APPENDIX 1

Integration Scheme

Between

Renfrewshire Council

And

NHS Greater Glasgow and Clyde

(Draft Consultation Copy – Revised January 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 beyond the minimum prescribed by Ministers – additional adult health and social care services such as homelessness and criminal justice and children's health and social care services. The Act requires them to prepare jointly an integration scheme ('the Scheme') setting out how this joint working is to be achieved.

1.2. 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 (the IJB). 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. The first Renfrewshire Integration Scheme 2016 established a "body corporate" arrangement, as set out in Section 1(4)(a) of the Act.

1.3. The 2016 Scheme was revised in 2024 following a review. The Scheme continues to provide for a body corporate model for the integration of health and social care in Renfrewshire and reconfirms how NHS Greater Glasgow and Clyde ('Health Board') and Renfrewshire Council ('Local Authority') will continue to integrate relevant services. The corporate body will continue to be known as Renfrewshire Integration Joint Board (IJB). To give effect to the single operational management of integrated services by Renfrewshire Integration Board Chief Officer, the parties agree that the integrated operating unit will be known as Renfrewshire Health and Social Care Partnership**.**

1.4. This document sets out the integration arrangements adopted by NHS Greater Glasgow and Clyde and Renfrewshire Council as required by Section 7 of the Act. This integration scheme follows the format of the model document produced by the Scottish Government and includes all matters prescribed in Regulations. As a separate legal entity in accordance with the Act, the IJB has full autonomy and capacity to act in its own behalf and can make decisions about the exercise of its functions as it sees fit. However, the legislation that underpins the IJB requires that its voting members are appointed by NHS Greater Glasgow and Clyde and Renfrewshire Council serving on the IJB its members carry out the functions under the Act on behalf of the IJB itself, and not as delegates of their respective organisations – working in accordance with the Standards Commission Model Code of Conduct for Members of Devolved Public Bodies.

Aims and Outcomes of the Integration Scheme

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

1. Integration Scheme

THE PARTIES:

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

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

Definitions and Interpretation

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

"**Acute Services"** means the services of the Health Board delivered within the acute hospitals for which the Health Board has operational management responsibility, namely accident and emergency; general medicine; geriatric medicine; rehabilitation medicine; respiratory medicine; and palliative care. These are the services in scope for the delegated acute functions and associated Set Aside budget.

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

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

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

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

"Chief Finance Officer" means the proper officer appointed by the Integration Joint Board in terms of Section 95 of the Local Government (Scotland) Act.

"**Chief Social Work Officer" (CSWO)** means the Chief Social Work Officer of the Council or, where appropriate and where approved by the IJB, a suitable substitute nominated by him or her under Section 3 of the Social Work (Scotland) Act 1968.

"**Clinical and Care Governance Committee**" means the body established by the Health Board to oversee all aspects of local Health Board clinical policy, practice, and procedures

"Direction" means a formal instruction to either of the Parties by the Integration Joint Board to carry out functions delegated to the Integration Joint Board in accordance with Section 26 of the Act and shall include the information required by Section 27 of the Act.

"'**Health and Social Care Partnership' or 'HSCP/Partnership'** means the operational structure designed further to this Integration Scheme to ensure the delivery of Integrated Service.

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

"Order 2015 No. 88" means The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015.

"Hosted Services" means those services of the Parties which, subject to agreement by the Integration Joint Board, the Parties agree will be managed and delivered by a single Integration Joint Board on behalf of two or more integration authorities within the Greater Glasgow and Clyde area.

"Integration Joint Board" or "IJB" means the Renfrewshire Integration Joint Board, a body corporate, established by Order 2015 No. 88 under section 9 of the Act on 27 June 2015.

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

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

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

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

"**Integration Joint Board Order**" means the Public Bodies (Joint Working) (Proceedings, Membership, and general Powers of Integration Joint Boards) (Scotland) Order 2014.

"**Scheme**" means this Integration Scheme.

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

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

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In implementation of their obligations under the Act, the Parties hereby agree as follows: In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in section 1(4)(a) of the Act will remain in place for the Renfrewshire Council area, namely the delegation of functions by the Parties to the IJB. This Scheme came into effect when the IJB was established by Parliamentary Order on 27 June 2015 In 2023/2024, the Scheme was 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 from the Scottish Ministers under Section 7 of the Act.

2. Local Governance Arrangements

2.1. Having regard to the requirements contained in the Integration Scheme Regulations, the Parties have provided below the detail of the voting membership, the chair and vice chair of the IJB:

2.2. The IJB is responsible for the implementation of appropriate governance arrangement in line with the requirements of the Act and associated Regulations.

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

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

2.5. In accordance with the Integration Joint Board Order, the voting members of the IJB shall be appointed for a maximum period of term of office which shall not exceed 3 years. At the end of their term of office, if the IJB deems it appropriate, a voting member may be reappointed for a further term of office.

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

2.7. In accordance with the Integration Joint Board Order, a voting member of the IJB shall also cease to be a voting member if he/she fails to attend three consecutive meetings of the IJB, provided the absences were not due to illness or other reasonable cause (which shall be a matter for the IJB to determine). In this event, the IJB shall give the member one month's notice in writing of his/her removal. The IJB will, at the same time, request the organisation which nominated that member to nominate a replacement who will appointed to the voting membership of the IJB as soon as the other member is removed or within such other time as is reasonably practicable.

