

GLASGOW CITY HEALTH & SOCIAL CARE PARTNERSHIP

Monday, 17th November 2014 at 10.00 am
In the City Chambers, George Square, Glasgow

AGENDA

1. Welcome, Introductions and Apologies for Absence	Enclosure
2. Minutes	
To approve as a correct record the Minutes of the meeting of the Shadow Board held on 22 nd September 2014.	Minutes
3. Matters Arising (not otherwise on the Agenda)	
4. Draft Integration Scheme	
David Williams, Chief Officer Designate	Paper
5. Integration Scheme Consultation	
David Williams, Chief Officer Designate	Paper
6. Integration Workstream Updates	
(a) HR (verbal update only)	Workstream Reports
(b) Communications	
(c) Governance	
(d) ICT	
(e) Locality Planning	
(f) Organisational Development	
(g) Planning and Performance	
(h) Quality, Care and Professional Governance	
(i) Technical Finance	
7. Strategic Plan Development & Planning Structure	
David Williams, Chief Officer Designate	Paper
8. Joint Management Structure	
David Williams, Chief Officer Designate	Paper

9. Service Updates

(a) Integrated Care Fund - Stephen Fitzpatrick and David Walker

Paper to follow

(b) Joint Inspection of Social Care & Health Services for Older People - Stephen Fitzpatrick and David Walker

Paper

10. Future Meetings of Shadow Board

26th January 2015 at 10.00 am

30th March 2015 at 10.00am

City Chambers, Glasgow

SHADOW HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD.

Minutes of Joint Board Meeting (DRAFT).

Glasgow, 22nd September 2014.

- Present:** Peter Daniels (Chair), NHS GGC, Councillor Archie Graham (Joint Chair), Glasgow City Council, Bailie Mohammed Razaq, Councillors Malcolm Cunning, Emma Gillan and Russell Robertson, Glasgow City Council; Grant Carson, Robin Reid, Ros Micklem, Donald Sime, Andrew Roberson and Ken Winter, Board Members NHS GGC; Anne Scott (social care user representative); Shona Stephen (third sector provider organisations representative); and Stephen Fullerton (staff representative NHS GGC).
- Apologies:** Bailie Aileen Colleran and Councillors James Adams and Marie Garrity, Glasgow City Council; Rev Norman Shanks, NHS GGC and David Walker, SWS GCC.
- Attending:** Anna Castelvechi (Clerk); David Williams, Chief Officer Designate; Mari Brannigan, Gary Dover, Richard Groden and Jeanne Middleton, NHS GGC; Mike Burns, Janette Cowan, Ann Cummings, Fiona Lockhart, Tony Mackie, Ann Marie Rafferty and Sharon Wearing, SWS Glasgow City Council; and Alex McKenzie and John Dearden, Glasgow CHP.

1 Minutes of meeting on 23rd June 2014 approved.

The minutes of 23rd June 2014 were submitted and approved as a correct record, subject to paragraph 6.3, on page 3 being amended to read

“it was likely that there would be common responses from the Health Board and the Council in relation to a significant number of the regulations, however, there might be issues or concerns specific to each organisation *especially on the inclusion of acute hospital services* and it was proposed to develop a joint response to the consultations and include appendices outlining any specific organisational comments from the Health Board and Council, if any became apparent”.

2 Membership update noted.

There was submitted a report by the Chief Officer Designate providing an update on progress with membership of the Shadow Integration Joint Board (SIJB).

After consideration, the SIJB noted

- (1) the report; and
- (2) that following his imminent retirement, Stephen Fullarton, would be replaced by Dorothy McErlean as the staff side representative for NHSGGC.

