Inverclyde council

AGENDA ITEM NO: 7

Report To:	**Inverclyde Council**	**Date:**	**13 June 2024**
Report By:	**Kate Rocks** **Corporate Director, (Chief Officer)** **Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IC/01/24/KR**
Contact Officer:	**Craig Given** **Head of Service** **Finance, Planning and Resources**	**Contact No:**	
Subject:	**Review of Health and Social Care Integration Scheme**		

1.0 PURPOSE AND SUMMARY

1.1 ☒For Decision ☐For Information/Noting

1.2 The purpose of this report is to update Inverclyde Council on work to review the Integration Scheme between Inverclyde Council and NHS Greater Glasgow and Clyde, and to present the final revised Integration Scheme for approval and subsequent submission to Scottish Government.

2.0 RECOMMENDATIONS

2.1 Inverclyde Council is asked to:

a) Note the content of this report;

b) Approve the revised Integration Scheme for the Inverclyde Health and Social Care Partnership for submission t to the Scottish Government, as required by the Public Bodies (Joint Working) (Scotland) Act 2014;

c) Agree that any minor amendments to the Integration Scheme proposed by the Scottish Government, following their consideration thereof, will be agreed by the Chief Officer of the Inverclyde Health and Social Care Partnership following consultation with the Chair and Vice-Chair of the Inverclyde Integration Joint Board and that the Integration Scheme will only require further approval by the Council if changes are significant; and

d) Authorises the Head of Legal, Democratic, Digital and Customer Services to make any consequent changes to the Council's Standing Orders, Scheme of Administration, and Scheme of Delegation arising from the Council's decision.

Kate Rocks
Chief Officer
Inverclyde Health and Social Care Partnership

3.0 BACKGROUND

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the 'Act') requires Local Authorities and Health Boards to jointly prepare an Integration Scheme. It sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored within their local area. The Inverclyde Integration Scheme is the joint agreement between Inverclyde Council and NHS Greater Glasgow and Clyde which sets out the arrangements for the integration of health and social care services and forms the basis of the establishment and continued operation of the Inverclyde Integration Joint Board.

3.2 Integration Schemes are required by statute to be reviewed within a "relevant period" of five years from initial publication. The Schemes for the six HSCPs across the Greater Glasgow and Clyde Health Board area received parliamentary approval at different times and are therefore subject to different review schedules. To ensure consistency where possible across the six HSCPs and to reduce duplication of effort it has been decided to carry out simultaneous reviews to enable revised Schemes to be agreed at the same time.

3.3 To take forward the joint review of the Schemes a pan-Partnership working group was established in the second half of 2019 to progress the review. The group is chaired by the Chief Officer of West Dunbartonshire HSCP (to provide a link back to the Chief Officers Group) and includes representatives from all six HSCPs and the Health Board. The group took responsibility for taking forward the review and revision of the Schemes, feeding back to and taking guidance from the Chief Officers Group with a view to developing revised Schemes for approval by the Cabinet Secretary, if approved by Councils and the Health Board.

3.4 Work to review the Schemes was delayed in 2020 shortly before going out to consultation following the intervention of the Chairman of the Health Board. The Chairman raised several queries in relation to the Schemes that required further discussion and editing. The review was subsequently further delayed by the focus on responding to the Covid-19 pandemic.

4.0 REVIEW ACTIVITY

4.1 The initial review of the Schemes for respective HSCPs sought to identify where edits were required, for example due to the emphasis in the original Schemes, on transitioning from shadow arrangements to fully implemented IJBs and because they referred to activity which was to be undertaken within the relevant period for the first Schemes, and which is now complete.

4.2 Individuals within the group, and the group collectively, also considered content that required reviewing across all Schemes to encourage standardization of content and a higher level of consistency across Schemes. The Glasgow Scheme was used as a base document for all HSCPs, to which local variation was added if required.

4.3 The core content and structure of the draft revised Scheme for Inverclyde remains consistent with the existing Scheme, and therefore retains its close alignment with the model Integration Scheme approved by the Scottish Government and the requirements laid out within the Public Bodies Joint Working Integration Scheme Scotland Regulations 2014, which provide guidance on the required content of the Scheme.

4.4 Areas of the Scheme where revisions were made on review included the sections on Performance (section 10), Information and Data Handling (section 16), Complaints (section 17) and Risk Management (section 19). These changes were to reflect activity completed since approval of the first Scheme, to update to reflect current arrangements and to ensure consistency across the six Schemes. The section on Participation and Engagement will be

completed following the consultation process to reflect how this was achieved, again in line with the expectations for the content of that section laid out in the guidance.

4.5 The previous iteration of the Scheme contained an Annex (3) which listed the services subject to hosting arrangements and which HSCP area was responsible for those services. In the new Scheme Annex 3 has been removed to reflect the fact that the guidance on drafting Integration Schemes does not require this level of detail, which could become inaccurate should hosting arrangements change within the lifetime of the Scheme.

4.6 The Scheme instead (S14.22) provides detail on how hosting arrangements are to be implemented, with the content jointly developed by representatives of all six HSCPs and adopted across each of the Schemes.

4.7 There has been a re-drafting of Section 14 of the Scheme (Finance). The Chief Finance Officer Group took the opportunity to collectively review the text and update for accuracy and consistency, with revised text again adopted by all HSCPs within the Health Board area.

4.8 All six HSCPs updated Integration Schemes were presented to the October 2023 Health Board in which approval for consultation was agreed.

4.9 No further material changes have been proposed following consultation exercises carried out early 2024.

5.0 NEXT STEPS

5.1 Following the consultation exercise Inverclyde received no feedback. If approved the Scheme will be presented to the Integration Joint Board for noting and subsequently submitted to the Cabinet Secretary for Ministerial approval in July 2024.

