Notice of Meeting and Agenda
Shadow Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 20 March 2015	09:30	Council Chambers (Renfrewshire), Council Headquarters, Renfrewshire House, Cotton Street, Paisley, PA1 1AN

KENNETH GRAHAM
Head of Corporate Governance

Apologies
Apologies received from members of the Board.

Declarations of Interest
Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

Item 3

Note of Meeting of Members of the Shadow Integration Joint Board

Date	Time	Venue
5 February, 2015	**1000 am**	**Corporate Meeting Room 1 Renfrewshire House Cotton Street, Paisley**

Present: Councillors Derek Bibby, Jacqueline Henry, Michael Holmes and Iain McMillan (Renfrewshire Council); Donald Sime and Barry Williamson (Renfrewshire CHP)

In attendance: David Leese, Chief Officer Designate to the Renfrewshire Health and Social Care Partnership; and Sandra Black, Chief Executive, Peter MacLeod, Director of Children's Services and Alan Russell, Director of Finance & Resources; Ken Graham, Head of Legal & Democratic Services; Alastair Macarthur, Acting Head of Finance, Anne McMillan, Head of Resources, Lilian Belshaw, Democratic Services Manager, Frances Burns, Health & Social Care Integration Project Manager, and Lynn Mitchell, Managing Solicitor (all Renfrewshire Council).

Apology: John Brown

1 Welcome and Introductions

David Leese chaired the meeting and welcomed those attending. He indicated that in terms of the Public Bodies (Joint Working) (Scotland) Act 2015 (the Act) it had been agreed that the voting membership of the IJB would be four Renfrewshire councillors and four Greater Glasgow & Clyde (GG&CHB) representatives. Three of the four Health Board representatives had now been appointed – Donald Sime, John Brown and Donnie Lyons. The fourth member had been identified but the appointment had yet to be approved formerly by the Cabinet Secretary. The Council had made all of its four appointments.

2 Integration Scheme Arrangements

The background to the integration arrangements and what required to be in place and operational for the 1st April, 2016 deadline were outlined. A number of consultation events had taken place, including seven for members of staff. It was noted that with effect from 31st March, 2015 Community Health Partnerships would cease to exist. In terms of the Council's governance arrangements, the Social Work, Health & Well-being Policy Board would be disbanded on the transfer of adult social care functions to the Integration Joint Board on or before 1st April, 2016.

Consideration was given to the draft Integration Scheme (the Scheme) document, consultation on which had concluded on 30th January, 2015. The Scheme set out how the Health Board and Council would work jointly to integrate and plan for services in accordance with the Act. The core values of the Renfrewshire Health and Social Care Partnership (RHSCP) and aims and outcomes of the Scheme were outlined in the document. Once approved by the Scottish

Ministers it would not be possible to make any further modifications without further consultation and subsequent further approval by the Scottish Ministers.
The Scheme contained 14 clauses that set out the arrangements for the integration of health and social care services which covered definitions and interpretation; local governance arrangements; delegation of functions; local operational delivery arrangements; clinical and care governance; role of the Chief Officer; workforce; finance and the role of the Chief Finance Officer; participation and engagement; information sharing and data handling; complaints; claims handling, liability and indemnity, risk management and dispute resolution. The Scheme was to be submitted for approval by Scottish Ministers by 1st April, 2015 and in the first instance it would be considered by the Health Board and Council at meetings on 17th and 26th February respectively. All consultees would receive a response to comments made on the draft Scheme.

It was noted that GG&CHB would have six Integration Joint Boards within its boundary and reference was made to clause 7.8 of the draft scheme relative to the establishment of formal structures to link staff governance arrangements to the IJB. It was proposed that if possible, this clause should be the same in all six Integration Schemes.

Once approved by the Council and the NHS it was intended that the Scheme be submitted to Scottish Ministers in early March, 2015 for approval. It was noted that the Scottish Ministers had set a 12-week timescale to consider and respond and it was anticipated that their response would be received in early June, 2015. Once the Scheme had been approved by Scottish Ministers the IJB would be established by Order as a separate legal entity with full autonomy and capacity to act and make decisions about the exercise of its functions.

3 Shadow Integration Joint Board – Procedural Issues and Development

Consideration was given to the procedural and development issues which required to be considered at the first meeting of the Shadow Integration Joint Board and the likely agenda.

It was noted that the IJB was required to prepare and implement a strategic plan in relation to the delegated provision of health and social care services to adults in accordance with the Act. In the short term, the Chief Officer would use existing plans, strategies, performance indicators from the CHP and the Council to determine what could be brought together as an integration plan for 2015/16 and that this would be subject to consultation with relevant stakeholders. Functions and resources cannot be formally delegated until the IJB has approved its Strategic Plan. All prescribed functions must be delegated by 1 April 2016 although, in its strategic plan, the IJB may specify an earlier date for functions to be delegated. In Renfrewshire it is anticipated that the Strategic Plan will be submitted for approval no later than the end of December 2015.

In relation to budget, it was noted that budgets did not become pooled until 2016/17 and reference was made to difficulties with non-alignment of Council and Health Board budget allocations.

It was noted that in terms of the Scheme there would be a number of officers co-opted by the IJB as non-voting members, including the Chief Officer of the IJB, the Chief Social Work Officer of the Council; the Chief Finance Officer; a registered medical practitioner; a registered nurse; and a registered medical practitioner. Once established the IJB may appoint further non-voting members and this would be given consideration at the first meeting of the Shadow IJB.

Consideration would also require to be given to whether meetings would be held in public and to the development of a publication scheme.

4 Date of First Meeting of the Shadow Integration Joint Board

It was proposed that the first meeting of the Shadow Integration Joint Board be held on Friday, 20th March, 2015 at 9.30 am in the Council Chambers, Renfrewshire House, and that the CHP meeting scheduled to meet at 12.30pm on that day be postponed to 1.30pm.

Item 4

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: **Chief Officer Designate and Director of Finance and Resources**

Heading: **Remit and Membership of Renfrewshire Shadow Integration Joint Board**

1. Summary

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires that health and social care services for adults (as a minimum) must be integrated and sets out options for delegated governance arrangements through which integration is to be achieved.

1.2 Renfrewshire Council and NHS Greater Glasgow and Clyde have agreed that the arrangements for Renfrewshire should be a corporate body model with its own legal identity. This model known as an Integration Joint Board (IJB) must be established and must be able to take on the functions delegated to it by the Council and the Health Board in terms of the legislation by 1 April 2016 at the latest.

1.3 Action is already taken to prepare for the establishment of the Integration Joint Board. However, it cannot be formally constituted until the Scottish Ministers have approved the Integration Scheme for Renfrewshire. Although the Integration Scheme has now been finalised and submitted to the Scottish Ministers, it is anticipated that the approval process will take up to 12 weeks to complete. Therefore, it is proposed to establish a shadow integration joint board to ensure continuity in governance arrangements and oversight of integration arrangements during the period prior to the IJB being formally constituted.

1.4 The purpose of this report is to seek the Shadow Board's approval to its remit, which is attached as a schedule to the report and to note the appointments made by the Council and the Health Board to membership of the Shadow Board.

2 Recommendations

2.1 It is recommended that the Shadow Board:

(a) Approves the remit for the Shadow Board forming the Schedule to this report;

(b) Notes that the Shadow Board will have eight voting members comprising four elected members and their substitutes appointed by Renfrewshire Council and four non-executive directors and their substitutes appointed by NHS Argyll and Clyde Health Board; and

(c) Notes that non-voting members may be elected to the Board, which is the subject of a separate report.

3 Background

3.1 The Council and the Health Board have jointly approved an Integration Scheme and forwarded this to the Scottish Ministers for review. Once the Scottish Ministers are satisfied with the terms of the Integration Scheme, they will arrange for the Renfrewshire Integration Joint Board to be constituted by an Order of the Scottish Parliament. However, it is anticipated that this process will take several months and in order to ensure that there is oversight of the ongoing work to integrate services and in preparing the required Strategic Plan both the Council and the Health Board are of the view that it is the interests of all stakeholders for shadow arrangements to be put into place pending the IJB being formally constituted.