3 Update on Development of Integration scheme noted.

There was submitted and noted a report by the Chief Officer Designate providing an update on progress towards the development of the Integration Scheme for the Glasgow Health and Social Care Partnership, advising that

- (1) the Public Bodies (Joint Working) (Scotland) Act 2014 required partners to jointly prepare an Integration Scheme, previously referred to as a Partnership Agreement, setting out how joint working was to be achieved;
- (2) the Scottish Government had produced a model Integration Scheme which covered all areas which must be included in the Scheme, in accordance with the Regulations;
- (3) the Integration Project Team chaired by the Chief Officer Designate, was leading the process of drafting the Integration Scheme, a process which would involve subject matter experts in areas such as Clinical and Care Governance, Finance, Legal Services and Human Resources from across both partner organisations;
- (4) a draft Integration Scheme would be available for review by the Shadow Integration Joint Board at its November meeting, before a process of consultation as required by the Act was undertaken; and
- (5) the final draft Integration Scheme would be presented to the Council's Executive Committee and the Board of NHS Greater Glasgow and Clyde for approval early in 2015 and, subject to the approval of both parent bodies, the Integration Scheme would be submitted for ministerial approval ahead of the required date of 1st April 2015.

4 Terms of response to Scottish Government Consultation on Statutory Guidance on Health and Social Care Integration noted.

With reference to the minutes of 23rd June 2014 (page 3, paragraph 6) approving arrangements for the submission of consultation responses to the Scottish Government in respect of the Public Bodies (Joint Working) (Scotland) Act 2014, there was submitted and noted a report by the Chief Officer Designate detailing the terms of the jointly agreed response by

Glasgow City Council and NHS GGC on the statutory guidance in relation to the Act, highlighting that

- (1) there had been almost unanimous consensus achieved by both Glasgow City Council and NHS GGC in relation to the response;
- (2) there were 2 or 3 areas of a difference of view between the Council and Health reflected within the response and clearly indicated at the relevant questions;
- (3) the differences were relatively minor with the exception of the response to the inclusion by the Scottish Government in the 'must be included' category of some elements of Acute hospital provision with NHS GGC disagreeing with this inclusion;
- (4) the areas of difference would be determined by the Scottish Government in the final statutory guidance produced, subject to continuing dialogue between the Council and NHS GGC in the development of the Integration Scheme should the final guidance be ambiguous in any way;
- (5) particular areas of note for Board Members were the responses to inclusions in the guidance relating to the
 - (a) wording of a number of the National Outcomes;
 - (b) authority of the full Integrated Joint Board with regard to its members, particularly where there were discipline or reputational issues;
 - (c) status of voting members of the Integrated Joint Board if they resigned from their parent body; and
 - (d) inclusion of Housing Legislation; and
- (6) the next steps in the process were that
 - (a) Scottish Government officials would analyse the responses and a summary would be published by late September 2014;
 - (b) the Regulations and Orders would start to be laid in Parliament from late September 2014; and
 - (c) the Regulations and Orders would come in to force by December 2014.

5 Development of Strategic Development Plan – Progress Report noted.

There was submitted and noted a report by the Chief Officer Designate providing an update on progress towards the development of the Strategic Plan for the Glasgow Health and Social Care Partnership, advising that

- (1) The Public Bodies (Joint Working) (Scotland) Act 2014 had received Royal Assent on 1st April 2014 and required Health Boards and Local Authorities to integrate planning for and delivery of certain adult health and social care services as a minimum, with additional services included at local discretion;
- (2) partners were required to
 - (a) jointly prepare a Strategic Plan for the partnership area, the process for which, together with elements of the content of the Plan, were outlined within the Act and associated Regulations and Orders; and
 - (b) establish a Strategic Planning Group to support the development of the Strategic Plan for the partnership area, the membership of which was prescribed in regulations and included health and social care professionals, service user and carer representatives, individuals representing the third and independent sectors and housing representatives;
- (3) the Glasgow Health and Social Care Partnership's approach to the establishment of Strategic Planning Groups and development of the Strategic Plan was to build on the existing joint planning structures already in place between Social Work Services and NHS Greater Glasgow and Clyde; and
- (4) a draft Strategic Plan would be presented to the Integration Joint Board at the first meeting after full integration in April 2015, after which there would be period of consultation as prescribed in the Act and following completion of the consultation process, a final draft Strategic Plan would be presented to the Integration Joint Board for approval.