6.0 IMPLICATIONS

6.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO
Financial		✓
Legal/Risk	✓	
Human Resources		✓
Strategic (Partnership Plan/Council Plan)		✓
Equalities, Fairer Scotland Duty & Children/Young People's Rights & Wellbeing		✓
Environmental & Sustainability		✓
Data Protection		✓

6.2 **Finance**

There are no specific Finance implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

6.3 **Legal/Risk**

It is a legal requirement to complete a review of the Integration as set out in Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014. The Scheme must be reviewed each subsequent period of 5 years beginning with the day on which the Scheme was approved, in the case of Inverclyde Council, June 2015, The statutory responsibility to review the Scheme sits with Greater Glasgow & Clyde Health Board and Inverclyde Council.

6.4 **Human Resources**

There are no specific human resources implications arising from this report.

6.5 **Strategic**

There are no specific Strategic implications arising from this report

6.6 **Equalities, Fairer Scotland Duty & Children/Young People**

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
✓	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function, or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.

(c) **Children and Young People**

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
✓	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

6.7 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
✓	NO – This report does not propose or seek approval for a plan, policy, programme, strategy, or document which is like to have significant environmental effects, if implemented.

6.8 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
✓	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

7.0 CONSULTATION

7.1 The report has been prepared by the Corporate Director of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1 N/A

SUMMARY OF PROPOSED REVISIONS TO INVERCLYDE HEALTH AND SOCIAL CARE PARTNERSHIP INTEGRATION SCHEME 2024

PAGE:	TITLE	SECTION	PROPOSED CHANGE
3 & 4	Vision and Values	2.1 & 2.2	Added section 2 on vision and values. Was previously included in section 3 Aims and Outcomes -reworded
14-18	Performance	10.1 - 10.7	Reworded section in line with the 6 GGC HSCP's
28-36	Finance	14.1-14.24	The Chief Finance Officers collectively reviewed the text and updated for accuracy and consistency. Changes have been discussed with both Inverclyde Council and NHS Greater Glasgow and Clyde. All parties happy with the proposed changes.
37	Communication and Engagement	15.4-15.5	Reworded previously Participation and Engagement. Previous wording was relevant at the time the first scheme was formulated. Updated to reflect current position.
37	Information and data Handling	16.1-16.6	Reflect activity since the completion of the first scheme and to reflect current arrangements, to ensure consistency across all 6 HSCPs.
38-40	Complaints	17.1-17.9	Reflect activity since the completion of the first scheme and to reflect current arrangements, to ensure consistency across all 6 HSCPs.
42	Risk Management	13.1	Reflect activity since the completion of the first scheme and to reflect current arrangements, to ensure consistency across all 6 HSCPs.
	Annex 3		Removed – to reflect the fact that the guidance does not require this level of detail and could become inaccurate should hosting arrangements change within the lifetime of the scheme

Appendix 1

Inverclyde Health and Social Care Partnership

Integration Scheme

Between

INVERCLYDE COUNCIL
And
GREATER GLASGOW AND CLYDE HEALTH BOARD

Final Version May 2024

1. Introduction

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services beyond the minimum prescribed by the Scottish Ministers, children's health and social care services and criminal justice social work services. The Act requires the parties to prepare jointly an integration scheme setting out how this joint working is to be achieved. To achieve this, the Health Board and Local Authority can either delegate between each other or can both delegate to a third body called the Integration Joint Board. Delegation between the Health Board and Local Authority is commonly referred to as a "lead agency" arrangement. Delegation to an Integration Joint Board is commonly referred to as a "body corporate" arrangement.

1.2 This document sets out the Integration Scheme ("the Scheme") for Inverclyde, where Inverclyde Council and NHS Greater Glasgow and Clyde have agreed to a body corporate arrangement which is known as the Inverclyde Health and Social Care Partnership. The Scheme sets out the detail as to how the Health Board and Local Authority will integrate services. When the Scheme has been agreed locally, the Act requires the Health Board and Local Authority to submit jointly the Scheme for approval by Scottish Ministers. The Scheme follows the chosen model and includes the matters prescribed in Regulations.

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

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

1.5 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Scheme.

Further, the Act gives the Health Board and the Council, acting jointly, the ability to require that the Integration Joint Board replaces their strategic plan in certain circumstances. In these ways, the Health Board and the Council together have significant influence over the Integration Joint Board, and they are jointly accountable for its actions.

2. Vision and Values

2.1 Inverclyde Council and the Health Board are committed to maintaining the Inverclyde Health and Social Care Partnership, whose key vision is that Inverclyde is a caring and compassionate community working together to address inequalities and assist everyone to live active, healthy and fulfilling lives.

2.2 This vision is underpinned by the core values of the Inverclyde Health and Social Care Partnership - dignity and respect, responsive care and support, compassion, wellbeing, be included and accountability.

3. Aims and Outcomes of the Integration Scheme

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

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

- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Resources are used effectively in the provision of health and social care services.

3.2 NHS Greater Glasgow and Clyde and Inverclyde Council have agreed that Children's and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included.

3.3 The National Outcomes for Children are:

- Our children have the best start in life and are ready to succeed.
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

3.4 The National Outcomes and Standards for Social Work Services in the Criminal Justice System are:

- Community safety and public protection.
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

4. Integration Scheme

4.1 The Parties

The parties to this Integration Scheme are: -

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

And

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

(Together referred to as "the Parties" and each being referred to as "the Party")

5. Definitions and Interpretation

5.1 The following are definitions of terms used throughout the Integration Scheme:
"The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;

"Acute Hospital 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;

"Chair" means the chair of the Integration Joint Board as appointed in accordance with the arrangements made under Article 4 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

"Chief Finance Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs appointed under Section 13 of the Act and Section 95 of the Local Government (Scotland) Act 1973;

"Chief Officer" means the Chief Officer of the Integration Joint Board as referred to in Section 10 of the Act and whose role is more fully defined in Part 9 of the Scheme;

"Chief Social Work Officer" means the individual appointed by the Council under Section 3 of the Social Work (Scotland) Act 1968; "Health and Social Care Partnership" is the name given to the Parties' service delivery organisation for functions which have been delegated to the Integration Joint Board;

"Health Leads" means individuals who have the professional lead for their respective healthcare profession(s) within the Health and Social Care Partnership;

"Host" means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the Health Board area;

"Hosted Services" means those services of the Parties subject to consideration by the Integration Joint Boards, the Parties agree will be managed and delivered by a single Integration Joint Board;

"Integrated Services" means the services of the Parties delivered in a Health and Social Care Partnership for which the Chief Officer has operational management responsibility;

"Integration Joint Board" means the Inverclyde Integration Joint Board established by Order under Section 9 of the Act;

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

"Scheme" means this Integration Scheme;

"Services" means those Services of the Parties which are delegated to the Integration Joint Board as more specifically detailed in clause 3 hereof;

"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;

"Strategic Plan" means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children and criminal justice social work in accordance with Section 29 of the Act.

