strategy’ for the Integration Joint Board will be developed by officers of the Council and the Health Board, under the direction of the Chief Officer, within one year of the date the Parliamentary Order to establish the Integration Joint Board comes into force.
- This strategy will be subject to regular review by the Integration Joint Board.

12. Information-Sharing and Data Handling

12.1 The Parties will revise their existing Information Sharing Protocol (ISP) to become a tri-partite agreement between Health Board, Council and Integration Joint Board. The current protocol is compliant with the Data Sharing Framework set by the Information Commissioner’s Office and already subsumes data sharing arrangements within Health and Social Care Partnerships. This will be submitted for approval by the existing governance structures of the Parties and to the Integration Joint Board within three months of the Integration Joint Board’s establishment.

12.2 The Parties further agree that it will be the responsibility of the Information Joint Board itself, within a further 9 months of signing the Information Sharing Protocol, to determine whether any more specific protocols, procedures and guidance require to be developed around operational processes of information sharing involving the Integration Joint Board and to set a timescale for implementation of such protocols, procedures or guidance.

12.3 The Information Sharing Protocol itself will be thereafter be reviewed jointly by the Parties at least annually or in the circumstances set out in section 8 of the Information Sharing Protocol and the Integration Joint Board.

13. Complaints

13.1 The Parties agree the following arrangements in respect of complaints by service users and those complaining on behalf of service users.

- The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the Integration Joint Board.
- 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.

- Service users and patients should direct complaints to the Chief Officer, contact details will be made widely available upon establishment of the Integration Joint Board and formal appointment of the Chief Officer.
- 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 Integration Joint Board. 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.
- The Chief Officer 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.
- Complaints management, including the identification of learning from upheld complaints across services, will be subject to periodic review by the Integration Joint Board.
- The Integration Joint Board will report to the Parties statistics on complaints performance in accordance with national and local reporting arrangements.

14. Claims Handling, Liability and Indemnity

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

15. Risk Management

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

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

- Promote awareness of risk and define responsibility for managing risk within the Integration Joint Board.

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

15.3 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. Provision will be made for risks to be included in a shared risk register between the Integration Joint Board and the Parties.

15.4 The Parties will provide 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 maintenance and support of risk management will be utilised, with a nominated individual having overall responsibility for co-ordinating risk management.

15.5 The proposed risk management strategy will be developed ahead of establishment of the Integration Joint Board, and an initial draft submitted for consideration and approval by the Integration Joint Board within three months of its 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 Integration Joint Board.

15.6 The Integration Joint Board will be responsible for formal review of the risk register, and will agree the process and frequency with which this will be carried out.

15.7 Identified risk will be entered in the risk register utilising a common framework through which the probability, impact and consequence of each risk is measured, and mitigating and control actions identified in order to reduce the level of residual risk.

15.8 Reporting arrangements to the Integration Joint Board will be outlined in the framework, and will be based on the principle that risks with higher probability and/or impact to the Partnership will be reviewed and reported more frequently.

15.9 The framework will provide the Integration Joint Board with the flexibility to review individual risks with higher probability/impact levels more frequently if it is determined that the characteristics of those risks warrant this.

15.10 The Risk Monitoring Framework will provide for regular review of each risk and the assurance provided by any identified mitigating actions by the individual responsible for management and monitoring of that risk. The framework will specify reporting arrangements.

15.11 The Parties will provide information to the Integration Joint Board to allow it to develop a risk register to be available and operational from the date of delegation of functions and resources.

15.12 Any changes to the risk management strategy shall require formal approval of the Integration Joint Board.

16. Dispute Resolution Mechanism

16.1 The Parties aim to adopt a collaborative approach to the integration of health and social care. The Parties will use their best endeavours to quickly resolve any areas of disagreement. Where any disputes do arise that require escalation to the Chief Executives of the respective organisations, those officers will attempt to resolve matters in an amicable fashion and in the spirit of mutual cooperation.

16.2 In the unlikely event that the parties do not reach agreement, then they will follow the process as set out below:

(a) The Chief Executives of the Health Board and the Council, with such advice as they deem appropriate, will meet to resolve the issue.

(b) If unresolved, the Health Board and the Council will each prepare a written note of their position on the issue and exchange it with the other Party. The Leader of the Council,

Chair of the Health Board and the Chief Executives of the Health Board and the Council will then meet to resolve the issue.

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

16.3 The process for appointing the mediator in (c), including the sharing of costs, will be agreed between the Chair of the Health Board and Leader of the Council.