3.2 The Shadow Integration Board will not be a decision making body. The Integration Joint Board will not be able to exercise delegated functions until it has been established by Order of the Scottish Parliament and until it has approved an Integration Strategy. In terms of the legislation, that process must be completed by 1 April 2016. During the interim period the Shadow Integration Board will act as an advisory body with any decisions being taken by the constituent bodies. The Shadow board will be a full and equal partnership between the Council and NHS

Greater Glasgow and Clyde and will operate within the existing Community Planning, Council and NHS strategic framework.

3.3 The remit covers what are anticipated to be the main areas of interest and activity for the Shadow Board covering the period until the IJB is formally constituted. They are out of necessity expressed in very wide terms at this stage.

3.4 In relation to membership, the two constituent bodies have already decided on the number and nature of their representation on the Shadow Board. There will be a total of eight voting members comprising four representatives from each of the constituent bodies.

For the Council, its representation comprises:-

- The Depute Leader of the Council (Cllr Michael Holmes)
- The Convener of the Social Work Health and Well-being Policy Board (Cllr Iain McMillan)
- The Depute-Convener of that Board (Cllr Derek Bibby)
- The Convener of the Education Policy Board (Cllr Jackie Henry)
- Four substitute members have also been appointed by the Council (Cllrs Bill Brown, Eddie Devine, Eddie Grady and Tommy Williams).

For the Health Board its representation comprises:-

- Dr. Donny Lyons
- Donald Sime
- John Brown
- To be confirmed

3.5. In addition, the Shadow Board is able to appoint non-voting members of the Shadow Board. In terms of the legislation, once the Integration Board is fully constituted a number of persons or groups of stakeholders are entitled to attend or be represented at the Board. The arrangements for these members are dealt with in a separate report

Schedule

Renfrewshire Shadow Integration Joint Board

Remit

1. To oversee ongoing work being undertaken by Renfrew Council and the Greater Glasgow and Clyde Health Board toward the integration of adult social care within Renfrewshire

2. To monitor the completion of the formal submission of the Integration Scheme to the Scottish Ministers and to advise on any amendments to the Scheme proposed by the Scottish Ministers

3. To advise on the creation and development of an integrated Health and Social Care Partnership for Renfrewshire in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

4. To advise on the development of a Strategic Plan, to make recommendations in that regard regarding the content of the plan and the statutory consultation process.

5. To advise on the membership of the shadow Board from stakeholder representative members.

6. To advise on the development of specific areas of work arising from arrangements for integration of functions.

7. To have an oversight of developing financial arrangements from current financial structures.

8. To provide advice and guidance in relation to any matter concerning health and social care integration referred to it by Renfrewshire Council or the greater Glasgow and Clyde Health Board.

9. To actively participate with partners in Community Planning Partnership arrangements

10. To consider representations from stakeholders in relation to any aspect of health and social care integration and to make recommendations to the Council and the Health Board, as appropriate.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

Author: Ken Graham, Head of Corporate Governance, Renfrewshire Council (0141 618 7360)

Item 5

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: **Director of Finance & Resources, Renfrewshire Council**

Heading: **Non-Voting Members of the Shadow Integration Joint Board**

1. Summary

1.1 The purpose of this report is to seek agreement on the numbers and categories of non-voting members of the Shadow Integration Joint Board, taking into account the legislation setting out the range of non-voting members who will be able to attend the Integration Joint Board, once it is formally constituted.

2 Recommendation

2.1 That the Shadow Integration Joint Board:-

(a) agrees that the post holders and representatives of groups listed in paragraph 3.3 be co-opted as non-voting members of the Shadow Board;

(b) considers which other groups should be invited to be represented by a non-voting member on the Shadow Board; and

(c) requests the Chief Officer Designate in cooperation with the Council's Head of Corporate Governance to make arrangements for the identification of suitable non-voting members of the shadow Board from the groups listed in paragraphs 3.3 and 3.4 below.

3 Background

3.1 The Shadow Board may consider appointing non-voting members to the shadow Board.

3.2 The legislation relating to health and social care integration expects that once Integration Joint Boards are formally established, there will be non-voting members on the Board.

3.3 In terms of that legislation, the following will be co-opted as non-voting members of an Integration Joint Board:-

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

3.4 The legislation also provides that once established the Integration Joint Board may appoint further non-voting members and, will appoint at least one further non-voting member from each of the following groups:

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

The Shadow Board may consider that it would be worthwhile at this stage identifying suitable representatives from these groups in anticipation of the Integration Joint Board being formally constituted later in 2015.

3.5 In addition, the Shadow Board may consider such other additional members as it sees fit, provided they are not councillors or non-executive directors of the Health Board.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

Author: Ken Graham, Head of Corporate Governance, Renfrewshire Council, (0141 618 7360)

Item 6

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: Chief Officer Designate and Director of Finance & Resources, Renfrewshire Council

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Heading: **Procedural Standing Orders for Meetings of the Shadow Integration Joint Board**

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1. Summary

1.1 The purpose of this report is to seek approval for procedural standing orders to govern the arrangements for and procedure at meetings of the Shadow Integration Joint Board.

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2. Recommendation

2.1 The Shadow Integration Joint Board is asked to approve the Procedural Standing Orders forming the Schedule to this report.

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3. Background

3.1 The Standing Orders attached to this report comprise a detailed set of rules which it is intended will regulate the conduct of meetings of the Shadow Board. Although the Standing Orders may appear overly complex for the operation of the Shadow Board, the intention is that the Standing Orders will be able to be adopted by the Integration Joint Board once it has been formally constituted for its meetings with only minor amendments.

3.2 The main features of the Standing Orders are:-

(a) The membership of the Shadow Joint Board and the period of membership is explained;

(b) There are rules around the appointment of the Chair and Vice Chair and the roles of those office bearers;

(c) There is provision made for at least five meetings per year and how those meetings are called;

(d) The quorum for Board meetings is one half of voting members provided both the Health Board and the Council are represented. This is a requirement in the legislation;

(e) Rules regarding the conduct of meetings are provided;

(f) The Standing Orders make it clear that the intention is for decisions to be made by consensus. However, voting is also provided for;

(g) In line with the relevant legislation, the Chair does not have a casting vote;

(h) The Standing Orders explain the codes of conduct that are applicable to shadow board members and how conflicts of interest should be dealt with: and

(i) The Standing Orders provide for meetings to be generally open to the public and for the publication of minutes and agendas.

(j) The Clerk to the meetings will be the Council's Head of Corporate Governance of Renfrewshire Council or a person authorised by him to undertake that role

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Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations

and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

Author: Ken Graham, Head of Legal and Democratic Services, Renfrewshire Council. (0141 618 7360).

RENFREWSHIRE SHADOW INTEGRATION JOINT BOARD
STANDING ORDERS FOR MEETINGS

1 General

1.1 Renfrewshire Shadow Integration Joint Board ("the shadow IJB") comprises of voting representatives from two separate legal bodies being NHS Greater Glasgow and Clyde ("the NHS Board") and Renfrewshire Council ("the Council"), together with non-voting advisory representatives.

1.2 Any statutory provision, regulation or direction issued by the Scottish Ministers relating to the organisation or conduct of meetings of shadow IJBs shall have precedence if they are in conflict with the Standing Orders.

2 Membership

2.1 Membership of the shadow IJB shall comprise eight Voting Members which includes four persons nominated by the NHS Board, and four persons appointed by the Council plus non-voting representatives drawn from health and social care professionals, employees, the third sector, service-user(s), and carer(s).

2.2 The term of office of Members of the shadow IJB shall be for a period of up to three years, which may encompass transfer of membership to the substantive Integration Joint Board, as enabled by the Public Bodies (Joint Working) (Scotland) Act 2014. The period of membership of the Shadow Board will not count towards the period of membership of the substantive Integration Joint Board

2.3 The Health Board and the Council will not be able to remove shadow IJB Members that are drawn from each other's organisations, so the NHS Board may not remove a councillor who has been chosen to serve as a Member by the Council and the Council may not remove a non-executive director who has been chosen to serve as a Member by the NHS Board.