5.2 Whereas in implementation of their obligations under section 2(3) of the Act, the Parties are required to jointly prepare an Integration Scheme for the area of the Local Authority setting out the information required under section 1(3) of the Act and the prescribed information listed in the Integration Scheme Regulations therefore in implementation of these duties the Parties 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 remain in place for the Inverclyde Council area, namely the delegation of functions by the Parties to a body corporate that has been established by Order under Section 9 of the Act. This Scheme came into effect on 27 June 2015 when the Integration Joint Board was established by Parliamentary Order. The Scheme has been reviewed and revised in accordance with Section 44(2) of the Act and these changes will be applied on the date the revised Scheme receives approval through delegation by the Cabinet Secretary.

6. Local Governance Arrangements

6.1 Remit and Constitution of the Integration Joint Board

6.2 The role and remit of the Integration Joint Board is as set out in the Act.

6.3 Voting Members

6.4 The arrangements for appointing the voting membership of the Integration Joint Board are that each Party shall appoint four voting representatives.

6.5 Chair

6.6 The Chair and Vice Chair positions of the Integration Joint Board will rotate every two years between the Health Board and the Council, with the Chair being nominated from the voting representatives of one Party and the Vice Chair nominated from the voting representatives of the other.

6.7 Meetings

6.8 The Integration Joint Board will make, and may subsequently amend, standing orders for the regulation of its procedure and business and all meetings of the Integration Joint Board shall be conducted in accordance with them.

7. Delegation of Functions

7.1 The functions that have been 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 are set out in Part 2 of Annex 1. The functions in Part 1 of Annex 1 have been delegated only to the extent that they relate to the services listed in Part 2 of Annex 1.

7.2 The functions that have been delegated by Inverclyde Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services to which these functions relate are set out in Part 2 of Annex 2.

8. Local Operational Delivery Arrangements

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

8.2 The remit of the Integration Joint Board is as set out in the Act and includes the following:-

- To prepare and implement a Strategic Plan in relation to the provision of the Integrated Services to adults and children, and criminal justice in the Inverclyde area in accordance with sections 29 to 48 of the Act.
- To allocate and manage the delegated budget in accordance with the Strategic Plan.
- The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer, is responsible for the operational management of the Integrated Services. These arrangements for the delivery of the Integrated Services will be conducted within an operational framework established by the Health Board and Council for their respective functions, ensuring both Parties can continue to discharge their governance responsibilities, in line with directions from the Integration Joint Board. The framework applies only to operational delivery.

8.3 The Integration Joint Board will put in place systems, procedures and resources to monitor, manage and deliver the Integrated Services.

8.4 The Integration Joint Board is operationally responsible for directing the delivery by the Parties of the functions and services. The Parties will provide reports to the Integration Joint Board on the delivery of the functions. The Integration Joint Board will respond to such reports, via directions to the Health Board and the Council in line with the Strategic Plan.

8.5 In accordance with Section 26 of the Act, the Integration Joint Board will direct the Council and the Health Board to carry out each function delegated to the Integration Joint Board. This will include Adult, Children and Families Health and Social Work Services and Criminal Justice Social Work Services. Payment will be made by the Integration Joint Board to the Parties to enable the delivery of these functions and services in accordance with the Strategic Plan.

8.6 Strategic Plan

8.7 The Integration Joint Board will maintain a representative Strategic Planning Group to develop and review the Strategic Plan. This will include assessing the potential impact of the Strategic Plan on the Strategic Plans of other integration authorities within the Health Board area.

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

8.9 The Parties commit to advise the Integration Joint Board where they intend to change service provision that will have an impact on the Strategic Plan.

8.10 Arrangements for emergency and Acute Services planning in the Health Board area will require joint planning with the other integration authorities within the Health Board area and the Health Board which retains operational responsibility for the delivery of these services.

9. Corporate Support

9.1 The Parties are committed to supporting the Integration Joint Board, providing resources for the professional, technical or administrative services required to support the development of the Strategic Plan and delivery of the Integrated Services

9.2 The existing planning, performance, quality assurance and development support arrangements and resources of the Parties will continue to be used as a model for the strategic support arrangements of the Integration Joint Board.

9.3 The arrangements for providing corporate support services will be subject to ongoing review within the annual budget setting and review processes for the Integration Joint Board.

9.4 The arrangements for providing these services will be subject to review aligned to the requirements of each Strategic Planning cycle, to ensure that undertakings within each Strategic Plan can be achieved, as part of the planning processes for the IJB and the Parties.

9.5 The Parties will provide the IJB with the corporate support services it requires to fully discharge its duties under the Act. The Parties will ensure that the Chief Officer is effectively supported and empowered to act on behalf of the IJB. This will include the Parties providing staff and resources to provide such support. In all circumstances, the direction of these corporate support services will be aligned to the governance and accountability arrangements of the functions being supported, as set out in this Scheme.

9.6 The Health Board will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service

users within the Health Board area for its service and for those provided by other Health Boards. Regional services are explicitly excluded.

9.7 The Council will share with the IJB necessary activity and financial data for services, facilities and resources that relate to the planned use of services by service users within Inverclyde for its services and for those provided by other councils.

9.8 The Parties agree to use all reasonable endeavours to ensure that the other Health Board area IJBs and any other relevant Integration Authority will share the necessary activity and financial data for services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.

9.9 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Health Board area IJBs to ensure that they do not prevent the Parties and the IJB from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.