2.8. In accordance with the Integration Joint Board Order, where a temporary vacancy arises, the vote that would be exercisable by the voting member appointed to that vacancy may be jointly exercisable by the other voting members nominated by the relevant Party.

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

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

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

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

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

3. Delegation of Functions

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

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

3.3. Services set out at **Annex1 (Part 2) and Annex 2 (Part 2**) may by agreement be hosted by the IJB on behalf of one or more IJBs within the Health Board area or one or both Parties, or vice versa, where permitted by statute. The Parties may recommend to the IJBs within the Health Board area that an arrangement of Hosted Services be managed and delivered through a designated Lead Health and Social Care Partnership. These arrangements will be subject to review and may change from time to time.

3.4. **Part 1 of Annex 3** lists additional Health Board that will be delegated to the IJB. The services to which these functions relate, which are currently provided by the Health Board, and which are to be integrated, are set out in **Part 2 of Annex 3.** The Council has not delegated additional functions.

4. Local Operational Delivery Arrangements

4.1. The local operational arrangements agreed by the parties are:

- The IJB has responsibility for the planning of services via the Strategic Plan.
- The IJB will be responsible for monitoring and reporting on performance on the delivery of those services covered by the Strategic Plan.
- The Health Board retains operational responsibility for the delivery of all health services commissioned by the IJB and the Council retains operational responsibility for the delivery of all social work and social care services commissioned by the IJB. The IJB is responsible for the planning of Integrated Services and achieves this through the Strategic Plan. In accordance with Section 26 of the Act, the IJB will direct the Council and the Health Board to carry out each function delegated to the IJB. Payment will be made by the IJB to the Parties to enable the delivery of these functions in accordance with the Strategic Plan.
- The Chief Officer will have day to day operational responsibility to monitor delivery of services set out in Annexes 1 to 3, 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.
- The IJB will issue Directions to the Parties taking account of the information on performance to ensure performance is maintained and improved. The IJB along with the other five IJBs within the Health Board area will contribute to the strategic planning of Acute Services and the Health Board will be responsible for the management of Acute Services.
- The Health Board will provide information to the Chief Officer and the IJB on the operational delivery of Acute Services.
- The Health Board and the six IJBs within the Health Board area shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the six IJBs' Strategic Plans.
- The Health Board will consult with the six IJBs within the Health Board area to ensure that the overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such acute services is appropriately coordinated with the delivery of services across the Greater Glasgow and Clyde area.
- The Parties shall ensure that a group including the Chief Operating Officer for Acute Services and Chief Officers of the six IJBs within the Health Board area will meet regularly to discuss such respective responsibilities for Acute Services.

- Both the Health Board and the Council will undertake to provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the IJB.
- Where the IJB is the Host in relation to a Service set out at Annex 1 (Part 2) or Annex 2 (Part 2) the Parties will recommend that:

    a) The IJB is responsible for the operational oversight of such Service(s);
    b) Through its Chief Officer, the IJB will be responsible for the operational management of the Hosted Service on behalf of each relevant IJB within the Health Board area; and
    c) The IJB is responsible for the strategic planning and operational budget of the Hosted Service

- Where a Service set out at Annex 1 (Part 2) or Annex 2 (Part 2) is hosted on its behalf by another integration authority with the Health Board area, the IJB shall retain oversight for any such services delivered to the people of Renfrewshire and shall engage with the Host IJB and the relevant Chief Officer on any concerns and issues arising in relation to these services.

4.2. Performance Targets, Improvement Measures and Reporting Arrangements

4.2.1 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 to support measurement of:

- The achievement of the National Health and Wellbeing Outcomes;
- The Core Suite of National Integration Indicators;
- The quality and performance of services delivered by the parties through Directions by the IJB;
- The overall vision of the partnership area and local priorities as set out within the Strategic Plan;
- The corporate reporting requirements of both Parties; and
- Any other performance indicators and measures developed by the Scottish Government relating to delegated functions and services.

4.2.2. 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.

4.2.3. 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.

4.2.4. 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 IJB, but which are related to any functions that are delegated to the IJB, these targets, measures and arrangements will be considered in the development of the Strategic Plan.

4.2.5. 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.

4.2.6. 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.

4.3. Support to the Integration Joint Board:

- The Parties agree to make available to the IJB such professional, technical, or administrative resources as are required to support the development of the Strategic Plan and the carrying out of delegated functions.
- The existing planning, performance, quality assurance and development support arrangements and resources of the Parties will be used as a model for strategic support arrangements to the IJB.
- The Parties will reach an agreement on how this will be integrated within the annual budget setting and review processes for the IJB.