2.4 Where the NHS Board or the Council remove a shadow IJB Member, they should nominate a new Member at the earliest opportunity. The ability of the NHS Board and Council to remove members includes all Members including the Chair and the Vice chair. The NHS Board and the Council are not required to provide reasons for removing a Member and can do so at any time but must provide the Member with one month's notice of the decision.

2.5 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

2.6 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.

2.7 Any Member appointed to the shadow IJB who ceases to fulfil the requirements for membership in any substantive Integration Joint Board, enabled by the Public Bodies (Joint Working) (Scotland) Act 2014, or as detailed in the Integration Scheme approved by the Scottish Ministers shall be removed from membership on the commencement of these substantive integration arrangements.

2.8 A Member of the shadow IJB may resign his/her membership at any time during their term of office by giving notice to both the NHS Board's Head of Board Administration and the Council's Head of Corporate Governance. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.

2.9 If a Member has not attended three consecutive Ordinary Meetings of the shadow IJB, the NHS Board or the Council shall, by giving notice in writing to that Member, remove that person from office unless the NHS Board or the Council - are satisfied in respect of their nominated Member that :-

(i) The absence was due to illness or other reasonable cause; and

(ii) The Member will be able to attend future Meetings within such period as the NHS Board or Council respectively consider reasonable.

2.10 The acts, meetings or proceedings of the shadow IJB shall not be invalidated by any defect in the appointment of any Member.

2.11 If a Voting Member is unable to attend a meeting of the Board, the constituent authority which nominated the member is to use its best endeavours to arrange for a suitably experienced proxy, who is either a councillor or, as the case may be, a member of the Health Board, to attend the meeting in place of the Voting Member. A proxy attending a meeting in such circumstances may vote on decisions put to that meeting.

2.12 If a member who is not a Voting Member is unable to attend a meeting, that member may arrange for a suitably experienced proxy to attend the meeting.

2.13 A proxy attending a meeting may not preside over that meeting in place of the Chair or Vice Chair.

3 Chair

3.1 The first Chair of the shadow IJB shall be from the body not employing the shadow IJB's interim Chief Officer Designate, with the Vice-Chair from the body employing the Chief Officer Designate. The Chair and Vice – Chair posts shall rotate every two years between the NHS Board and Council, with the Chair being from one body and the Vice-Chair from the other.

3.2 The Vice-Chair may act in all respects as the Chair of the shadow IJB if the Chair is absent or otherwise unable to perform his/her duties.

3.3 At every meeting of the shadow IJB the Chair, if present, shall preside. If the Chair is absent from any meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a chair shall be appointed from within the voting members present for that meeting.

4 Powers, Authority and Duties of Chair and Vice-Chair.

4.1 The Chair shall amongst other things:-

(i) Preserve order and ensure that every Member has a fair hearing;

(ii) Decide on matters of relevancy, competency and order, and whether to have a recess during the meeting, having taken into account any advice offered by the interim Chief Officer or other relevant officer in attendance at the meeting;

(iii) Determine the order in which items on the agenda are considered and when speakers can be heard;

(iv) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

(v) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;

(vi) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;

4.2 The decision of the Chair on all matters within his/her jurisdiction shall be final. However, on all matters on which a vote may be taken Standing Order 9.4 applies. This means that where there is equality of voting the Chair does not have a second or casting vote.

4.3 Deference shall at all times be paid to the authority of the Chair. When he/she speaks, the Chair shall be heard without interruption and Members shall address the Chair while speaking.

5 Meetings

5.1 The shadow IJB shall meet at such place and such frequency as may be agreed by the shadow IJB, but not less frequently than five times within each financial year.

5.2 The Chair may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Subject to paragraph 6.1 below, such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a Meeting.

5.3 If the Chair refuses to call a meeting of the shadow IJB after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the whole number of Members, has been presented to the Chair or if, without so refusing, the Chair does not call a Meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

5.4 The Clerk for each meeting shall be the Council's Head of Corporate Governance or such other person authorised by the Clerk to perform that function.

5.5 The Chair, in consultation with the Clerk may require that arrangements are made (for example by using video conferencing facilities) that would enable members to either attend the meeting or also to participate in the meeting despite not being present with other members in the place specified for the meeting.

6 Notice of Meeting

6.1 Before every meeting of the shadow IJB a Notice of the Meeting, specifying the time, place and business to be transacted, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five clear days before the meeting. Members may opt in writing addressed to the interim Chief Officer to have Notice of Meetings delivered to an alternative address. Such Notice will remain valid until rescinded in writing. Lack of service of the Notice on any Member shall not affect the validity of a Meeting.

6.2 In the case of a meeting of the shadow IJB called by Members in default of the Chair, the Notice shall be signed by those Members who requisitioned the Meeting.

6.3 At all Ordinary or Special Meetings of the shadow IJB, no business other than that on the Notice calling the Meeting shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the Minutes, the Chair is of the opinion that the item should be considered at the meeting as a matter of urgency.

7 Quorum

7.1 No business shall be transacted at a meeting of the shadow IJB unless there are present, and entitled to vote both Council and NHS Board representatives and at least one half of the whole number of Members of the shadow IJB entitled to vote.

7.2 If there are insufficient voting members present after 15 minutes of the start time given in the Notice calling the meeting an adjournment will take place and no business will be transacted. The Clerk shall minute the reason for the adjournment.

8 Conduct of Business

8.1 The names of the Members present (both Voting and Non-Voting) shall be recorded. Members who intimate their apologies for their non-attendance at a Board meeting to the Clerk before the meeting shall have their apologies recorded in the minute.

8.2 Only Voting members may propose or second a motion or amendment.

8.3 Any Member desiring to propose a motion or amendment shall state precisely the terms of his/her motion or amendment to enable the Chair to rule as to its competency or relevancy. Any motion or amendment which the Chair has ruled as incompetent or irrelevant shall not be recorded in the minutes.

8.4 Before any discussion takes place a motion or amendment must be duly seconded and any motion or amendment which is not seconded shall fall and will not be recorded in the minutes.

8.5 The Chair may require that any motion or amendment shall be put in writing.

8.6 No Member shall move or second more than one motion or amendment upon a particular issue.

8.7 A motion or amendment contrary to a decision of the Council shall not be competent within six months of that decision unless the chairperson is satisfied that due to a material change in circumstances that was not apparent at the time the decision was made, it would be reasonable for the original decision to be altered or superseded. Any proposed change must include an explanation setting out the material change of circumstances that has occurred.

9 Decisions of the Board

9.1 Members will endeavour to reach consensus on all matters raised at meetings.

9.2 In the event that a vote is required all questions coming or arising before the Board shall be decided by a majority of the voting members present and entitled to vote on the question.

9.3 Voting shall be by a show of hands or, at the discretion of the Chairperson by roll call.

9.4 In the case of an equality of votes the Chairperson or any other Voting Member shall not have a second or casting vote. If the members still wish to pursue the issue voted on the Chair may either adjourn consideration of the matter to the next meeting of the Board or to a special meeting of the Board to consider the matter further or refer the matter to dispute resolution as provided for in the Integration Scheme. Otherwise, the matter shall fall.

9.5 Where there is a temporary vacancy in the voting membership of the Board, the vote which would be exercisable by a member appointed to that vacancy may be exercised jointly by the other members nominated by the relevant constituent authority.

10 Minutes

10.1 Minutes of the proceedings of each meeting of the Board or a committee of the Board, including any decision made at that meeting are to be drawn up by the Clerk and submitted to the next ensuing meeting of the Board or committee for agreement after which they must be signed by the person presiding at that meeting.

11 Committees

11.1 The shadow Board may establish committees of its members for the purpose of carrying out such of its functions as the Board may determine.

11.2 When the shadow Board establishes a committee under Paragraph 11.1, it shall appoint the person to act as the Chair of that committee.

12 Codes of Conduct and Conflicts of Interest

12.1 Voting Members of the shadow IJB appointed by the NHS shall subscribe to and comply with both the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and those appointed by the Council shall subscribe to and comply with the Councillors Code of Conduct and Guidance made in respect thereto respectively, which are incorporated into the Standing Orders. All members who are not already bound by the terms of either Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

12.2 If any Member has a financial or non-financial interest as defined in the Councillors' Code of Conduct or the Code of Conduct of Members of Devolved Public Bodies and is present at any Meeting at which the matter is to be considered, he/she must as soon as practical, after the Meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.