9.10 The Parties shall advise the IJB where they intend to change service provision of non-integrated services that will have a resultant impact on the Strategic Plan.

10. Performance Targets, Improvement Measures & Reporting Arrangements

10.1 The IJB will develop and maintain a Performance Management Framework in agreement with the Parties, which consists of a range of indicators and targets relating to those functions and services which have been delegated to the IJB. These will be consistent with national and local objectives and targets in order to support measurement of:

i) the achievement of the National Health and Wellbeing Outcomes;

ii) the Core Suite of National Integration Indicators;
iii) the quality and performance of services delivered by the parties through direction by the IJB;
iv) the overall vision of the partnership area and local priorities as set out within the Strategic Plan;
v) the corporate reporting requirements of both parties; and
vi) any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.

10.2 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. The Council, Health Board and IJB will work together to establish a system of corporate accountability where the responsibility for performance targets is shared.

10.3 The Parties will provide support to the IJB, including the effective monitoring of targets and measures, in line with these arrangements and in support of the Performance Management Framework.

10.4 The Strategic Plan will be reviewed and monitored by the IJB in relation to these targets and measures. 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, monitoring and review of the Strategic Plan.

10.5 The Performance Management Framework and associated reporting arrangements for the IJB will continue to be developed and reviewed regularly by the IJB and the

Parties, consistent with all national targets and reflective of all relevant statute and guidance.

10.6 The IJB will consider service quality, performance and impact routinely at its meetings and each year through its annual performance report, with associated reports also provided to the Parties.

10.7 The Parties and the Integration Joint Board are jointly responsible for the establishment of 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 wrongdoing in line with local policies for whistleblowing and regulatory requirements.
- Establish clear lines of communication and professional accountability from point of care to 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 are 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.

11. Clinical and Care Governance

11.1 Except as detailed in this Scheme, all strategic, planning and operational responsibility for Integrated Services is delegated from the Parties to the Integration Joint Board and its Chief Officer for operational responsibilities through the Service Delivery Framework.

11.2 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The Parties will have regard to the principles of the Scottish Government's Clinical and Care Governance Framework including the focus on localities and service user and carer feedback.

The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.

11.3 The quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.

11.4 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will

promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

11.5 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

11.6 The members of the Integration Joint Board will actively promote an organisational culture that supports 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.

11.7 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 Hospital Services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Hospital Services and the Health Board will be responsible for management of acute services.

11.8 As detailed in section 12 of the Scheme, the Chief Officer will be an officer of, and advisor to, the Integration Joint Board. The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the Corporate Management Teams of the Parties. The Chief Officer will manage the Integrated Services.

11.9 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance Group will be established, co-chaired by the Clinical

Director and Chief Social Work Officer and will report to and advise the Chief Officer and the Integration Joint Board, both directly and through the co-chairs also being members of the Strategic Planning Group and being non-voting members of the Integration Joint Board. The Clinical and Care Governance Group will contain representatives from the Parties and others including:

- The Senior Management Team of the Partnership;
- Clinical Director;
- Lead Nurse;
- Lead Allied Health Professional;
- Chief Social Work Officer;
- Service user and carer representatives; and
- Third Sector and Independent Sector representatives.

11.10 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include Health Board professional committees, managed care networks and Adult and Child Protection Committees.

11.11 The role of the Clinical and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.

11.12 The Clinical and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Health and Social Care Partnership area. The strategic planning and locality groups may seek relevant advice directly from the Clinical and Care Governance Group.

11.13 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer.

11.14 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. The Chief Social Work Officer will provide an annual report on care governance to the Integration Joint Board, including responding to scrutiny and improvement reports by external bodies such as the Care Inspectorate. In their operational management role, the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of Integrated Services within the Partnership in order to then provide assurance to the Integration Joint Board.

11.15 Further assurance is provided through:

a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Clinical Director and Health Leads to report directly to the Health Board Medical Director and Nurse Director who in turn report to the Health Board on professional matters; and

(b) the role of the Clinical Governance Committee of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Clinical Governance Committee will also provide professional guidance to the local Clinical and Care Governance Group as required.

11.16 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from 5.16 (a) or (b) above.

11.17 The Health Board Clinical Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

11.18 The relationships between the different components of clinical and care governance are represented in diagram form at Annex 3.

11.19 <u>Professional Leadership</u>

11.20 The Health Board will nominate professional leads to be members of the Integration Joint Board. The Integration Joint Board will appoint professional leads to the Strategic Planning Group, in compliance with Section 32 of the Act.

11.21 NHS professional leads will relate to the Health Board's professional leads through formal network arrangements. The Health Board's professional leads will also be able to offer advice to the Chief Officer and to the Integration Joint Board.

11.22 The Health Board's Medical and Nursing Director roles support the Chief Officer and Integration Joint Board in relation to medical and nurse education and revalidation. The governance responsibilities of the Integration Joint Board and Chief Officer will also be supported by the Health Board's equalities and child protection functions.

12. Chief Officer

12.1 The Chief Officer will be appointed by the Integration Joint Board upon consideration of the recommendation of an appointment panel selected by the Integration Joint Board to support the appointment process, which panel will include the Chief Executives of each Party as advisors. The Chief Officer will be employed by one of the Parties and will have an honorary contract with the non-employing party. The Chief Officer will be jointly line managed by the Chief Executives of the Health Board and the Council. This will ensure accountability to both Parties and support a system-wide approach by the Health Board across all of its component integration authorities, and strategic direction in line with the Council's corporate priorities. The Chief Officer will be the accountable officer to the Integration Joint Board. The Chief Officer will become a non-voting member of the Integration Joint Board upon appointment to his/her role.

12.2 The Chief Officer will provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. As a member of both corporate management teams the Chief Officer will be able to influence policy and strategic direction of both Inverclyde Council and the Health Board from an integration perspective.

12.3 The Chief Officer will have delegated operational responsibility for delivery of Integrated Services, except Acute Hospital Services, with oversight from the Integration Joint Board. In this way the Integration Joint Board is able to have responsibility for both strategic planning and operational delivery. The operational delivery arrangements will operate within a framework established by the Health Board and the Council for their respective functions, ensuring both bodies can continue to discharge their governance responsibilities.