6 Integration Steering Groups - Update reports noted.

There were submitted and noted worksteam status reports for

- (1) Human Resources;
- (2) Communications;
- (3) Governance;
- (4) Information Technology;

- (5) Locality Planning;
- (6) Organisational Development.
- (7) Planning and Performance;
- (8) Quality, Care and Professional Governance; and
- (9) HSCI Technical Finance.

7 Joint Inspection of Health and Social Work Services for older people – Update noted.

There was submitted and noted a report by Stephen Fitzpatrick and David Walker regarding a joint inspection of health and social work services for older people within Glasgow, advising

- (1) that Glasgow City Council had received formal notification of a joint inspection by the Care Inspectorate (CI) and Healthcare Improvement Scotland (HIS) of health and social work services for older people within Glasgow, which had begun on 1st August 2014;
- (2) the inspection was based on pilot inspections in 2013 taken forward on a joint basis between the CI and HIS and were intended to align with the Scottish Government's policies for the integration of health and social care, including re-shaping care for older people, the dementia strategy and adult protection arrangements;
- (3) the inspection would consider how well health and social work systems work together to deliver the best outcomes for older people to provide the support to allow them to live in the community at home or in a homely setting;
- (4) health and social work services for older people would be inspected and evaluated in 10 quality areas, which would include 27 quality indicators;
- (5) the joint inspection would take place over a 24-week period to gather evidence to assess older people services against quality indicators and involve a range of methods and include engagement with a range of stakeholders; and
- (6) the inspection report was expected to be available in January 2015 and based on its findings, an improvement plan would be agreed between the partnership and the joint inspection team which would be implemented and monitored with progress then being routinely reported to the CI and HIS through a rigorous process, providing evidence of compliance to the action plan.

8 Social Work Services – Service Reform – Update noted.

There was submitted and noted a report by the Head of Service Development, Social Work Services regarding Social Work Services' programme of Service Reform activity in 2014/15

- (1) advising that 2014/15 was the second year of Glasgow City Council's 2 year Budget and Service Plan, which had identified a programme of reforms to be delivered by all Council services and the reductions in expenditure associated with those reforms;
- (2) intimating that Service Reform activity during 2013/14 within Social Work Services had delivered approximately £7m reduction in expenditure and the Budget and Service Plan outlined approximately a further £7.5million reduction to be delivered in 2014/15; and
- (3) setting out an overview of service reform activity, together with the current status of the undernoted projects
 - (a) small scale service reform;
 - (b) review of high cost care;
 - (c) reduction of adult personalisation budgets;
 - (d) introduction of personalisation across older peoples services;
 - (e) review of purchased services; and
 - (f) reablement.

9 Glasgow City CHP Service Redesign Programme 2014/15 – Service update noted.

There was submitted and noted a report by the Head of Finance and Performance Chief Officer Designate Performance, Glasgow CHP regarding the Glasgow City CHP programme of Service Redesign activity for 2014/15 which had resulted in cash releasing savings

- (1) advising that 2014/15 was the third year of Community Health & Care Partnerships' collective service redesign programme and the Health Board's Financial Plan had identified a programme of service redesigns to be delivered by all Partnerships together with reductions in expenditure associated with those service redesigns and the approved plan had reported a Board level cash-releasing savings target of £6m to be delivered by Partnerships in 2014/15;
- (2) confirming that from within the Board's overall service redesign plan, Glasgow CHP had been allocated a savings target of £4.7m against the CHPs directly managed service budgets; and
- (3) setting out an overview of the service redesign activity taking place throughout 2014/15 and the current status of the undernoted projects including the resultant cash-releasing savings; -

- (a) Clinically led Redesign - Specialist Children (3 strands);
- (b) Clinically led Redesign - Mental health Inpatient services (3 strands); and
- (c) Efficiency and Productivity Redesign – Local and hosted services.