16.4 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached:

The Chief Executives of the Health Board and the Council will jointly and formally notify Ministers in writing and be bound by their determination.

Annex 1

Part 1

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

Set out below is a list of functions that must be delegated by the Health Board to the Integration Joint Board as prescribed in Regulation 3 of the Public Bodes (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further Health Board functions will be delegated to the extent specified in Annex 4. These functions are delegated only to the extent that they relate to the services described in part 2 and the additional services listed in annex 4.

The National Health Service (Scotland) Act 1978

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	**Except** functions conferred by or by virtue of—
	section 2(7) (Health Boards);
	section 2CB(Functions of Health Boards outside Scotland);
	section 9 (local consultative committees);
	section 17A (NHS Contracts);
	section 17C (personal medical or dental services);
	section 17I(use of accommodation);
	section 17J (Health Boards' power to enter into general medical services contracts);
	section 28A (remuneration for Part II services);
	section 38(care of mothers and young children); (other than in relation to school nursing and health visiting services)
	section 38A (breastfeeding); (other than in relation to school nursing and health visiting services)
	section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); (other than in relation to school nursing and health visiting services)
	section 48 (provision of residential and practice accommodation);
	section 55 (hospital accommodation on part payment);
	section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A (remission and repayment of charges and payment of travelling expenses);
section 75B (reimbursement of the cost of services provided in another EEA state);
section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

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

section 83 power of Health Boards and local health councils to hold property on trust);
section 84A (power to raise money, etc., by appeals, collections etc.);

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

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

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

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

The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;

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

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

	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) Regulations 2006/330; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183; The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7
(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

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

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

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	**Except** functions conferred by— section 22 (Approved Medical Practitioners); section 34 (Inquiries under section 33: co-operation); section 38 (Duties on hospital managers: examination notification etc.); section 46 (Hospital managers' duties: notification); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards); section 230 (Appointment of a patient's responsible medical officer);

	section 260 (Provision of information to patients); section 264 (Detention in conditions of excessive security: state hospitals); section 267 (Orders under sections 264 to 266: recall); section 281 (Correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.

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

Section 23 (other agencies etc. to help in exercise of functions under this Act**)**	

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	**Except** functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	**Except** functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Annex 1

Part 2

Services currently provided by the Health Board that must be integrated

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

- care and treatment provided by health professionals as defined in Regulation 3 of the Regulations[1]

Acute Hospital Services

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

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

Community & Hospital Services

Services that will be delegated to the Integration Joint Board

4. District nursing services
5. Community and in-patient services for an addiction or dependence on any substance
6. Services provided by allied health professionals in an outpatient department, clinic or outwith a hospital
7. The public dental service

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

8. 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
9. General dental services provided under arrangements made in pursuance of section 25 of the National Health Service (Scotland) Act 1978
10. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
11. 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
12. Services providing primary medical services to patients during the out-of-hours period
13. Services provided outwith a hospital in relation to geriatric medicine
14. Palliative care services provided outwith a hospital
15. Community and assessment and rehabilitation learning disability services
16. Mental health community and in-patient services (excluding healthcare to forensic patients)
17. Continence services provided outwith a hospital
18. Sexual Health Services
19. Services provided by health professionals that aim to promote public health
20. Homeless Health Service
21. Prison and Police Custody Healthcare

Annex 2

Part 1

Functions delegated by the Council to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Council to the Integration Joint Board as required by the Public Bodies (Joint Working) (Prescribed Council Functions etc.) (Scotland) Regulations 2014. Further Council functions will be delegated to the extent specified in Annex 4.

SCHEDULE Regulation 2

PART

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

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of Council 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 Council 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

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of Council to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002	
Section 5 (Council arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 9 (Provision of information about self-directed support.)	
Section 11 (Council 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 1

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

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

Part 2 (A)

Services currently provided by the Council that are to be integrated

Set out below is the list of services that relate to the functions at Part 1 that are to be delegated by the Council to the Integration Joint Board. These services are exercisable in relation to persons of at least 18 years of age:

- 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

The Councils within NHS Greater Glasgow & Clyde area and the Health Board propose that certain integrated health services will be provided by one Integration Joint Board on behalf of the others under a service level agreement. The services proposed to be covered by hosting arrangements are detailed below.

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	East Renfrewshire
• Specialist mental health services and mental health system-wide planning & co-ordinationPrison Healthcare and custody suites	Glasgow
	Glasgow
• GP OOHS Strategic Planning	Renfrewshire
• GP OOHS Operational	Acute
• Specialist mental health services and mental health system wide planning and coordination (except Forensic Mental Health Services)	Glasgow

Annex 4

Part 1 - Additional Functions delegated by the Health Board and the Council to the Integration Joint Board

Health Functions

National Health Services (Scotland) Act 1978 Sections 36 (accommodation and services), 38 (Care of mothers and young children) & 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.