12.4 The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The Chief Officer will be operationally responsible through an integrated management team for the delivery of Integrated Services within the resources available.

12.5 In the event that the Chief Officer is absent or otherwise unable to carry out his or her functions, the Chief Executives of the Health Board and the Council will, at the request of the Integration Joint Board, jointly appoint a suitable interim replacement.

12.6 “The Chief Officer will have day to day operational responsibility to monitor delivery of the services set out in Annexes 1 and 2, other than Acute Hospital Services on which the Chief Officer will work closely with the Chief Operating Officer for Acute Services. The IJB will have oversight of these operational management arrangements.

AND

"The IJB along with the other five IJBs in the Greater Glasgow and Clyde Health Board area will contribute to the strategic planning of Acute Hospital Services."

12.7 The Council agrees that the relevant Council lead responsible for the local housing strategy will be required to routinely liaise with the Chief Officer in respect of the Integration Joint Board's role in informing strategic planning for local housing as a whole and the delivery of housing support services delegated to the Integration Joint Board.

12.8 The Chief Officer will have accountability to the Integration Joint Board for Workforce Governance. The Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board's Staff Governance Committee and the Council's Staff Representative Forum.

13. Workforce

13.1 Sustained and successful delivery of Integrated Services is dependent on an engaged workforce whose skill mix adapts over time to respond to the clinical and care needs of the Inverclyde population. The Parties will work together to ensure effective leadership, management, support, learning and development across all staff groups. Staff employed in services whose functions have been delegated to the Integration Joint Board will retain their current employment status with either the Council or the Health Board and continue with the terms and conditions of their current employer. The Partnership will report on HR and wider Workforce governance matters to the Parties through their appropriate governance and Management Structures, including in relation to the Equality Act.

13.2 The Parties agree that Workforce Governance is a system of corporate accountability for the fair and effective management of staff. Staff managing functions within the IJB have a responsibility for managing staff employed by NHS GGC and (Inverclyde) Council and will therefore ensure that partner organisation governance standards are explicitly applied, and staff are:

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

13.3 The Chief Officer, on behalf of the Parties, will maintain a Workforce Plan describing the current shape and size of the workforce, how this will develop as services become more integrated, and what actions will need to be taken to achieve the necessary changes in workforce and skills mix. This is linked to an Organisational Development Plan that builds on the cultural integration that has already taken place, bringing health and social care values closer together through integrated teams and management arrangements, and underpinned by our vision and values as noted at Paragraph 2 of the Scheme.

13.4 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 Inverclyde 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

continue to work together and with their staff to develop, establish and review 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.

13.5 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.

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

13.7 A Joint Staff Forum will act as a formal consultative body for the workforce. The Forum is founded on the principle that staff and staff organisations will be involved at an early stage in decisions affecting them, including in relation to service change and development. These Partnership arrangements will meet the required national standards and link to both the Health Board and Council's staff consultative arrangements.

14. Finance

Introduction

14.1 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 Integration Joint Board from the Council and the Health Board.

14.2 The Chief Finance 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

14.3 Delegated baseline budgets were subject to due diligence in the shadow year of the Integration Joint Board. These were based on a review of recent past performance and existing and future financial forecasts for the Health Board and the Council for the functions which were delegated. In the case of any additional functions to be delegated to the Integration Joint Board, after the original date of integration, these services will also be the subject of due diligence, based on a review of recent past performance and existing and future financial forecasts for the Board and the Council for the functions which are to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the Integration Joint Board to fund these additional delegated functions. In the event that functions currently delegated are to be removed, this will require prior agreement between the parties and the Integrated Joint Board and will also be subject to due diligence.

14.4 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and forecast pressures and present it to the Council and the Health Board for consideration as part of their respective annual budget setting

process. The draft proposal, including impact assessment, will incorporate assumptions on the following:

- Activity changes
- Cost inflation
- Efficiencies and savings
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board

This will allow the Council and the Health Board to determine the final approved budget for the Integration Joint Board. This should be formally advised in writing by the respective Directors of Finance to the Integration Joint Board by 1 March each year unless otherwise agreed by the Parties and the Integration Joint Board

14.5 The draft budget should be evidence based with full transparency on its assumptions which should include:

- Pay Awards
- Contractual uplift
- Prescribing
- Resource transfer
- Ring fenced funds.
- Reserve Balances

In the case of demographic shifts and volume, the Chief Finance Officer will evaluate financial impact in respect of the service which each of the Parties has delegated to the Integration Joint Board. In these circumstances the consequential impact will be incorporated into the draft proposals submitted by the Chief Finance Officer and considered by each Party as part of their budget deliberations each year.

14.6 Any material in-year budget changes proposed by either Party must be agreed by the Integration Joint Board. Parties may increase the payment in year to the Integration Joint Board for supplementary allocations in relation to the delegated services agreed for the Integration Joint Board, which could not have been reasonably foreseen at the time the Integration Joint Board budget for the year was agreed.

14.7 The Integration Joint Board will approve a budget and provide direction to the Parties by 31st March each year regarding the functions that are being delivered, how they are to be delivered and the resources to be used in delivery.

Set Aside Budgets

14.8 The Integration Joint Board has strategic planning responsibility along with the Health Board for Set Aside.

14.9 The method for determining the amount set aside for hospital services will follow the initial guidance issued by the Integrated Resources Advisory Group and be based on the notional direct costs for the relevant populations use of in scope hospital services as provided by the Information Services Division (ISD) Scotland. The NHS Board Director of Finance and Integration Joint Board Chief Financial Officer will keep under review developments in national data sets or local systems that might allow more timely or more locally responsive information, and if enhancements can be made, propose this to the Integration Joint Board. A joint strategic commissioning plan will be developed and will be used to determine the flow of funds as activity changes: -

- Planned changes in activity and case mix due to interventions in the Joint Strategic Commissioning Plan;
- Projected activity and case mix changes due to changes in population need;

- Analysis of the impact on the affected hospital budget, taking into account cost-behaviour i.e. the lag between changes in capacity and the impact on resources

14.10 The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the Integration Joint Board and the Health Board. Changes in relation to set aside will not be made in year and any changes will be made by annual adjustments to the Notional Budget of the Integration Joint Board.