10 Integrated Care Fund – Service Update noted.

There was submitted and noted a report by the Chief Officer Designate regarding the Integrated Care Fund for 2015/16 advising that

- (1) reshaping Care for Older People was a Scottish Government initiative aimed at improving services for older people by shifting care towards anticipatory care and prevention and for the last 4 financial years (2014/15 being the last), Glasgow had received a Change Fund in pursuit of the reshaping care agenda;
- (2) in 2015/2016 a new Integrated Care Fund would provide £13.27m on a non-recurring basis to
 - (a) develop integrated services to reduce demand for health and social care (for example for emergency care);
 - (b) drive the shift towards prevention and early intervention; and
 - (c) strengthen the approach to tackling health inequalities (with funding weighted to areas of greatest need)
- (3) national guidance requested partnerships to submit an Integrated Care Plan by 12th December 2014 comprising a simple template and reporting against 6 key principles, namely, co-production, locality, sustainability, leverage, involvement and outcomes, subject to a number of conditions;
- (4) the Chief Officer Designate recommended that the Plan should involve no more than 4 large scale proposals rather than the extensive range of test projects that were established with the Change Fund previously;
- (5) the process for developing and endorsing the priorities would be important and would, as defined by the guidance, need to explicitly involve, social housing, the third sector and independent sectors and users and carers and the Chief Officer (designate) was tasked within the guidance to take responsibility to work with all partners to develop the Plan; and

- (6) the third and independent sectors were required to sign off the Plan and it was the Chief Officer's recommendation that the Plan be presented to the next Shadow Board meeting on 17th November 2014 for approval, and that the representatives for the third and independent sector on the Shadow Board were the agreed signatories.

After consideration, the SIJB

- (i) noted the report; and
- (ii) requested that a progress report and proposed funding programme be submitted to the next Shadow Integrated Joint Board meeting.

11 Next meeting date noted.

The SIJB noted that the next meeting had been arranged for 17th November at 10.00 hours in the City Chambers, Glasgow and that future meeting dates would be arranged for January and March 2015.



Item No 4a

17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

UPDATE ON DEVELOPMENT OF INTEGRATION SCHEME

Purpose of Report: To update the Shadow Integration Joint Board on progress towards development of the Integration Scheme for the Glasgow Health and Social Care Partnership

Recommendations: The Shadow Integration Joint Board is asked to note this report

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	Upon establishment of the Integration Joint Board, certain functions of the Local Authority as outlined in the Integration Scheme will be delegated to the Integration Joint Board.
Implications for NHS Greater Glasgow & Clyde	Upon establishment of the Integration Joint Board, certain functions of the Health Board as outlined in the Integration Scheme will be delegated to the Integration Joint Board.

1 Purpose

- 1.1 The purpose of this report is to update the Shadow Integration Joint Board on progress towards development of the Integration Scheme for Glasgow Health and Social Care Partnership.

2 Background

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1st April 2014.
- 2.2 The Act requires Health Boards and Local Authorities to integrate planning for and delivery of certain adult health and social care services as a minimum, with additional services included at local discretion.
- 2.3 The Act requires partners to jointly prepare an Integration Scheme, previously referred to as the Partnership Agreement, setting out how this joint working is to be achieved. The Integration Scheme must be approved by Scottish Ministers.

3 The Integration Scheme

- 3.1 Draft Affirmative Regulations to support the integration of health and social care were laid in the Scottish Parliament on Friday 3rd October 2014. These regulations include prescribed matters to be included in the Integration Scheme.
- 3.2 The revised regulations do differ slightly from the original draft regulations. A revised 'model' Integration Scheme has been produced by Scottish Government to support these revised regulations.
- 3.3 Much of the work already carried out to draft the Integration Scheme for the Glasgow Health and Social Care Partnership can be carried over into the revised model Integration Scheme.
- 3.4 The Integration Project Team chaired by the Chief Officer Designate continues to lead on the process of drafting the Integration Scheme for the Glasgow Health and Social Care Partnership.
- 3.5 The latest working draft Integration Scheme is appended to this report for review by the Shadow Integration Joint Board. Work is still ongoing to populate the remainder of the template, though it must be noted that some areas, for example Finance are not populated yet as the detail is still being developed.
- 3.6 On 30th October 2014 civil servants from Scottish Government presented to Chief Officers a timescale for ministerial approval of the Integration Scheme. This timescale indicates a 12-week period from submission of schemes to ministerial approval. Based on the Glasgow partnership's current

development timetable of submitting the Integration Scheme to ministers by the end of January 2015, this would indicate that the earliest date by which the Integration Joint Board could be established would be in the middle of May 2015. Officers from Glasgow City Council and NHS Greater Glasgow and Clyde are currently considering the implications of this.