4.4. The IJB is 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 -Heads of Service, Chief Officer and CSWO as the nominated Chief Professional Officers accountable for Clinical and Care Governance. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training (to be compliant with all professional regulatory requirements).
- Embed a positive, sharing, and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported, and innovation promoted.
- Provide a clear link between organisational and operational priorities, objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education.
- Implement quality monitoring and governance arrangements that include compliance with professional codes, legislation, standards, guidance and that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.
- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality-of-service performance.
- Develop systems to support the structured, systematic monitoring, assessment, and management of risk.
- Implement a co-ordinated risk management, complaints, feedback, and adverse events/incident system, ensuring that this focuses on learning, assurance, and improvement.
- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- Promote planned and strategic approaches to learning, improvement, innovation, and development, supporting an effective organisational learning culture.

4.5. The foregoing arrangements will operate within the existing frameworks established by the Health Board and Council for their respective functions, thereby ensuring that both bodies can continue to discharge their governance responsibilities. These frameworks will be subject to regular review.

5. Clinical and Care Governance

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

5.2. Quality, clinical care and professional governance in relation to services provided in

pursuance of the functions delegated to the IJB will:

- Involve service users and carers and the wider public in the development of services;
- Ensure safe and effective services and appropriate support, supervision, and training for staff;
- Strive for continuous quality improvement;
- Maintain a framework of policies and procedures designed to deliver effective care; and
- Ensure accountability and management of risk.

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

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

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

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

5.7. The Parties will make available to the IJB professional leads representing social work, nursing, and medicine. These professional leads will have several responsibilities including advising the Chief Officer, IJB, Strategic Planning groups and localities on professional issues, clinical and care issues, and providing assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis. The relationship between these professional leads and the Strategic Planning Groups, localities, the Chief Officer, and the governance arrangements of the Parties is outlined at **Annex 4**.

5.8. The Parties have a range of clinical and care governance structural arrangements relevant to particular areas of health and social care. This is still necessary for clinical and care governance compliance within integrated arrangements. These arrangements come together in the Renfrewshire HSCP Quality, Care & Professional Governance Executive Group which is chaired by the Chief Officer on behalf of both Parties. Through this structure the Parties will be responsible for demonstrating compliance with statutory requirements in relation to clinical governance, authorising an accurate and honest annual clinical governance statement and responding to scrutiny and improvement reports by external bodies such as Healthcare Improvement Scotland and the Care Inspectorate.

5.9. The Parties will provide, as required, assurance to the IJB on the Parties' compliance with statutory requirements around clinical and care governance arrangements through the Renfrewshire HSCP Quality, Care & Professional Governance Executive Group.

5.10. Clinical and professional leads from both Parties will discharge the following functions in relation to the IJB, Strategic Planning Groups and Localities:

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

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

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

6. Chief Officer

6.1. The Chief Officer is the accountable officer for Functions delegated to the IJB. The Chief Finance Officer is responsible for the proper administration of the IJB's financial affairs. The IJB shall appoint a Chief Officer in accordance with Section 10 of the Act. The arrangements in relation to the Chief Officer agreed by the Parties are:

- The Chief Officer is a member of the Corporate Management Team of both the Health Board and the Council.
- The Chief Officer will be appointed by the IJB, employed by one of the Parties and seconded by that Party to the IJB.
- The Chief Officer will attend Corporate Management Team meetings of the Health Board and the Council and will work with the Corporate Management Teams of both Parties as required to carry out functions in accordance with the Strategic Plan.
- The Chief Officer is line managed jointly by the Chief Executives of the Council and the Health Board and is accountable to both Parties.
- The Chief Officer will have delegated operational responsibility for delivery of integrated services, as outlined in **Annexes 1, 2 and 3** of this Scheme except as they are exercised for acute hospital services. The Health Board Chief Executive is responsible for the operational management and performance of acute services and will provide regular updates to the Chief Officer on this.

7. Workforce

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

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

7.2. The Parties agree that Workforce Governance is a system of corporate accountability for the management of staff. Staff managing functions within the IJB have a responsibility for managing staff employed by NHSGGC and Renfrewshire Council. The Council, Health Board and IJB will work together to establish a system of corporate accountability for the fair and effective management of all staff, to ensure that they are:

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

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

7.4. The Parties are committed to ensuring their staff involved in health and social care service delivery have the necessary training, skills, and knowledge to provide the people of Renfrewshire with - 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.

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

7.6. The Parties will report on workforce governance matters to the Chief Officer and the IJB 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 the Staff Partnership Forum established by the IJB.

8. Finance

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

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

Delegated Budgets

8.3. Delegated baseline budgets were the subject of due diligence in the shadow year of the IJB. 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 IJB, 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 IJB to fund these additional delegated functions.

8.4. 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 will incorporate assumptions on the following:

- Activity changes
- Cost inflation

- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board.

8.5 This will allow the Council and the Health Board to determine the final funding contribution to the IJB. This should be formally advised in writing by the respective Directors of Finance to the IJB by 1 March each year.

8.6. 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.

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

8.8. The IJB will approve a budget and provide Directions 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.

8.9. The IJB has strategic planning responsibility along with the Health Board for Set Aside Budgets. The method for determining the amount set aside for hospital services will follow guidance issued by the Integrated Resources Advisory Group and be based initially on the notional direct costs for the relevant population's use of in scope hospital services as provided by Public Health Scotland. The Health Board's Director of Finance and the Chief Finance 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 IJB. 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 needs; and
- 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.