Budget Management

14.11 The Integration Joint Board will direct the resources it receives from the Parties in line with the Strategic Plan, and in doing so 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.

Budget Variance

14.12 The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend and to instruct an appropriate action. If this does not resolve the overspend position, then the Chief Officer, the Chief Finance Officer of the Integration Joint Board 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 Integration Joint Board. In the event that the recovery plan is unsuccessful and an overspend materialises at the year-end, uncommitted reserves held by the Integration Joint Board, in line with the reserves policy, would firstly be used to address any overspend. If after application of reserves an overspend remains the Parties may consider making additional funds available, on a basis to be agreed, by the parties, taking into account the nature and circumstances of the overspend, with clearly defined repayment in future years on the basis of the revised recovery plan agreed by the Parties and the

Integration Joint Board at the point the additional funds are accepted. If the revised plan cannot be agreed by the Parties, 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.

14.13 Where an underspend materialises against the agreed budget, with the exception of ring-fenced budgets, this will be retained by the Integration Joint Board will be used 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.

Unplanned Costs

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

Accounting Arrangements and Annual Accounts

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

14.16 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.

14.17 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.

14.18 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 and such other reports that the Integration Joint Board might require. The Integration Joint Board Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. In order to agree the in-year transactions and year-end balances between the Council, Health Board and Integration Joint Board, the Integration Joint Board Chief Finance Officer will engage with the Directors of Finance of the Council and Health Board to agree an appropriate process.

14.19 Regular financial monitoring reports will be issued by the Integration Joint Board Chief Finance Officer to the Chief Officer in line with timescales agreed by the Parties. Financial Reports will include subjective and objective analysis of budgets and actual/projected outturn, including in year movement on reserves and such other financial monitoring reports as the Integration Joint Board might require.

14.20 The Integration Joint Board will receive a minimum of four financial reports during each financial year. This will include reporting on the Acute Hospital Services activity and estimated cost against Set Aside Budgets.

Payments between the Council and the Health Board

14.21 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.

Hosted Services

14.22 Some of the functions that are delegated by the Health Board to all six Integration Joint Boards are provided as part of a single Glasgow and Clyde wide service, referred to below as “Hosted Services.” Integration Joint Boards are required to account for the activity and associated costs for all Hosted Services across their population using a methodology agreed by all partner Integration Joint Boards.

14.23 Within Greater Glasgow and Clyde, each Integration Joint Board can have operational responsibilities for services, which it hosts on behalf of other Integration Joint Boards. This includes the strategic planning for these services on behalf of other Integration

Joint Boards. Integration Joint Boards planning to make significant changes to Hosted Services which increase or decrease the level of service available in specific localities or service wide will consult with NHS Greater Glasgow and Clyde and the other Integration Joint Boards affected prior to implementing any significant change.

Capital Assets and Capital Planning

14.24 Capital and assets and the associated running costs will continue to sit with the Parties unless otherwise agreed by the Party and the Integrated Joint 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 Parties. The funding model will be agreed and approved with all relevant parties.

15. Communication and Engagement

15.1 Consultation on the Integration Scheme has taken place. The stakeholders consulted in the development of the revised Scheme include:

a) Stakeholders as prescribed in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014
b) Local authorities within the Health Board catchment area

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15.2 Both Parties will commit to communicating and engaging with local communities in an effective and meaningful way, in line with relevant legislation, statutory guidance and best practice principles, so that our communities, their families and carers are. always at the heart of everything we do.

15.3 The Inverclyde Communications and Engagement Strategy provides a framework for the Parties to work to, provides governance and accountability, ensures standards are established and all activities are aligned to these, and we build in credible processes that communities not only feel part of but can own in partnership with the Partnership.

15.4 As a result of the Review of Progress with Integration of Health and Social Care and Audit Scotland's progress report on integration, the Ministerial Strategic Group for Health and Community Care has agreed that guidance be developed jointly by the Scottish Government and COSLA based on good practice. This guidance is currently under development and will replace statutory guidance currently in place for all Health Boards. Both Parties will need to take cognisance of said guidance in due course.

15.5 The Inverclyde Communications and Engagement Strategy was approved by the Integration Joint Board in January 2022 and is subject to review July 2024.

16. Information-Sharing and Data Handling

16.1 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.

16.2 The Parties are also bound by a joint local Information Sharing Protocol which has been 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.

16.3 The Parties will also continue to work together to agree the specific procedures for the sharing of information for any purpose connected to the carrying out of integration functions. These procedures will include the detailed arrangements, practical policies, designated responsibilities and any additional requirements.

16.4 Information Sharing Protocols have been ratified by the Parties and may be amended or replaced by agreement of the Parties and the Integration Joint Board.

16.5 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 Integration Joint Board.

16.6 The Chief Officer will continue to ensure appropriate arrangements are in place in respect of information governance.

17. Complaints

The Parties agree the following arrangements in respect of complaints.

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

17.2 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.

17.3 The Parties agree that as far as possible complaints will be dealt with by front

line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. Complaints can be made by patients, service users and customers or their nominated representatives using a range of methods including an online form, face to face contact, in writing and by telephone. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the complainant. If the complainant remains dissatisfied, an internal review might be offered if appropriate. If the complainant still remains dissatisfied, the final stage will be the consideration of complaints by the Scottish Public Services Ombudsman (SPSO).

17.4 Where a complaint is made direct to the Integration Joint Board or the Chief Officer, the Chief Officer shall follow the relevant processes and timescales of the complaint's procedure of the appropriate Party as determined by the nature of the complaint and the associated functions.

17.5 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 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.

17.6 The Parties agree to work together and to support each other to ensure that all

complaints that require input from both Parties are handled in a timely manner. Details of the complaint's procedures will be provided on line, in complaints literature and on posters. Clear and agreed timescales for responding to complaints will be provided.