Mental Health Care & 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.

Council Social Work Functions

Other Council Social Work Functions to be delegated to the Integration Joint Board are listed below:

1. Functions conferred by the following enactments

National Assistance Act 1948	**Section 45** (Recovery in cases of misrepresentation or non-disclosure)
Matrimonial Proceedings (Children) Act 1958	**Section 11** (Reports as to arrangements for future care and upbringing of children).
Social Work (Scotland) Act 1968	**Sections** **5** - Local authorities to perform their functions under this Act under the general guidance of the Secretary of State. **6B -** Local authority inquiries into matters affecting children **27** - Supervision and care of persons put on probation or released from prisons etc **27ZA -** Advice, guidance and assistance to persons arrested or on whom sentence deferred **78A** – Recovery of contributions in respect of children in care etc

	80 - Enforcement of duty to make contributions in respect of children in care etc **81** - Provisions as to decrees for aliment in respect of children in care etc **83** - Variation of trusts where a child is by virtue of a compulsory supervision order removed from the care of a person who is entitled under any trust to receive any sum of money in respect of the maintenance of the child
Children Act 1975	**Sections** **34** - Access and maintenance **39** - Reports by local authorities and probation officers **40** - Notice of application to be given to local authority **50** – LA Payments towards maintenance of children
Health and Social Services and Social Security Adjudications Act 1983	**Sections** **21** - Recovery of sums due to local authority where persons in residential accommodation have disposed of assets **22** - Arrears of contributions charged on interest in land in England and Wales **23 -** Arrears of contributions secured over interest in land in Scotland
Foster Children (Scotland) Act 1984	**Sections** **3** - Local authorities duty to ensure well-being of and to visit foster children **5** - Notification **to** local authorities by persons maintaining or proposing to maintain foster children **6** - Notification **to** local authorities by persons ceasing to maintain foster children **8** - Control by local authorities of fostering – LA Power to inspect premises **9** - LA Power to impose requirements as to the keeping of foster children **10** – LA Power to prohibit the keeping of foster children

Housing (Scotland) Act 1987	**Sections** **4** - Power of local authority to provide furniture etc **5(1)** - Power of local authority to provide board and laundry facilities. **5A(1)** - Power of local authority to provide welfare services **Part II (s24 – 43)** - Duties of local authorities with respect to homelessness and threatened homelessness
Children (Scotland) Act 1995	**Sections** **17** - Duty of local authority to child looked after by them **19** - Local authority plans for services for children **20** - Publication of information about services for children **21** - Co-operation between authorities **22** - Promotion of welfare of children in need **23** - Children affected by disability **24** - Assessment of ability of carers to provide care for disabled children **24A** - 24A Duty of local authority to provide information to carer of disabled child **25** - Provision of accommodation for children, etc. **26** - Manner of provision of accommodation to child looked after by local authority **26A** - Provision of continuing care: looked after children **27** - Day care for pre-school and other children. **29** – After-care **30** - Financial assistance towards expenses of education or training and removal of power to guarantee indentures etc

	31 - Review of case of child looked after by local authority. **32** - Removal of child from residential establishment **36** - Welfare of certain children in hospitals and nursing homes etc **38** - Short-term refuges for children at risk of harm **76** - Exclusion orders
Criminal Procedure (Scotland) Act 1995	**Sections** **51** - Remand and committal of children and young persons **203** - Pre-sentencing reports **234B** - Drug treatment and testing order **245A** - Restriction of liberty orders
Housing (Scotland) Act 2001	**Sections** **1** - Homelessness strategies **2** - Advice on homelessness etc **5** - Duty of registered social landlord to provide accommodation where requested by the LA **6** – Appointment of arbiter where RSL fails to comply with the s5 duty.
Community Care and Health (Scotland) Act 2002	**Section 6** - Deferred payment of accommodation costs
Management of Offenders etc. (Scotland) Act 2005	**Section 10** - Arrangements for assessing and managing risks posed by certain offenders **Section 11** - Review of section 10 arrangements
Housing (Scot) Act 2006	**Section 71(1)(a) – LA's power to** provide or arrange for the provision of assistance in connection with work on land or in premises
Adoption and Children (Scotland) Act 2007	**Sections** **1** - Duty of local authority to provide adoption service **4** – Duty of LA to prepare and publish a plan for the provision of the adoption service **5** – LA must have regard to any guidance given by the Scottish Ministers