8.10. The process for making adjustments to the set aside resource to reflect variances in performance against plan will be agreed by the IJB and the Health Board. Changes will not be made in year and any changes will be made by annual adjustments to the Financial Plan of the IJB.

Budget Management

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

Budget Variance

8.12. The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend and to instruct an action plan. If this does not resolve the overspend position, then the Chief Officer, the Chief Finance Officer and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. If the recovery plan is unsuccessful and an overspend materialises at the year-end, uncommitted general reserves held by the IJB, 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 considering the nature and circumstances of the overspend, with repayment in future years based on the revised recovery plan agreed by the Parties and the IJB. If the revised plan cannot be agreed by the Parties, or is not approved by the IJB, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

8.13. Where an underspend materialises against the agreed budget, except for ring-fenced budgets this will be retained by the IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the IJB's Reserves Strategy.

Unplanned Costs

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

Accounting Arrangements and Annual Accounts

8.15. Recording of all financial information in respect of the IJB will be in the financial ledger of the Council.

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

8.17. 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 IJB.

8.18. 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 IJB might require.

The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning. To agree the in-year transactions and year-end balances between the Council, Health Board and IJB, the Chief Finance Officer will engage with the Directors of Finance of the Council and Health Board to agree an appropriate process.

8.19. Monthly financial monitoring reports will be issued by the 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, and other such financial monitoring reports as the IJB might require.

8.20. The IJB will receive a minimum of four financial reports during each financial year. This will include reporting on the Acute activity and estimated cost against Set Aside budgets.

Payments between the Council and the Health Board

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

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

Capital Assets and Capital Planning

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

Hosted Services

8.23. Some of the functions that are delegated by the Health Board NHS Greater Glasgow and Clyde to all six Integration Joint Boards within the Health Board area may be provided as part of a single Greater Glasgow and Clyde-wide service, referred to as a Hosted Service.

8.24. The IJB has operational responsibilities for any services which it hosts on behalf of other IJBs. In delivering a Hosted Service the IJB has primary responsibilities for the provision of the services and bears the risk and rewards associated with service delivery in terms of the demand and finance and resource required.

8.25. If the IJB plans to make significant changes to a service which it hosts which increases or decreases the level of service available in specific localities or service wide, it will consult with the other IJBs affected prior to implementing any significant change.

8.26. IJBs are collectively required to account for the activity and associated costs for all Hosted Services across their population using a methodology agreed by all partner IJBs.

8.27. Delegated hosted budgets were the subject of due diligence in the first part year of operation of the IJB during 2015/16. This was based on a review of recent past performance and existing and future financial forecasts for the Health Board the functions which were delegated. Where there are any subsequent additional functions to be delegated to the IJB then 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 Health Board for those functions to be delegated. This is required to gain assurance that the associated delegated budgets will be sufficient for the IJB to fund these additional delegated functions.

9. Participation and Engagement (to be completed following consultation of revised scheme)

9.1. The Parties will provide appropriate resources to support the IJB in the production and maintenance of a Participation, Engagement and Communication Strategy to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives and Councils within the area of the Health Board.

10. Information-Sharing and Data Handling

10.1 The Parties have revised their existing Information Sharing Protocol (ISP) as a tri-partite agreement between the Health Board, Council and IJB, updated in compliance with the European Union General Data Protection Regulations and the Data Protection Act 2018. The ISP is also compliant with the Data Sharing Framework set by the Information Commissioner's Office and subsumes data sharing arrangements within Health and Social Care Partnerships.

10.2. The Parties further agree that it will be the responsibility of the IJB itself to determine, in consultation with the Data Protection Officers for the parties, whether any more specific protocols, procedures and guidance require to be developed around operational processes of information sharing involving the IJB and to set a timescale for implementation of such protocols, procedures or guidance.

10.3. The Information Sharing Protocol itself will thereafter be reviewed jointly by the Parties at least annually or in the circumstances set out in the Information Sharing Protocol.

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

11. Complaints

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

- The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the IJB.
- The Health Board, the Council and the IJB will each retain separate complaints policies and procedures reflecting the model complaints handling procedure specified

by the Complaints Standards Authority of the Scottish Public Services Ombudsman, as set out at Section 16A (2) of the Scottish Public Services Ombudsman Act 2002.

- Complaints concerning the IJB will be limited to those concerning policies, decisions, administrative processes and measures and systems put in place by the IJB to ensure delivery of functions delegated to it. Complaints relating the delivery of services by the Parties will be handled within the complaint's procedure of the relevant party.
- Service users and patients will be advised to direct complaints about the IJB to the Chief Officer or via the details given on the 'Contact Us' page of the Health and Social Care Partnership website. That website will also provide links to the separate complaints procedures of the Parties.
- If a claim has a "cross-boundary" element (such as for Hosted Services) whereby it relates to another integration authority area, the Chief Officers of the integration authorities concerned shall liaise with each other to reach agreement as to how the claim should be progressed and determined.
- 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 Health and Social Care Partnership, specifying the relevant complaints handling procedure(s) under which it has been issued. 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 Parties and/or the IJB. Where a complainant is dissatisfied with a joint response, then matters will be dealt with under the respective review or appeal mechanisms of either party, and thereafter dealt with entirely separately.
- The Chief Officer will ensure that the person making a complaint is always informed which complaint procedure is being followed and of their right of review of any decision notified.
- Complaints management, including the identification of learning from upheld complaints across services, will be subject to periodic review by the IJB.
- The IJB will report to the Parties statistics on complaints performance in accordance with national and local reporting arrangements.