12.3 If a Member or any associate of theirs has any pecuniary or any other interest direct or indirect, in any Contract or proposed Contract or other matter and that Member is present at a Meeting of the shadow IJB, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any Contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that Contract or matter.

12.4 A Member who has an interest in service delivery may participate in the business of the shadow IJB, except where they have a direct and significant interest in a matter, unless the shadow IJB formally decides and records in the Minutes of the Meeting that the public interest is best served by the Member remaining in the Meeting and contributing to the discussion. During the taking of a decision by the shadow IJB on such matter, the Member concerned shall absent him/herself from the Meeting.

12.5 Where the Code requires an interest, acceptance of a gift or hospitality to be registered, or an amendment to be made to an existing entry, this shall be notified to the Chief Officer Designate in writing within one month of the interest, acceptance of a gift or hospitality or change arising. A declaration of any gifts or hospitality received by a shadow IJB member relates to their capacity as a Member of the shadow IJB.

12.6 The Chief Officer Designate (or authorised nominee) shall be responsible for maintaining the Registers of Interests, Gifts and Hospitability and for ensuring they are available for public inspection at the principal offices of the shadow IJB at all reasonable times. The Register shall include information on:

(i) the date of receipt of every notice;

(ii) the name of the person who gave the notice which forms the entry in the Register; and,

(iii) a statement of the information contained in the notice, or a copy of, that notice.

13 Adjournment of Meetings

13.1 A meeting of the shadow IJB may be adjourned by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to another day, time and place specified in the motion.

13.2 The Chair may adjourn a meeting for a period not exceeding ten minutes to seek advice without the need for a motion for adjournment.

14 Amendment and Suspension of Standing Orders

14.1 The shadow IJB may amend, vary or revoke any of these standing orders by a simple majority of the members present and voting for that purpose, provided the agenda for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.

14.2 Any one or more of the Board's standing orders may be suspended on a duly seconded motion, incorporating the reasons for suspension, if carried by a majority of Members present and voting.

15 Disclosure of Information

15.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-

(i) Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.

(ii) The full or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.

(iii) Any information regarding proceedings of the shadow IJB from which the Public have been excluded unless or until disclosure has been authorised by the Council or the NHS Board or the information has been made available to the Press or to the Public under the terms of the relevant legislation.

15.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the shadow IJB, the Council or the NHS Board.

16 Recording or Proceedings

16.1 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior approval of the shadow IJB.

17 Admission of Press and Public

17.1 Subject to the extent of the accommodation available and subject to the terms of the Public Bodies (Admissions to Meetings) Act 1960 and Sections 50A and 50E of the Local Government (Scotland) Act 1973, Meetings of the shadow IJB shall be open to the public. The Chief Officer Designate shall be responsible for giving public notice of the time and place of each Meeting of the shadow IJB by posting on the websites of constituent bodies not less than five clear days before the date of each Meeting.

17.2 Members of the public may, at the Chair's sole discretion, be permitted to address the Shadow IJB or respond to questions for Members of the IJB, but shall not generally have a right to participate in the debate at IJB Meetings.

17.3 Nothing in this Standing Order shall preclude the Chair from requiring the removal from a meeting of any person or persons who persistently disrupts the proceedings of a meeting.

Item 7

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: **Chief Officer Designate and Director of Finance & Resources, Renfrewshire Council**

Heading: **Development of the Renfrewshire Draft Integration Scheme**

1. Summary

1.1 The purpose of this report is to provide an update on the development of the draft Integration Scheme for the Renfrewshire area.

2 Recommendation

2.1 That the Shadow Integration Joint Board notes the report.

3 Background

3.1 The Integration Scheme is the formal legal partnership agreement between Renfrewshire Council and NHS Greater Glasgow and Clyde.

3.2 The Renfrewshire draft Integration Scheme is based on the Model Integration Scheme template provided by Scottish Government and has been developed jointly by senior officers of the Council and the Health Board. It requires to cover all matters prescribed in the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014. These include:

- The integration model chosen i.e. delegation of functions to the Integration Joint Board (IJB);
- The functions to be delegated to the IJB;
- The governance arrangements under which the IJB will operate;

- Clinical and care governance arrangements;
- Workforce matters;
- The role and responsibilities of the Chief Officer of the IJB;
- Financial arrangements;
- Risks, claims and complaints;
- Information sharing; and
- Dispute Resolution.

Some key details of the draft Integration Scheme are set out in the paragraphs below.

3.3 Governance arrangements

3.3.1 The IJB will have 8 voting members; 4 nominated by the Council and 4 nominated by the Health Board. In addition, the IJB will have a number of non-voting members in line with regulations. These include holders of key posts (such as the Council's Chief Social Work Officer, and the Chief Officer and Chief Finance Officer of the IJB) as well as representatives of groups having an interest in the IJB. Further details are included in the report on Non-Voting Members of the Shadow Integration Joint Board.

3.3.2 Where a voting member is unable to attend a meeting, the party which nominated that member shall use best endeavours to arrange a suitable proxy (substitute) to attend who may vote but who may not preside over the meeting.

3.3.3 If a temporary vacancy for a voting member arises, the vote for that member may be jointly exercisable by the other voting members nominated by the relevant party (the Council or the Health Board).

3.4 Chair of the IJB

3.4.1 The Council and the Health Board will take turns nominating the Chair and Vice Chair and each appointment of Chair and Vice Chair shall be for a period of two years. When the IJB is formally established, the first Chair shall be nominated by the Council and the Health Board shall nominate the first Vice Chair. The Chair shall not have a casting vote and the procedural standing orders for meetings of the IJB shall set out what is to happen in the event that a vote is tied.

3.5 Financial Arrangements

3.5.1 The IJB will appoint a Chief Finance Officer who will be accountable for the financial strategy and financial management of the IJB, and for providing strategic financial advice to the Chief Officer and the IJB. In line with legislation, Council and NHS budgets for the delegated functions will be pooled and provision is made in the Integration Scheme for responding to budget variances, and holding reserves.

3.6 Dispute Resolution

3.6.1 In the event of a dispute relating to the Integration Scheme and/or the delivery of services, the Chief Executives of the Council and the Health Board and the Chief Officer of the IJB shall meet to resolve the issue. If the matter is unresolved, they shall each prepare a written note of their position and shall meet to resolve the issue together with the Leader of the Council and Chair of the Health Board. If the matter remains unresolved, the Council, Health Board and the IJB will proceed to mediation. Thereafter, if there is still no resolution, the Scottish Ministers will be notified that agreement cannot be reached and will be requested to make a determination on the dispute which shall be binding on the parties.

3.7 Consultation Process and Feedback

3.7.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires each Council and Health Board to jointly consult when preparing their draft Integration Scheme, and specifies which groups which must be included within this process. These include staff, service users and care providers.

3.7.2 In late 2014 Renfrewshire Council and NHS Glasgow jointly carried out a detailed stakeholder mapping exercise to ensure a comprehensive consultation plan was developed with the formal consultation taking place over a two week period in late January 2015. A variety of consultation methods were used to encourage feedback from the wide range of stakeholders, including website content and an on line survey, staff consultation sessions, and engagement at established planning group meetings with wide membership reflecting the interests of the key stakeholder groups.

3.7.3 When reviewing the overall stakeholder response to the consultation process, a number of key themes emerged, although these tended to relate to the integration process rather than the Integration Scheme itself:

- **Communication and consultation,** and the importance of keeping stakeholders well informed as plans progress
- **Participation in strategic planning** - stakeholders, including staff, the third sector and Trade Unions, expressed an interest in being more actively involved in the strategic planning process and as non voting members of the IJB
- **Clinical and Care Governance** – there was some reassurance sought, from both health and social care professionals in relation to codes of conduct and ensuring professional standards are maintained and developed.
- **Terms and Conditions** – the differences in Health and Council Terms and Conditions, including pay scales, was viewed an issue by some staff.
- **Pressure on Resources -** there were a number of responses which questioned how the Partnership will meet the needs of a growing ageing population.
- **Information sharing and ICT** - a number of staff asked whether there will be a move to a single IT system and/or changes to existing information sharing practices to support joint working.
- **Delegation of Council social care services which do not currently sit within adult services**, staff within these areas namely addictions, domestic abuse, adaptations and support services asked what integration will mean in practice for them.