	6 - Assistance in carrying out functions under sections 1 and 4 **9** - Assessment of needs for adoption support services Assessment **10** – Provision of services Provision of services **11** – Urgent provision **12** – Power to provide payment to person entitled to adoption support service **19** – Duties of local authority in receipt of a section 18 Notice **26** - Looked after children: adoption not proceeding **45** - Adoption support plans **47** - Family member's right to require LA to review adoption support plan **48** - Other cases where authority under duty to review plan **49** - Reassessment of needs for adoption support services **51** – LA duty to have regard to guidance issued by the Scottish Ministers **71** - Adoption allowances schemes **80** - Permanence orders **90** - Precedence of certain other orders **99** - Duty of local authority to apply for variation or revocation of permanence order **101** - Local authority to give notice of certain matters in relation to permanence orders **105** - Notification of proposed application for order
The Adult Support and Protection (Scotland) Act 2007	**Sections** • Investigations **7** – Council officer's right of entry **8** - Council officer's right to interview persons found in places entered under Section 7

	9 – Right of health professional to medically examine adults at risk **10** - Council officer's right to obtain and examine records • Removal Orders **16** – Right to move adult at risk
Children's Hearings (Scotland) Act 2011	**Sections** **35** - Child assessment orders **37** - Child protection orders **42 -** Parental responsibilities and rights directions **44 -** Obligations of local authority **48 -** Application for variation or termination of Child protection orders **49** – Notice of application for variation or termination of Child protection orders **60 -** Local authority's duty to provide information to Principal Reporter **131 -** Duty of implementation authority to require review of compulsory supervision order **144 -** Implementation of compulsory supervision order: general duties of implementation authority **145** - Duty of implementation authority where order requires child to reside in certain place **166 -** Review of requirement imposed on local authority **167** - Appeals to sheriff principal regarding which LA is the relevant one for a child **180** – LA duty to comply with request from the National Convener to information about the implementation of CSOs **183 -** Mutual assistance provisions **184** - Enforcement of obligations on health board under section 183
Social Care (Self-directed Support) (Scotland) Act 2013	**Section 8** - Choice of options: children and family members

	Section 10 - Provision of information: children under 16
Community Care and Health (Scotland) Act 2002	**Section 6 -** Deferred payment of accommodation costs

2. Conferred by virtue of the following enactments

Community Care and Health (Scotland) Act 2002	**Section 4 -** Accommodation more expensive than usually provided - Power of the Scottish Ministers to make regulations)
Children's Hearings (Scotland) Act 2011	**Section 153 –** Power of Scottish Ministers to make regulations about children placed in secure accommodation
Children and Young Person (Scotland) Act 2014	**Sections to be confirmed**

Part 2 - Additional Services which are to be integrated

In relation to those functions listed in Part 1 of Annex 4, the following services are to be delegated to the Integration Joint Board, with the exception of those in-patient services that are provided by the Health Board as a regional service:

Health Board Services

School Nursing and Health Visiting Services

Council Services

- Social Care Services provided to Children and Families
- Fostering and Adoption Services
- Child Protection
- Homelessness Services
- Criminal Justice Services

Annexe 5

This Annex sets out arrangements for operational management of community specialist children's services by the IJB Chief Officer, along with arrangements to keep the IJB informed of performance in those services, to ensure they are fully taken into account in relation to wider children's health and social care services that are delegated to the IJB.

The Integration Joint Board will support the Chief Officer to operationally manage the community specialist children's services which are delivered to the population of Glasgow City so that integration can be achieved with the wider delivery of children's health and social care services. The Chief Executives of the Council and the Health Board will instruct the Chief Officer to keep the Integration Joint Board fully appraised regarding the community specialist children's services so that the Integration Joint Board will have oversight of operational performance of these services and work with the Health Board and other five Integration Joint Boards in the Health Board area on system wide operation, strategic planning and commissioning.

This arrangement will operate within the whole system arrangements established by the Health Board, which are in place to ensure that:-

1. Models of care for community services are delivered to enable the small number of inpatient CAMHs and children's psychiatric services to function effectively;
2. There is coordination to address issues which arise across the whole care system;
3. Service redesign and improvement are done on a whole system basis;
4. There is clinical governance oversight and responses to issues arising for the whole service system, including significant incidents;
5. There is oversight of the totality of the resources deployed with changes requiring mutual agreement; and
6. There is guaranteed mutual aid for service issues.

Annex 6 – Governance Relationships