12. Claims Handling, Liability & Indemnity

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

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

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

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

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

12.6. If a third-party claim is settled by either Party and it thereafter transpires that liability (in whole or in part) should have rested with the other Party, then the Party settling the claim may seek indemnity from the other Party, subject to normal common law and statutory rules relating to liability.

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

13. Risk Management

13.1. 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.

13.2. The primary aims and objectives of the strategy are to:

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

13.3. Risk management procedures are maintained that encompasses practice currently undertaken by both Parties in their ongoing management of strategic and operational risk. Risks to the IJB are listed in the IJB Risk Register in line with the IJB risk management framework, risks specific to Social Care are listed in the Council risk register in line with the Council risk management framework and risks specific to Health are listed in the Health risk register in line with the Health Board's risk management framework.

13.4. The Parties will provide appropriate level of resources to ensure that management of risk is delivered and maintained to the standards and reporting timescales as set out in the risk management strategy. Where appropriate, resources currently deployed by the Parties for the maintenance and support of risk management will be utilised, with a nominated individual having overall responsibility for co-ordinating risk management.

13.5. The IJB risk management policy and strategy were developed ahead of establishment of the IJB, with an initial draft submitted for consideration and approval by the IJB on its establishment. It is acknowledged that the policy and strategy will continue to develop over time and thus will be subject to regular review and revision by the IJB.

13.6. The IJB is responsible for the formal review of the risk registers, with this being undertaken by the IJB's Audit, Risk and Scrutiny Committee at each Committee meeting or as otherwise agreed.

13.7. Identified risks identified are entered in the risk registers utilising the appropriate framework through which the probability and impact of each risk is measured and mitigating, and control actions identified to reduce the level of residual risk.

14.8. Reporting arrangements to the IJB are detailed in the IJB risk management framework and are based on the principle that risks with higher significance to the IJB/HSCP -are reviewed and reported more frequently.

13.9. The framework provides the IJB with the flexibility to review individual risks with higher probability/impact levels more frequently if it is determined that the characteristics of those risks warrant this.

13.10. The framework provides for regular review of each risk and the assurance provided by any identified mitigating actions by the individual responsible for management and monitoring of that risk.

13.11 Any material changes to the IJB risk management policy and strategy require formal approval of the IJB.

14. Dispute Resolution Mechanism

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

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

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

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

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

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

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

ANNEX 1

Part 1: Functions that must be delegated by the Health Board to the IJB

Set out below is a list of functions that must be delegated by the Health Board to the IJB as prescribed in Regulation 3 of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

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

Column A ***Enactment conferring function***	***Column B*** ***Limitation***
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	**Except** functions conferred by or by virtue of – Section 2(7) (Health Boards);
	Section 2CB(Functions of Health Boards outside Scotland);
	Section 9 (local consultative committees);
	Section 17A (NHS Contracts);
	Section 17C (personal medical or dental services);
	Section 17I(use of accommodation);
	Section 17J (Health Boards' power to enter into general medical services contracts);
	Section 28A (remuneration for Part II services);
	Section 38(care of mothers and young children); (other than in relation to school nursing and health visiting services)
	Section 38A (breastfeeding); (other than in relation to school nursing and health visiting services)
	Section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); (other than in relation to school nursing and health visiting services)

Column A ***Enactment conferring function***	***Column B*** ***Limitation***
	Section 48 (provision of residential and practice accommodation);
	Section 55 (hospital accommodation on part payment);
	Section 57 (accommodation and services for private patients);
	Section 64 (permission for use of facilities in private practice);
	Section 75A (remission and repayment of charges and payment of travelling expenses);
	Section 75B (reimbursement of the cost of services provided in another EEA state);
	Section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
	Section 79 (purchase of land and moveable property);
	Section 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);
Column A ***Enactment conferring function***	***Column B*** ***Limitation***
	Section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);

	Section 98 (charges in respect of non-residents); and Paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

	and functions conferred by - The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;
	The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) Regulations 2006/330;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;

Column A ***Enactment conferring function***	***Column B*** ***Limitation***
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;
	The National Health Service (General Dental Services) (Scotland) Regulations 2010/205;
	The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55.