3.7.4 All feedback received through the consultation process was collated and considered in detail. Very few comments related to requests for specific wording changes to the Integration Scheme, and these have been incorporated where consistent with the legislation and statutory guidance and with the other Schemes in the NHS GG&C Board area. The remaining comments received have been addressed either through updates to the Frequently Asked Questions section on the council website, or through individual responses where these were requested.

3.8 Approval Process for the Integration Scheme

3.8.1 The Act requires the Council and the Health Board to submit jointly the draft Integration Scheme to the Scottish Ministers for approval. The deadline for submission is 1 April 2015.

3.8.2 The draft Integration Scheme attached as an appendix to this report was approved by the Health Board at its meeting on 17 February 2015 and by the Council at its meeting on 26 February 2015.

3.8.3 The Renfrewshire draft Integration Scheme will be submitted ahead of the deadline.

3.8.4 The draft will be scrutinised against the requirements of the regulations and the Scottish Government may liaise with the Council and the Health Board to obtain clarification and additional information if required.

3.8.5 Once the Integration Scheme is approved, the IJB for Renfrewshire will be created by Order of the Scottish Ministers.

3.8.6 The indicative timescale for the approval process is 12 weeks from the submission of the draft Integration Scheme but Parliamentary recess dates may impact on that.

Appendix 1

(Draft IS to be attached)

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

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DRAFT INTEGRATION SCHEME

BETWEEN

RENFREWSHIRE COUNCIL

AND

GREATER GLASGOW AND CLYDE HEALTH BOARD

1. Introduction

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

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

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

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

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

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

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

2. Aims and Outcomes of the Integration Scheme

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

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

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

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

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

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

3. Supplementary Papers

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

4. Summary of the Scheme and Contextual Information

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

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

Clause 1 Definitions and Interpretation

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

Clause 2 Local Governance Arrangements

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

Clause 3 Delegation of Functions

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

Clause 4 Local Operational Delivery Arrangements

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

Clause 5 Clinical and Care Governance

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

Clause 6 Chief Officer

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

Clause 7 Workforce

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

Clause 8 Finance

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

Clause 9 Participation and Engagement

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

Clause 10 Information Sharing and Data Handling

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

Clause 11 Complaints

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

Clause 12 Claims Handling, Liability and Indemnity

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

Clause 13 Risk Management

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

Clause 14 Dispute Resolution Mechanism

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

The parties to this Integration Scheme are:

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

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

1. Definitions and Interpretation

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

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

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

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

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

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

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

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

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

"Scheme" means this Integration Scheme;

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

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

2. Local Governance Arrangements

2.1. In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for the RHSCP, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Order to establish the IJB comes into force.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Delegation of Functions

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

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

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

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

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

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

4. Local Operational Delivery Arrangements

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

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

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

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

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

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

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

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

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

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

4.3. **To support strategic planning**:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5. Clinical and Care Governance

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

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

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

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

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

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

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

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

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

5.6. The CSWO:-

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

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

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

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

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

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

6. Chief Officer

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

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

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

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

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

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

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

7. Workforce

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

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

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

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

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

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

The Parties will develop these plans before 1 April 2016.

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

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

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

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

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

8. Finance

8.1. Introduction to this clause

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

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

8.2. Budgets

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

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

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

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

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

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

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

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

8.3. Budget Management

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

8.4. Overspends

8.4.1. The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan does not succeed, the first resort should be to the IJB reserves, where available, in line with the IJB's Reserves policy. The Parties may consider as a last resort making additional funds available, on a basis to be agreed taking into account the nature

and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Parties and the IJB. If the revised plan cannot be agreed by theParties , or is not approved by theIJB , mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

8.5. **Underspends**

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

8.6. **Unplanned Costs**

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

8.7. **Accounting Arrangements and Annual Accounts**

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

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

8.7.3. The Chief Officer and Chief Finance Officer will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the Strategic Plan. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.

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

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

8.8. Payments between the Council and the Health Board

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

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

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

8.9. Capital Assets and Capital Planning

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

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

9. Participation and Engagement

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

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

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

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

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

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

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

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

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

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

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

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

9.7.5. Respects the rights of service-users.

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

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

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

9.7.9. Improves the quality of the service.

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

9.7.11. Best anticipates needs and prevents them arising.

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

10. Information-Sharing and data handling

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

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

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

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

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

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

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

11. Complaints

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

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

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

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

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

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

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

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

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

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

12. Claims Handling, Liability & Indemnity

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

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

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

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

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

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

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

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

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

13. Risk Management

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

13.2 The primary objectives of the strategy will be to:

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

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

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

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

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

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

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

14. Dispute resolution mechanism

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

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

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

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

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

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

Annex 1

Part 1

Functions delegated by the Health Board to the IJB

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

SCHEDULE 1 Regulation 3

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

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

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

([1]) Section 2CB was inserted by S.S.I. 2010/283, regulation 3(2) and originally numbered Section 2CA. It was renumbered Section 2CB by S.S.I 2013/292.
([2]) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.
([3]) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

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

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

section 48 (provision of residential and practice accommodation);

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

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

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

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

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

section 79 (purchase of land and moveable property);

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

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

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

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

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

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

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

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

and functions conferred by—

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

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

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

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

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

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

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

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

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

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

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7 (Persons discharged from hospital)	

Community Care and Health (Scotland) Act 2002

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

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

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

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

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

Part 2

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

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

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

SCHEDULE 2 Regulation 3

PART 1

Interpretation of Schedule 3

10. In this schedule—

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

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

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

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

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

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

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

PART 2

11. Accident and Emergency services provided in a hospital.

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

(a) general medicine;

(b) geriatric medicine;

(c) rehabilitation medicine;

(d) respiratory medicine; and

(e) psychiatry of learning disability.

13. Palliative care services provided in a hospital.

14. Inpatient hospital services provided by General Medical Practitioners.

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

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

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

PART 3

17. District nursing services.

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

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

20. The public dental service.

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

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

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

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

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

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

27. Palliative care services provided outwith a hospital.

28. Community learning disability services.

29. Mental health services provided outwith a hospital.

30. Continence services provided outwith a hospital.

31. Kidney dialysis services provided outwith a hospital.

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

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

Annex 2

Part 1

Functions delegated by the Local Authority to the IJB

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

SCHEDULE Regulation 2

PART 1

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

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

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

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

Column A *Enactment conferring function*	*Column B* *Limitation*
The Social Work (Scotland) Act 1968([32])	
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.

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

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982([33])	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986([34])	

([33]) 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.
([34]) 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

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

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

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

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

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006([39])	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007([40])	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013([41])	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.

([39]) 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.
([40]) 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.
([41]) 2013 asp 1.

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

PART 2

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

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

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

Part 2

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

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

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

Annex 3

Hosted Services

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

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

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

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

Annex 4

Part 1 – Additional Health Board Functions

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

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

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

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

Part 2 – Additional Services

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

Item 8

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: **Chief Executive Designate, Renfrewshire Health and Social Care Partnership**

Heading: **Service Delivery Priorities 2015/16**

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1. Summary

1.1 The purpose of this paper is to confirm the Health and Social Care Partnership's planned service delivery priorities and performance monitoring arrangements for 2015/16.

2. Context

2.1 The third and final year of Renfrewshire CHP's Development Plan 2013/16 will commence on 1st April 2015. Renfrewshire Council's Social Work Service Improvement Plan 2014/17 will also start year two of this plan at this point. Both plans have clear priorities and actions for the year ahead and these are now being reviewed to ensure relevance and clarity for 2015/16.

The development of the HSCP Strategic Plan is only now able to begin and will not be completed until later in 2015 and will operate from April 2016 onwards.

3. Plans and Priorities for 2015/16

3.1 The purpose of the CHP Development Plan is to 'deliver effective and high quality health services, improve the health of our population and do everything we can to address the wider social determinants of health which cause health inequalities'. The Development Plan describes how we work with partners to drive the changes required to achieve this.