17.7 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate, so long as the representative can demonstrate that the service user has authorised that person to act on behalf of the service user.

17.8 The Parties will produce a joint complaints report on an annual basis for consideration by the Integration Joint Board. This report will include details of the number and nature of complaints, and the proportion of complaints responded to within the agreed timescales.

17.9 The means through which a complaint should formally be made regarding Integrated Services and the appropriate member of staff within the Health & Social Care Partnership to whom a complaint should be made will be detailed on the Parties' websites and made available in paper copies within premises.

18. Claims Handling, Liability & Indemnity

18.1 The Council and the Health Board agree that they will manage and settle claims in accordance with common law of Scotland and statute.

18.2 The Parties will establish indemnity cover for integrated arrangements.

19. Risk Management

19.1 The IJB will have in place a risk management policy and strategy that will demonstrate a considered, practical and systemic approach to identifying risks, forecasting the likelihood and impact of these risks to service delivery and taking action to mitigate them. This particularly includes those related to the IJB's delivery of the Strategic Plan."

A Risk Management Policy and Strategy was agreed by the Integration Joint Board in August 2016 which is subject to regular review.

19.2 The Parties will support the Chief Officer and the Integration Joint Board with relevant specialist advice, (such as internal audit, clinical and non-clinical risk managers and health and safety advisers).

19.3 The Chief Officer will have overall accountability for risk management ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the Integration Joint Board. The Chief Officer working with the Chief Executives of the Parties will review existing strategic and operational risk registers on a six-monthly basis, identify the appropriate risks to move to the shared risk register and agree mitigations.

20. Dispute Resolution Mechanism

20.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, then they will follow the undernoted process:

a) The Chief Executives of the Parties will meet to resolve the issue;

b) If unresolved, the Parties will each prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions.

c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of the Health Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

20.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish Ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Annex 1

Part 1

Functions Delegated by the Health Board to the Integration Joint Board.

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 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 48 (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 82 use 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.);

Column A	*Column B*
	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 (Health Boards). and functions conferred by— The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001, The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004) The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and The National Health Service (General Dental Services) (Scotland) Regulations 2010. The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 7 (persons discharged from hospital)	

Column A	*Column B*
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: cooperation) 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 patient's responsible medical officer); section 260 (provision of information to patient); 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 Crossborder transfer:

Column A	*Column B*
	patients subject to requirements other than detention) (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
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.

Functions prescribed for the purposes of section 1(8) of the Public Bodies (Joint Working) (Scotland) Act 2014

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 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);

Column A	*Column B*
	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);
	section 38A (breastfeeding);
	section 39 (medical and dental inspection, supervision and treatment of pupils and young persons);
	section 48 (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 82 use 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)

Column A	*Column B*
	Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; The National Health Service (General Dental Services) (Scotland) Regulations 2010; and The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
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: cooperation) 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);

Column A	*Column B*
	section 230 (appointment of patient's responsible medical officer); section 260 (provision of information to patient); 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 Crossborder transfer: patients subject to requirements other than detention) (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.
Carers (Scotland) Act 2016 Section 12 (Duty to prepare young carer statement)	

Column A	*Column B*
Section 31 (Duty to prepare local carer strategy)	

Part 2

Services delegated by the Health Board to the Integration Joint Board

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine: -
  - Geriatric medicine;
  - Rehabilitation medicine (age 65+);
  - Respiratory medicine (age 65+); and
  - Psychiatry of learning disability (all ages).
  -
- Palliative care services provided in a hospital.
- Services provided in a hospital in relation to an addiction or dependence on any substance.
- Mental health services provided in a hospital, except secure forensic mental health services.
- Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- Health Visiting
- School Nursing
- Speech and Language Therapy
- Specialist Health Improvement
- Community Children's Services
- CAMHS
- District Nursing services
- The public dental service.
- Primary care services provided under a general medical services contract,
- General dental services
- Ophthalmic services
- Pharmaceutical services
- Services providing primary medical services to patients during the out-of-hours period.
- Services provided out with a hospital in relation to geriatric medicine.
- Palliative care services provided out with a hospital.
- Community learning disability services.
- Rehabilitative Services provided in the community.
- Mental health services provided out with a hospital.
- Continence services provided out with a hospital.
- Kidney dialysis services provided out with a hospital.
- Services provided by health professionals that aim to promote public health.

- Sexual Health Services
- Prison and Police Custody Healthcare

Annex 2

Part 1

Functions Delegated by the Council to the Integration Joint Board

Column A Enactment conferring function	Column B Limitation
National Assistance Act 1948	
Section 45 (Recovery in cases of misrepresentation or non-disclosure)	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
Disabled Persons (Employment) Act 1958	
Section 3 (Provision of sheltered employment by local authorities)	
Matrimonial Proceedings (Children) Act 1958	
Section 11 (Reports as to arrangements for future care and upbringing of children)	
Social Work (Scotland) Act 1968	
Section 1 (Local authorities for the administration of the Act.)	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 6B (Local authority inquiries into matters affecting children)	
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.

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 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 27 (supervision and care of persons put on probation or released from prison etc.)	
Section 27 ZA (advice, guidance and assistance to persons arrested or on whom sentence deferred)	
Section 28 (Burial or cremation of the dead.)	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.
Section 78A (Recovery of contributions).	
Section 80 (Enforcement of duty to make contributions.)	
Section 81 (Provisions as to decrees for aliment)	
Section 83 (Variation of trusts)	
Section 86 (Recovery of expenditure incurred in the provisions of accommodation, services, facilities or payments for persons ordinarily resident in the area of another local authority from the other local authority)	