Disabled Persons (Services, Consultation and Representation) Act 1986	
Section 7 (Persons discharged from hospital)	

Community Care and Health (Scotland) Act 2002	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002	
Mental Health (Care and Treatment) (Scotland) Act 2003	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	**Except** functions conferred by – Section 22 (approved medical practitioners);
	Section 34 (inquiries under Section 33: cooperation);
	Section 38 (duties on hospital managers: examination notification etc.);
	Section 46 (hospital managers' duties: notification);
	Section 124 (transfer to other hospital);
Column A ***Enactment conferring function***	***Column B*** ***Limitation***
	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 patients")
	Section 264 (detention in conditions of excessive security: state hospitals);
	Section 267 (orders under sections 264 to 266: recall);
	Section 281 (correspondence of certain persons detained in hospital);
	And functions conferred by -
	The Mental Health (Safety and Security) (Scotland) Regulations 2005;

	The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;
	The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and

	The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.
Education (Additional Support for Learning) (Scotland) Act 2004	
Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Services Reform (Scotland) Act 2010	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by – Section 31 (public functions: duties to provide information on certain expenditure etc.); and
	Section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36

ANNEX 1

Part 2: Services currently provided by the Health Board that must be integrated

Set out below is the list of services that relate to the functions at Part 1 that must be delegated by the Health Board to the IJB. These services relate to care and treatment provided by health professionals as defined in Schedule 3 of The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

Acute Hospital Services

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

- Accident and Emergency services provided in a hospital.
- Inpatient hospital services relating to the following branches of medicine:
  - General medicine;
  - Geriatric medicine;
  - Rehabilitation medicine;
  - Respiratory medicine.
  - Psychiatry of learning disability.
- Palliative care services provided in a hospital.
- Inpatient hospital services provided by general medical practitioners.
- 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.

Community & Hospital Services

Services that will be delegated to the IJB:

- District nursing services
- Community and in-patient services for an addiction or dependence on any substance
- Services provided by allied health professionals in an outpatient department, clinic or outwith a hospital
- The public dental service
- Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978
- General dental services provided under arrangements made in pursuance of section 25 of the National Health Service (Scotland) Act 1978
- Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
- Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978
- Services providing primary medical services to patients during the out of hours period
- Services provided outwith a hospital in relation to geriatric medicine
- Palliative care services provided outwith a hospital
- Community learning disability services
- Mental health community and in-patient services (except secure forensic mental health services)
- Continence services provided outwith a hospital
- Kidney dialysis services provided outwith a hospital
- Services provided by health professionals that aim to promote public health

ANNEX 2

Part 1: Functions delegated by the Council to the IJB

Set out below is the list of functions that must be delegated by the Council to the IJB as required by the Public Bodies (Joint Working) (Prescribed Council Functions etc.) (Scotland) Regulations 2014.

SCHEDULE Regulation 2 PART 1

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

Column A *Enactment conferring function*	***Column B*** *Limitation*
National Assistance Act 1948	
Section 48 (duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958	
Section 3 (provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968	
Section 1 (local authorities for the administration of the Act)	So far as it is exercisable in relation to another integration function.
Section 4 (provisions relating to performance of functions by local authorities)	So far as it is exercisable in relation to another integration function.
Section 8 (research)	So far as it is exercisable in relation to another integration function.
Section 10 (financial and other assistance to voluntary organisations etc. for social work)	So far as it is exercisable in relation to another integration function.
Section 12 (general social welfare services of local authorities)	Except insofar as it is exercisable in relation to the provision of housing support services
Section 12A (duty of local authorities to assess needs)	So far as it is exercisable in relation to another integration function.
Section 12AZA (assessments under section 12A – assistance)	So far as it is exercisable in relation to another integration function.
Section 13 (power of local authorities to assist persons in need in disposal of produce of their work)	
Section 13ZA (provision of services to incapable adults)	So far as it is exercisable in relation to another integration function.
Section 13A (residential accommodation with nursing)	

Section 13B (provision of care or aftercare)	
Section 14 (home help and laundry facilities)	
Section 28 (burial or cremation of the dead)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (power of local authority to defray expenses of parent etc., visiting persons or attending funerals)	
Section 59 (provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly)	
Disabled Persons (Service, 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 welfare enactments within the meaning of section 16 and which have been delegated
Section 8 (Duty of local authority to take into account abilities of carer)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions
The Adults with Incapacity (Scotland) Act 2000	
Section 10 (Functions of local authorities)	
Section 12 (Investigations)	

Section 37 (Residents whose affairs may be managed)	Only in relation to residents of establishments which are managed under integration functions
Section 39 (Matters which may be managed)	Only in relation to residents of establishments which are managed under integration functions
Section 41 (Duties and functions of managers of authorised establishment)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs)	Only in relation to residents of establishments which are managed under integration functions
Section 44 (Resident ceasing to be resident of authorised establishment)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001	
Section 92 (Assistance for housing purposes)	Only insofar as it relates to an aid or adaptation
The Community care and Health (Scotland) Act 2002	
Section 5 (Council arrangements for residential accommodation outwith Scotland)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions)	
The Mental Health (Care and Treatment) Scotland Act 2003	
Section 17 (Duties of Scottish Ministers, local authorities, and others as respects Commission)	
Section 25 (Care and support services etc.)	Except insofar as it is exercisable in relation to the provision of housing support services
Section 26 (Services designed to promote wellbeing and social development)	Except insofar as it is exercisable in relation to the provision of housing support services