The Plan is centred around five strategic priorities:

- Early intervention and preventing ill-health
- Shifting the balance of care
- Reshaping care for older people

- Improving quality, efficiency and effectiveness
- Tackling inequalities.

3.2 The end of year review for the Development Plan Update 2014/15 will be completed by end March 2015.

3.3 Renfrewshire Council's Social Work Service Improvement Plan 2014-17 outlines what the service will achieve and has identified seven high level outcomes:

- Vulnerable adults and children feel protected and live as safely as possible in the community;
- Services focus on early intervention and rehabilitation so that people have the opportunity to improve their quality of life and live independently in the community for as long as possible;
- Local people are healthy and active, regardless of who they are or where they come from;
- Services work in partnership with other organisations and with communities to ensure that vulnerable people can get the right support, from the right person, at the right time;
- Local people are treated as individuals and are able to make choices about the support they received;
- Staff are skilled, knowledgeable, efficient and effective at delivering services;
- The views of service users, the community and staff will shape services, and we will work with communities to help them develop their own supports.

3.4 An exercise has been carried out to finalise the plan for 2015/16, extracting those elements which will be moving to the new Children's Services Directorate.

3.5 For the year ahead, the Health and Social Care Partnership's service delivery priorities will therefore be taken from the 2015/16 updated CHP Development Plan and Social Work Services (adult) Improvement Plan. In recent years these plans and the operational delivery of service have linked where necessary.

3.6 Links to both documents are shown below:

http://library.nhsggc.org.uk/mediaAssets/CHP%20Renfrewshire/Dev%20Plan%202013-16%20with%20Case%20Studies%20050813.pdf

http://www.renfrewshire.gov.uk/webcontent/home/services/council+and+government/council+information%2C+performance+and+statistics/council+policies+and+plans/sw-jm-social-work-department-service-plan

4. Performance, Monitoring and Delivery

4.1 During 2015/16, existing performance management systems will continue for social work and health services. For social work, performance will be

monitored using the Covalent System. For health, the suite of indicators developed over the last 5+ years through NHS Greater Glasgow and Clyde performance monitoring arrangements will continue to be used.

4.2 Regular performance reports, aligning both sets of information where possible, will be brought to the IJB during 2015/16. For subsequent years, we will operate with a joint performance management framework focused on the HSCP Strategic Plan.

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5 Recommendations

5.1 The Shadow IJB is asked to note plans in place to plan, deliver and performance monitor services in 2015/16.

5.2 The Shadow IJB is asked to agree that future joint performance reports will be presented to the IJB at regular intervals.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

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Item 9

To: **Shadow Integration Joint Board**

On: **20th March 2015**

Report by: **Chief Officer Designate, Renfrewshire Health and Social Care Partnership**

Heading: **Development of the Strategic Plan**

1. Purpose of Paper

1.1 The purpose of this paper is to present members of the Shadow Integration Joint Board (IJB) an outline of the proposed approach to developing the Strategic Plan for Renfrewshire IJB. The paper also sets out the planned approach to establishing the membership of a Shadow Strategic Planning Group to take forward initial work on the development of a Strategic Plan ahead of the formal creation of the Integration Joint Board

2. Background

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on IJBs to develop a strategic plan. The Scottish Government has produced Strategic Commissioning Plans Guidance to set out how strategic commissioning needs to operate in order for integration to deliver on its potential to improve outcomes for local people.

2.2 This legislation requires the production of a strategic commissioning plan which takes into account the integration planning and delivery principles of the Act and the national health and wellbeing outcomes. The first Strategic Plan must be prepared for approval by the IJB once formally constituted in order to allow functions to be delegated to it..

2.3 When preparing the Strategic Plan, in terms of the legislation the IJB must have regard to:

- The integration delivery principles
- The national health and wellbeing outcomes

- The potential impact of any changes on other integration authorities.

There is also an obligation under the legislation to plan on a minimum of two localities for each IJB area.

3. The Strategic Planning Group

3.1 The legislation states that the IJB must establish a Strategic Planning Group to agree a proposed framework for the plan and then take forward development of a draft for approval by the IJB once formally constituted.

3.2 The Strategic Planning Group must have the following representation:

- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Health professionals
- Social care professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

3.3 It is proposed that in advance of the formal establishment of the IJB a Shadow Strategic Planning Group is created to begin work on developing the Strategic Plan ahead of the statutory timeline. It is proposed that the Shadow Strategic Planning Group be chaired by the Chief Officer Designate who will ensure that there is broad representation across communities of interest (different care groups) and geographic communities. The Shadow Strategic Planning Group will have its first meeting no later than the end of May.

3.4 Officers will now establish a process for identifying and appointing appropriate members of the Shadow Strategic Planning Group. As a first step, existing stakeholder groups will be considered in order to identify potential members and address any gaps in terms of the statutory requirements which become evident. It is proposed that the appointment of members of this group be arranged by the Chief Officer Designate in consultation with the Chair and Vice-Chair of the IJB, prior to approval by the Shadow IJB at its 19th June 2015 meeting.

4. Format of the Plan

4.1 The national guidance states that strategic commissioning plans must be reviewed at least every three years but is not prescriptive in relation to content or format, though it is expected to include some statements in relation to resources, local needs, and the link between investment and outcomes. It suggests that IJBs develop an easy-read overarching summary of the Strategic Plan, providing details of the vision.

4.2 Renfrewshire's IJB Strategic Plan will cover the three year period from 1st April 2016 to 31st March 2019. It will build on existing work on strategic commissioning across the care groups and will be written in the context of Renfrewshire's 10-year Community Plan. It will be reviewed and updated annually.

4.3 The Strategic Plan will take account of the needs of care groups, prescribed stakeholders and localities, and address the nine national health and wellbeing outcomes. It will specifically cover the following:

- Early intervention and prevention
- Shifting the balance of care (including the interface with acute services)
- Improving services for
  - frail and vulnerable adults (including older people)
  - people with mental ill health
  - people with addictions
  - people with learning disabilities
  - people with physical disabilities or sensory impairment
  - people impacted by domestic violence
- Improving children's health, and interface with children's social work services
- Improving quality, efficiency and effectiveness (including person centred care)
- Tackling inequalities
- Finance and resources

4.4 The Strategic Plan will be informed by existing and developing joint strategic commissioning plans, and available local and national evidence.

5. Timelines and Milestones

5.1 The Shadow Strategic Planning Group will report on its work to the meeting of the Shadow IJB on 19 June 2015. At that time it is hoped that there will be an indication from the Scottish Government of the date of creation of the Integration Joint Board. That will enable a timeline to be submitted to the meeting outlining the important milestones that require to be met in terms of the legislation for approval of the Strategic Plan

6. Engagement and Consultation

6.1 The Act, as reflected in the Integration Scheme, commits Renfrewshire IJB to developing a communication and engagement plan within 6 months of the formation of the IJB. We will work with stakeholders to develop a meaningful engagement process and plan. We will build on existing engagement and consultation mechanisms, including the CHP's Public Partnership Forum (PPF) and Engage Renfrewshire. A public engagement event took place on 19 March 2015 to start this work.

6.2 The Act is comprehensive in describing who should be consulted in developing the Strategic Plan. This consultation will form part of our wider engagement approach.

6.3 The IJB communication and engagement plan will have a wider purpose beyond the focus of consulting by the Strategic Plan. Once established, it will provide a framework for sustained engagement with stakeholders and service users/patients in all aspects of our work.

7. Other Planning Work Underway

7.1 In addition to the development of the Strategic Plan, work is also underway to scope and develop plans for the other key elements of integration, which the Council and the Health Board committed to in Renfrewshire's Integration Scheme, including:

- Governance
- Finance
- Workforce and Organisational Development
- Locality Planning
- Clinical and Care Governance
- Consultation, communication and engagement
- Outcomes and Performance Management
- Information sharing and collaboration

Further information on the wider Integration Programme for 2015/16 will be shared with the IJB as it is developed.