Column A Enactment conferring function	Column B Limitation
Children Act 1975	
Section 34 (Access and maintenance)	
Section 39 (Reports by local authorities and probation officers.)	
Section 40 (Notice of application to be given to local authority)	
Section 50 (Payments towards maintenance of children)	
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Health and Social Services and Social Security Adjudications Act 1983	
Section 21 (Recovery of sums due to local authority where persons in residential accommodation have disposed of assets)	
Section 22 (Arrears of contributions charged on interest in land in England and Wales)	
Section 23 (Arrears of contributions secured over interest in land in Scotland)	
Foster Children (Scotland) Act 1984	
Section 3 (Local authorities to ensure well-being of and to visit foster children)	
Section 5 (Notification by persons maintaining or proposing to maintain foster children)	
Section 6 (Notification by persons ceasing to maintain foster children)	
Section 8 (Power to inspect premises)	
Section 9 (Power to impose requirements as to the keeping of foster children)	

Column A Enactment conferring function	Column B Limitation
Section 10 (Power to prohibit the keeping of foster children)	
Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 2 (Rights of authorised representatives of disabled persons.)	
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	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 are integration functions
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.
Housing (Scotland) Act 1987	
Part II (Homeless Persons)	
Housing (Scotland) Act 2001	
Section 1 (Homelessness strategies)	
Section 2 (Advice on homelessness etc.)	
Section 5 (Duty of registered social landlord to provide accommodation)	
Section 6 (Duty of registered social landlord: further provision)	
Section 8 (Common housing registers)	
Section 92 (Assistance for Housing Purposes)	Only in so far as it relates to an aid or adaptation.

Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes)	Only in so far as it relates to an aid or adaptation as defined at Section 1(2) of the Public Bodies (Joint Working) (Prescribed Local Authority Functions) (Scotland) Regulations 2014.
Children (Scotland) Act 1995	
Section 17 (Duty of local authority to child looked after by them)	
Section 20 (Publication of information about services for children)	
Section 21 (Co-operation between authorities)	
Section 22 (Promotion of welfare of children in need)	
Section 23 (Children affected by disability)	
Section 24 (Assessment of ability of carers to provide care for disabled children)	
Section 24A (Duty of local authority to provide information to carer of disabled child)	
Section 25 (Provision of accommodation for children etc.)	
Section 26 (Manner of provision of accommodation to children looked after by local authority)	
Section 27 (Day care for pre-school and other children)	
Section 29 (After-care)	
Section 30 (Financial assistance towards expenses of education or training)	
Section 31 (Review of case of child looked after by local authority)	
Section 32 (Removal of child from residential establishment)	
Section 36 (Welfare of certain children in hospitals and nursing homes etc.)	
Section 38 (Short-term refuges for children at risk of harm)	

Section 76 (Exclusion orders)	
Criminal Procedure (Scotland) Act 1995	
Section 51 (Remand and committal of children and young persons).	
Section 203 (Reports)	
Section 234B (Drug treatment and testing order).	
Section 245A (Restriction of liberty orders).	
Adults with Incapacity (Scotland) Act 2000	
Section 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 40 (Supervisory bodies)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions.
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration functions.
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions.
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions.
Community Care and Health (Scotland) Act 2002	
Section 4 (The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002)	

Section 5 (Local authority arrangements for residential accommodation out with Scotland.)	
Section 6 (Deferred payment of accommodation costs)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
Management of Offenders etc. (Scotland) Act 2005	
Section 10 (Arrangements for assessing and managing risks posed by certain offenders)	
Section 11 (Review of arrangements)	

Adoption and Children (Scotland) Act 2007

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

Section 5
(Guidance)

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

Section 9
(Assessment of needs for adoption support services)

Section 10
(Provision of services)

Section 11
(Urgent provision)

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

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

Section 26
(Looked after children: adoption not proceeding)

Section 45
(Adoption support plans)

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

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

Section 49
(Reassessment of needs for adoption support services)

Section 51
(Guidance)

Section 71
(Adoption allowance schemes)

Section 80
(Permanence Orders)

Section 90
(Precedence of certain other orders)

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

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

Section 105
(Notification of proposed application for order)

Adult Support and Protection (Scotland) Act 2007

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

Section 5
(Co-operation.)

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

Section 7
(Visits)

Section 8
(Interviews)

Section 9
(Medical examinations)

Section 10
(Examination of records etc)

Section 11
(Assessment Orders.)

Section 14
(Removal orders.)

Section 16
(Right to move adult at risk)

Section 18
(Protection of moved person's property.)

Section 22
(Right to apply for a banning order.)

Section 40
(Urgent cases.)

Section 42
(Adult Protection Committees.)

Section 43
(Membership.)

Children's Hearings (Scotland) Act 2011

Section 35
(Child assessment orders)

Section 37
(Child protection orders)

Section 42
(Parental responsibilities and rights directions)

Section 44
(Obligations of local authority)

Section 48
(Application for variation or termination)

Section 49
(Notice of application for variation or termination)

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

Section 131
(Duty of implementation authority to require review)

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

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

Section 153
(Secure accommodation)

Section 166
(Review of requirement imposed on local authority)

Section 167
(Appeals to Sheriff Principal: Section 166)

Section 180
(Sharing of information: panel members)

Section 183
(Mutual Assistance)

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

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

Section 5
(Choice of options: adults.)

Section 6
(Choice of options under section 5: assistances.)

Section 7 (Choice of options: adult carers.)	
Section 8 Choice of options: children and family members)	
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.)	
Carers (Scotland) Act 2016	
Section 6 (Duty to prepare adult carer support plan.)	
Section 21 (Duty to set local eligibility.)	
Section 24 (Duty to provide support.)	
Section 25 (Provision of support to carers; breaks from caring.)	
Section 31 (Duty to prepare local carer strategy,)	
Section 34 (Information and advice service for carers,)	
Section 35 (Short breaks services statements.)	

Annex 2

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.

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

In addition Inverclyde Council will delegate:

- Criminal Justice Services
    - Criminal Justice Social Work
    - Prison Based Social Work
    - Unpaid Work
    - MAPPA

- Children & Families Social Work Services
    - Child Protection
    - Fieldwork Social Work Services for Children and Families
    - Residential Child Care including Children's Homes
    - Looked After & Accommodated Children

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

- Services for People affected by Homelessness

- Advice Services

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

Annex 3

Clinical and Care Governance – Key Supports and Relationships