Section 27 (Assistance with travel)	Except insofar as it is exercisable in relation to the provision of housing support services
Section 33 (Duty to inquire)	
Section 34 (Inquiries under section 33: Cooperation)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards)	
Section 259 (Advocacy)	
The Housing (Scotland) Act 2006	
Section 71(1)(b) (Assistance for housing purposes)	Only insofar as it relates to an aid or adaptation
The Adult Support and Protection (Scotland) Act 2007	
Section 4 (Council's duty to inquire)	
Section 5 (Co-operation)	
Section 6 (Duty to consider importance of providing advocacy and other services)	
Section 11 (Assessment Orders)	
Section 14 (Removal Orders)	
Section 18 (Protection of moved persons property)	
Section 22 (Right to apply for banning order)	
Section 40 (Urgent cases)	
Section 42 (Adult Protection Committees)	
Section 43 (Membership)	
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 9 (Provision of information about self-directed support)	
Section 11 (Council functions)	
Section 12 (Eligibility for direct payment: review)	
Section 13 (Further choice of options on material change of circumstances)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013
Section 16 (Misuse of direct payment: recovery)	
Section 19 (Promotion of options for self-directed support)	
Carers (Scotland) Act 2016	
Section 6 (Duty to prepare adult carer support plan)	
Section 21 (Duty to set local eligibility criteria)	
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 statement)	

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

Column A *Enactment conferring function*	***Column B*** *Limitation*
The Community Care and Health (Scotland) Act 2002	

Section 4 The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002	

ANNEX 2

Part 2: Services currently provided by the Council that are to be integrated

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

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

ANNEX 3

Part 1: Additional Functions delegated by the Health Board to the IJB

Health Functions

National Health Services (Scotland) Act 1978 Sections 36 (accommodation and services) for the provision of medical, nursing, and other services in relation to specialist children's services for those aged under 18 years of age, 38 (Care of mothers and young children) & 39 (medical and dental inspection, supervision and treatment of pupils and young persons), so far as they relate to school nursing and health visiting services.

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

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

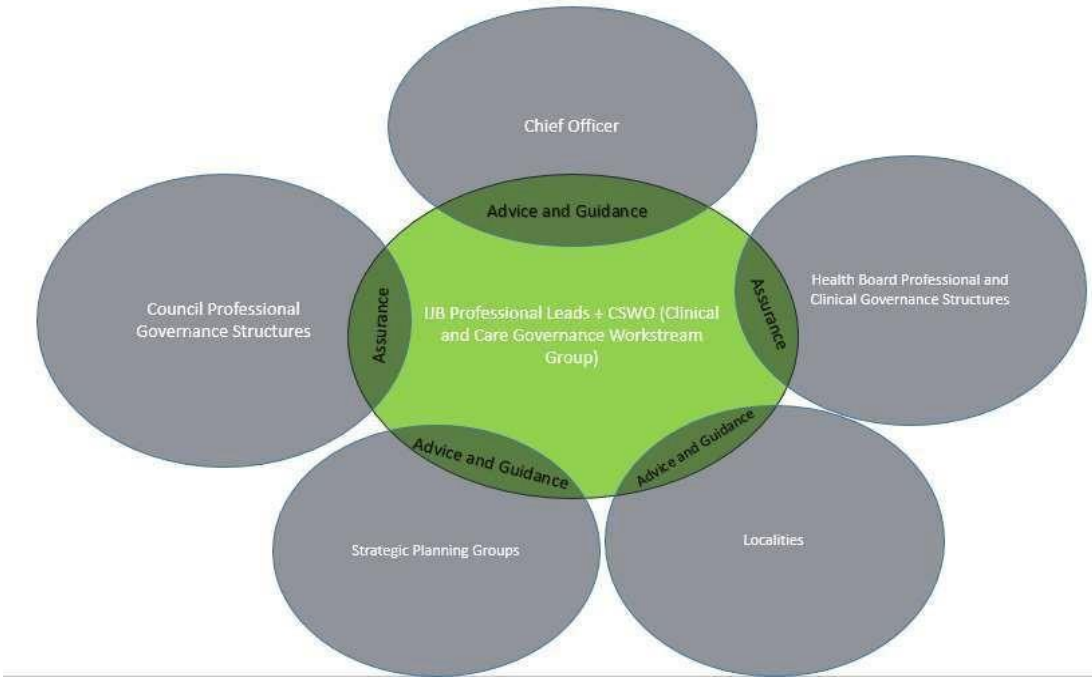
ANNEX 3

Part 2: Additional Services which are to be integrated

In relation to those functions listed in Part 1 of Annex 3, the following services are to be delegated to the IJB, except for those in-patient services that are provided by the Health Board as a regional service:

- School Nursing and Health Visitor Services

ANNEX 4
Governance Relationships



APPENDIX 2: Renfrewshire Integration Scheme

Summary of Changes – Leadership Board

Section and Pages	Summary of Changes
Overview of changes to revised Scheme	Changes made to the Scheme include updates to: • Sections that referred to actions that have been completed since they were committed to in the original Scheme • Outdated terminology, such as the name of specific groups or structures • Adopt a common structure and text, where possible and appropriate, with Integration Schemes for the other five IJBs in the NHSGGC area • The finance clause to clarify information and ensure greater consistency in approach across the NHSGGC area • Reflect changes in legislation since the original Scheme, including the Carers Act and General Data Protection Regulation (GDPR) • Description of arrangements for services that are hosted by one HSCP on behalf of one or more of the six HSCPs in the NHSGGC area
Revised Scheme – Section Updates	