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8 Recommendations

8.1 The Shadow Board is asked to agree the creation of a Shadow Strategic Planning Group and that the Chief Officer Designate in consultation with the Chair and Vice Chair be asked to identify appropriate members for the Group

8.2 The Shadow Board is asked to note progress in establishing a process to develop the Strategic Plan and to request the Chief Officer Designate to further develop that process. Further updates will be brought to future meetings.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

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Item 10

To: **Shadow Integration Joint Board**

On: **20th March 2015**

Report by: Chief Officer Designate**,** Renfrewshire Health and Social Care Partnership

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Heading: **Development of the HSCP Integration Joint Board**

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1. Purpose

1.1 The purpose of this paper is to outline the proposed approach for supporting the development of the Integration Joint Board (IJB) members through 2015/16.

1.2 This paper is framed by the role of the IJB as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and by recognising the importance of operating with an effective governance body which must respond to the overall challenges of:

- Gaining insight, understanding and foresight;
- Clarifying priorities and defining expectations;
- Effectively holding to account and seeking assurance.

1.3 The Renfrewshire HSCP Shadow IJB will need to agree ways of working to support this.

2. Proposed Development Approach

2.1 It is proposed that an approach is developed to test with IJB members their about development and to inform with what has been learned through others about how to develop good governance and to support IJB members.

2.2 This can build on the initial ideas suggested in this paper, and could be progressed through an informal, development focussed meeting of IJB

members and/or through a survey approach. It is suggested that either or both approaches will take place during April/May 2015.

2.3 The outcomes from this process can then shape an IJB Development Programme for the remainder of 2015/16. This can be considered at the Shadow IJB Meeting in June 2015 if required.

2.3 A number of initial headings for development work to be shaped are outlined below. These often cross over/link together and include:

- Knowledge building: support members of the IJB to have a better knowledge of the two parent bodies to the HSCP and to build knowledge of services that will be delivered locally. This could extend to include a programme of site and service visits.

- Developing effective ways of working: supporting IJB members in forming and optimising working relationships to enable members to form as an effective Board. This could include members establishing 'buddying' arrangements to assist Councillors and NHS non-executives to get to know each other and to understand each other's interests, roles, expertise and organisations. This could extend to include discussion seminars that are focused on knowledge and relationship building and assist in shaping how the IJB works

- Governance – supporting members in their leadership role to operate with strategic clarity, influence appropriately and effectively, to be accountable, to have a performance and delivery focus and to ensure high quality, safe and sustainable services are being delivered.

2.4 There will also be learning we can take from other emerging IJBs who will be navigating through similar development processes.

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3 Recommendations

3.1 That members agree next steps in developing proposals for IJB development.

3.2 That members note that from these next steps, it is planned to establish a 2015/16 IJB Development Programme for consideration at the June Shadow IJB Meeting

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Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

Author: David Leese, HSCP Chief Officer Designate. Tel: 0141 618 7648. Email: david.leese@ggc.scot.nhs.uk

Item 11

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: **Chief Officer Designate and Director of Finance and Resources**

Heading: **Support Arrangements for the Shadow Integration Joint Board**

1. Summary

1.1 The Shadow Integration Joint Board is a newly created body that will lead to the establishment of a new statutory body, The Renfrewshire Integration Joint Board, later in 2015. The purpose of this report is to explain to the Shadow Board, the administrative arrangements that will be put into place to support the operation of the Board.

2 Recommendation

2.1 The Shadow Board is asked to approve the support arrangements set out in section 3 of this report.

3 Background

3.1 As a newly established body, the Shadow Integration Joint Board needs to have sufficient administrative, secretariat, policy and professional resources made available to it to support its activities.

3.2 The Chief Officer Designate will be the principal point of contact between the members of the Shadow Board and the officers supporting the Board. The Chief Officer Designate will ensure that the members of the Shadow Board are provided with information relating to any developments in the area of health and social care integration that are relevant to the operation of the shadow board that arise between meetings of the Shadow Board and where informing the members cannot wait until the next meeting of the Shadow Board.

3.3 There is a separate report on the agenda seeking approval for the Standing Orders that will govern how meetings are conducted. The Standing Orders include a provision that the Clerk for meetings of the Shadow Integration Joint Board will be Renfrewshire Council's Head of Corporate Governance or a person authorised by him to undertake the duties of Clerk. The Clerk will, in consultation with the Chief officer Designate be responsible for preparing the agenda for meeting and for issuing the formal notices calling Shadow Board meetings. In addition, the Clerk will prepare Minutes.

3.4 Renfrewshire Council will ensure that sufficient staff are made available to for the conduct of meetings and the preparation of reports and agendas to be circulated ahead of meetings.

3.5 The intention is that Shadow Board meetings will take place at different venues throughout Renfrewshire belonging to both the Council and the Health Board

3.6 Reports to the Shadow Board will be submitted either by the Chief Officer Designate or by the relevant senior officer in the Health Board or the Council. Senior Officers will be available at meetings to speak to any reports that are on the agenda.

3.7 In the event that any Shadow Board member requires any information in relation to the activities of the Shadow Board or its constituent authorities, the initial enquiry should be directed to the Chief officer Designate who will then ensure that the enquiry is directed to the most appropriate person in the constituent authorities to deal with.

3.8 The Shadow Board will have a role in the early stages of the preparation of the Strategic Plan. Both the Health Board and the Council will assist the Chief officer Designate in those preparations.

3.9 The cost of the operation of Shadow Integration Joint Board will be met from the existing resources of the Health Board and the Council. The Chief officer Designate will liaise with the appropriate senior officer in each constituent officer to reach agreement on how the costs of operating the Shadow Board will be distributed between them.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.

7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

Author: Ken Graham, Head of Corporate Governance, Renfrewshire Council (0141 618 7360)

Item 12

To: Shadow Integration Joint Board

On: 20th March, 2015

Report by: Joint Report by Chief Executive Designate and Director of Finance & Resources, Renfrewshire Council

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Heading: **Access to Meetings and Meeting Documents**

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1. Summary

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent on 1st April 2014 and requires Health Boards and Councils to integrate certain prescribed adult health and social care services. The Council and NHS Greater Glasgow and Clyde Board have agreed the integration model for Renfrewshire shall be the delegation of functions to a body corporate known as an Integration Joint Board (IJB) which will assume responsibility for the planning and delivery of integrated services.

1.2 Renfrewshire Council at its meeting held on 26th February, 2015 agreed to recommend "that the Integration Joint Board papers and agendas shall be published and circulated in 'real time' in order to inform service users, elected members and their constituents."

1.3 The IJB is not a statutory committee in terms of the Local Government (Scotland) Act 1973 and accordingly, unlike the Council, does not require to comply with the access to information requirements of that legislation. However, as a matter of good practice, it is considered appropriate that there is agreement on (a) access to and handling of information; (b) access to meetings; and (c) the availability of agendas, reports and minutes on the Council's and Health Board's websites.

1.4 In addition, IJBs have been designated as public authorities by the Freedom of Information (Scotland) Act 2002 (Scottish Public Authorities) Amendment Order 2014. The Freedom of Information (Scotland) Act 2002 (FOISA) provides a statutory right of access to all

information held by Scottish public authorities, regardless of how old this is. Effectively, this legislation provides the public with a 'right to know', although the Act does attempt to strike a balance with the protection of information which should properly remain confidential. Anyone, anywhere, can exercise their rights under FOISA. They need not tell the public authority why they want the information.

1.5 There are some absolute exceptions from this right of access, for example concerning national security or personal information. However, the exemptions are fairly narrow. Most are not absolute, which means that they can only be relied upon after two further points have been considered: (a) would the release of the information substantially prejudice the purpose of the exemption; and (b) even where there is substantial prejudice to whatever the exemption is designed to protect, for example, commercial interests, is it in the public interest to release the information?

1.6 It is likely that the majority of the information considered by the IJB would require to be provided under a freedom of information request. Accordingly it is proposed: (a) that the same procedures, as appropriate, which apply to access to meetings and documents of meetings of the Council and its Boards in terms of the access to information provision of the Local Government (Scotland) Act 1973, as set out in Part IIIA and Schedule 7A of the Act, are applied to the IJB Board; and (b) that the agendas and minutes of the IJB are published on the Council's and Health Board's website three clear days prior to the meeting.

1.7 It should be noted that there is no automatic freedom of information exemption for reports which are exempt under the access to information provisions of the Local Government (Scotland) Act 1973. However, a number of the exemptions are similar.

1.8 In terms of FOISA the IJB will require to develop a publication scheme and a report will be submitted to a future meeting outlining the arrangements for this.

1.9 The Integration Scheme provides that the Health Board and the Council work together to agree an information sharing accord and specific procedures for the sharing of information in relation to integrated services. The accord and procedures will be developed from existing information sharing and data handling arrangements. Should it be considered that there is a requirement for specific data sharing arrangements to be put in place for members of the IJB, this will be reported to the IJB in due course.

1.10 It is expected that the Integration Joint Board will become formally constituted later in 2015, following which it is proposed that it will adopt the procedures as outlined above.

2 **Recommendations**

2.1 That the same procedures, as appropriate, which apply to access to meetings and to documents of meetings of the Council and its Boards in terms of the access to information provisions of the Local Government (Scotland) Act 1973 as set out in Part IIIA and Schedule 7A of the Act, are applied to the IJB;

2.2 That the agendas and minutes of the IJB are included on Council's and NHS GG&C websites.

2.3 That a report be submitted to a future meeting outlining the arrangements for the development of a publication scheme for the IJB.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers – none

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Item 13

To: **Shadow Integration Joint Board**

On:

Report by:

Heading:

1. Summary

1.1

1.2

2 Recommendations

2.1
2.2

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C website.
8. **Health & Safety** – none.

9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

Author:

Item 14

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: **Chief Officer Designate and Director of Finance & Resources, Renfrewshire Council**

Heading: **Update on Legislation and Guidance for Health and Social Care Integration**

1. Summary

1.1 The purpose of this report is to provide an update on the development of legislation and guidance for Health and Social Care Integration.

2. Recommendation

2.1 That the Shadow Integration Joint Board notes the report.

3. The Public Bodies (Joint Working) (Scotland) Act 2014

3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) received Royal Assent on 1 April 2014. It puts in place the framework for the formal integration of health and social care services from April 2015, and has significant implications for the future governance and delivery arrangements of adult health and social care.

3.2 Some of the key provisions contained in the Act are as follows:-

- The requirement to integrate all community health and social care services for adults, as a minimum, within either an IJB or within a lead agency model;
- Establishment of IJBs and integration joint monitoring committees for the governance and oversight of integrated health and social care services;
- The abolition of Community Health Partnerships.

- Prescribed national outcomes for health and wellbeing and principles for planning and delivery of integrated functions.

- The requirement for the Health Board and the Council to enter into an Integration Scheme to delegate functions the IJB and to set out the detail as to how they will work jointly to integrate and plan for services in accordance with the Act;

- The requirement for IJBs to appoint a Chief Officer.

- Detailed requirements and procedures regarding the preparation of the Strategic Plan of the IJB which will set out arrangements for delivery of integration functions and how it will meet the national health and wellbeing outcomes.

- Consultation and stakeholder engagement requirements.

4. Overview of Regulations and Orders Made Under the Act

4.1 The Act is supplemented by a number of Regulations and Orders including:-

- **The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014** which prescribe matters which must be included in an Integration Scheme;
- **The Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014** which prescribe the National Health and Wellbeing Outcomes which are intended to provide a strategic framework for the delivery of health and social care services;
- **The Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014** which set out the functions that may and must be delegated by Health Boards;
- **The Public Bodies (Joint Working) (Prescribed Local Authority Functions etc.) (Scotland) Regulations 2014** which set out the functions that must be delegated by Councils;
- **The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order** 2014 which details the requirements for membership, powers and proceedings of Integration Joint Boards;
- T**he Public Bodies (Prescribed Consultees) (Scotland) Regulations 2014** which prescribe who must be consulted when the Integration Scheme is being prepared or revised or the Strategic Plan is being prepared or where a decision is to be taken which might significantly affect service provision in a locality;

- **The Public Bodies (Joint Working) (Local Authority Officers) (Scotland) Regulations 2014** which provide that certain functions that are conferred on a council officer by the Adult Support and Protection (Scotland) Act 2007 are deemed to have been conferred also on an officer of the Health Board provided that officer meets certain requirements;
- **The Public Bodies (Joint Working) (Prescribed Days) (Scotland) Regulations 2014** which prescribe 1 April 2015 as the day by which the Integration Scheme must be submitted to the Scottish Ministers for approval; and 1 April 2016 as the latest date for functions to be delegated;
- **The Public Bodies (Joint Working) (Health Professionals and Social Care Professionals) (Scotland) Regulations 2014** which provide descriptions of persons who are defined as health professionals and social care professionals for the purposes of the Act;
- **The Public Bodies (Joint Working) (Membership of Strategic Planning Group) (Scotland) Regulations 2014** which set out the groups of persons who must be represented on strategic planning group that the IJB requires to establish; and
- **The Public Bodies (Joint Working) (Content of Performance Monitoring Reports) (Scotland) Regulations 2014** which set out requirements in relation to performance reporting.

5. Other Legislation that will impact on the IJB

5.1 Under the Freedom of Information (Scotland) Act 2002 (Scottish Public Authorities) Amendment Order 2014, IJBs have been added to the list of public authorities that are subject to the Freedom of Information Act 2002.

5.2 Similarly, under the Equality Act 2010 (Specification of Public Authorities) (Scotland) Order 2015, IJBs will be public authorities for the purposes of the Equality Act 2010.

5.3 The Scottish Government is also currently working on an order to make consequential amendments to other legislation that are required as a result of the Act.

6. Guidance on Health and Social Care Integration

6.1 In addition to the legislation, the Scottish Government has produced the following guidance documents:

- **National Health and Wellbeing Outcomes**: A guidance framework on the National Health and Wellbeing Outcomes that apply to integrated health and social care.
- **Professional Guidance, Advice and Recommendations for Shadow Integration Arrangements:** Guidance to support integrated budgets and a finance implementation checklist to assist Health Boards, Local Authorities and Shadow Integration Joint Boards to prepare for financial and governance arrangements under integration.
- **Financial Assurance**: Guidance and advice to Health Boards, Local Authorities and Integration Authorities on the process of assurance and integrated budgets.
- **Financial Planning for Large Hospital Services and Hosted Services**: Guidance on the financial aspects of delegated services provided in 'large hospitals' and the treatment of hosted services included in delegated functions.
- **Clinical and Care Governance Framework**: Guidance on the key elements and principles to be reflected in local clinical and care governance integrated arrangements.
- **Health and Social Care Functions**: This note sets out the scope of the health and social care functions to be included in integration and describes which health and social care functions **must** and **may** be integrated under the legislation.
- **Model Integration Scheme**: Guidance which sets out an example of what should be included with in an Integration Scheme.
- **Integration Planning and Delivery Principles**: Guidance on the planning and delivery principles which describe how integrated care should be planned and delivered and how the principles will work in tandem with the National Health and Wellbeing Outcomes.
- **Strategic Commissioning Plans:** Guidance for everyone involved in the commissioning health and social care services.

6.2 Further guidance and advice is planned to be published as follows:-

- Integration Joint Board - March 2015
- Integration Joint Monitoring Committee - March 2015
- Integration Measurement Framework - April 2015
- Performance Report - Summer 2015

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers –

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Item 15

To: **Shadow Integration Joint Board**

On: **20th March, 2015**

Report by: Director of Finance & Resources, Renfrewshire Council

Heading: **Proposed Dates of Future Meetings of the Shadow Joint Board**

1. Summary

1.1 It is proposed that the Shadow Joint Board consider its timetable of future meeting dates based on five meetings per annum.

1.2 The suggested dates are set out below, with meetings being held on Fridays and starting at 9.30 am.

19 June, 2015
18 September, 2015
20 November, 2015
15 January, 2016
18 March, 2016

1.3 It is expected that the Integration Joint Board will become formally constituted later in 2015, following which it is proposed that they will adopt the programme of meetings as outlined above.

2 Recommendations

2.1 That the ShadowJoint Board considers its timetable of future meeting dates; and

2.2 That a report be submitted to a future meeting with proposed dates beyond March, 2016.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GC&C website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers – none

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