Section 1: Introduction Pages 1 - 5	• Updated tense and terminology • Confirms Body Corporate arrangement retained as set out in Section 1(4)(a) of the Public Bodies Joint Working Act 2014 • Explanation of "lead agency" arrangement • Explains changes made to the Scheme subject to a review for context • Clauses 1 – 15 removed to improve readability and make document more concise, reflecting that governance and operating arrangements have now been in place for several years. • Additional definitions and interpretations added to provide greater clarity for reader which reflects current governance arrangements and key partners e.g., Health Improvement Scotland and Care Inspectorate • Removed detail of 9 National Health and Wellbeing Outcomes – reference to the framework and legislation has however been retained
Section 2: Local Governance Arrangements Pages 5 - 6	• Minor changes to tense to reflect updated position since IJBs were established and to update detail from original Scheme where appropriate • Update through removal or addition of references to some Annexes. • Confirmation that the Health Board (health services) and Council (social work and social care) both retain operational responsibility for services commissioned by the IJB • Update to description of hosting arrangements
Section 3: Delegation of Functions Pages 6 - 7	• Minor changes to wording of hosting arrangements and reference to Annexes updated
Section 4: Local Operation Delivery Arrangements Pages 7 – 10	• Substantial revisions to reflect how arrangements for Hosted Services are described - previous iterations of Scheme contained an Annex that listed services subject to hosting arrangements and which HSCP area was responsible for those services across the Board territory. Now removed to futureproof Schemes from any subsequent changes and emphasise that the Scottish Government approves the Scheme, but not specific hosting arrangements agreed locally. Scheme now simply describes how hosting arrangements are to be implemented

	• Updated in line with changed operational management arrangements for some services and to clarify the difference between HSCP and IJB • Updated references to Annexes • Some parts re-worded to capture progress made during period of current Scheme • Reference to national and local objectives and targets to support achievement of National Health and Wellbeing Outcomes, Core Suite of National Integration Indicators and quality and performance of services delivered through IJB Directions added • Performance, reporting arrangements/requirements and strategic planning/support arrangements since Scheme first implemented have been updated
Section 5: Clinical and Care Governance Pages 10 - 12	• Updated, in line with new governance arrangements, outdated terminology including names of groups, responsibilities, roles, fora, and structures e.g., NHSGGC Clinical and Care Governance Committee and Renfrewshire HSCP Quality, Care & Professional Governance Executive Group • Functions of IJB, Strategic Planning Groups and Localities updated
Section 6: Chief Officer Pages 12 - 13	• Updated to reflect current working arrangements • References to Annexes updated • Structures updated e.g.; Corporate Management Team added
Section 7: Workforce Pages 13 - 14	• Updated to reflect current approach to workforce planning and organisational development e.g., Reference to joint Workforce Development and Support Plan and an Organisational Development strategy added • Removed reference to Annex 5 • Recognition that employment status of staff does not change due to revised Scheme • Reference to employees having a safe working environment, promoting the health and wellbeing of staff, patients/clients, and wider community
Section 8: Finance Pages 14 - 18	• Confirmation of how budgets are approved • Reference to draft budget and applicable detail added • Information Services Division replaced with Public Health Scotland • Reporting requirements updated • Section of Hosted Services re-drafted to reflect current arrangements and reflect wider changes to how this is captured in scheme • Section heading on set aside budgets removed and wording revised and amalgamated within the delegated budget section

	• Reporting timescales updated
Section 9: Participation and Engagement Pages 18 - 18	• All wording removed and to be updated post consultation to reflect stakeholder engagement undertaken - based on arrangements that have developed to further participation and engagement over the period of the current scheme
Section 10: Information-Sharing and Data Handling Pages 18 - 18	• Updated to reflect current working arrangements, frameworks and roles including reference to the Information Commissioner's Office and Data Protection Officers • Updated to reflect changes to legislation and regulations e.g., European Union Data Protection Regulations, GDPR and Data Protection Act 2018
Section 11: Complaints Pages 18 - 19	• Updated in line with changes over the period of the Scheme including processes and updated reference to the Complaints Standards Authority of the Scottish Public Services Ombudsman
Section 12: Claims Handling, Liability & Indemnity Pages 19 - 20	• Reference to common law of Scotland statute added
Section 13: Risk Management Pages 20 - 21	• Updated to take recognition of changes in practice and remove timescales related to the establishment of the IJB e.g., reference to IJB Risk Management Policy, strategy and framework added as well as reference to the IJB Audit, Risk and Scrutiny Committee
Section 14: Dispute Resolution Pages 21 -22	• Emphasis of collaborative and co-operative approach to be undertaken to resolution – wording added
Annexes Pages 23 - 37	• Layout changed – legislation inserted into tables to improve structure an readability • Footnotes removed (references to amendments to legislation) • Hosted Services (previously Annex 3) removed • Clarification about the extent of the delegation and relative responsibilities of partners in relation to some services