4 Recommendations

- 4.1 The Shadow Integration Joint Board is asked to note this report.

DRAFT

Integration Scheme

Between

Glasgow City Council

and

Greater Glasgow and Clyde Health Board

Version 0.4 - 6th November 2014

This document should be considered a working draft, and should not be widely circulated.

1. Introduction

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

This document sets out a model integration scheme to be followed where the “body corporate” arrangement is used (i.e. the model set out in s1(4)(a) of the Act) and sets out the detail as to how the Health Board and Local Authority will integrate services. Section 7 of the Act requires the Health Board and Local Authority to submit jointly an integration scheme for approval by Scottish Ministers. The integration scheme should follow the format of the model and must include the matters prescribed in Regulations. The matters which must be included are set out in detail in the model.

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

As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and is made up of councillors, NHS non-executive directors, and other members of the Health Board where there are

insufficient NHS non-executive directors. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority. This is in line with what happened under the previous joint working arrangements. Because the same individuals will sit on the Integration Joint Board and the Health Board or Local Authority, accurate record-keeping and minute-taking will be essential for transparency and accountability purposes.

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

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.

Glasgow Health and Social Care Partnership (HSCP) is committed to ensuring that the people of Glasgow will get the services they need at the right time, right place and from the right person.

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

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

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

Model Integration Scheme

The parties:

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

And

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

(together referred to as “the Parties”)

1. Definitions And Interpretation

To include –

- All terms and expression which require defining; *[Parties to finalise at drafting stage]*

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

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

“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) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014

“Scheme” means this Integration Scheme;

“Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults [and children] in accordance with section 29 of the Act.

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

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 City Of Glasgow**, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force.

2. Local Governance Arrangements

Having regard to the requirements contained in the Integration Scheme Regulations, the Parties require to supply the detail of the voting membership, the chair and vice chair of the Integration Joint Board. The Integration Joint Board, and the Parties will have to communicate with each other and interact in order to contribute to the Outcomes, however the Integration Joint Board does have 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 Integration Joint Board.

- **Each Party will appoint eight voting members to the Integration Joint Board**
- **The Chair and Vice-Chair of the Integration Joint Board will be agreed between the Parties prior to the first meeting of the Integration Joint Board. The period of office for the Chair and Vice-Chair shall be **XXX** years**

3. Delegation of Functions

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

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

4. Local Operational Delivery Arrangements

The local operational arrangements agreed by the Parties are:

- The Integration Joint Board will be responsible for the planning of integrated services to be achieved by implementation of its Strategic Plan
- The Integration Joint Board will direct the Parties on the delivery of services in accordance with the Strategic Plan
- The Integration Joint Board will through its members be responsible for monitoring and reporting on the delivery of those services delegated to it by the Council and the Health Board.
- The Integration Joint Board will undertake a programme of consultation and engagement in order to determine and consider the potential impact of their Strategic Plan on the Strategic Plans of other integration authorities
- The Integration Joint Board will be responsible for determining local performance targets consistent with , all national targets and of all relevant corporate indicators Plans for integrated services will be developed and monitored in relation to these targets and measures, and additional targets and measures identified by the Integration Joint Board to support

achievement of the National Health and Wellbeing Outcomes and the overall vision for the partnership area.

- The specific targets, measures and reporting arrangements adopted by the Integration Joint Board will be developed within the first year of establishment of the Integration Joint Board and be subject to regular review.

5. Clinical and Care Governance

The arrangements for clinical and care governance agreed by the Parties are:

- Oversight and professional advice in respect of clinical and care governance will be provided to the Integration Joint Board by the Chief Social Work Officer, Medical Director and Nurse Director.
- The Integration Joint Board will establish a Quality, Care and Professional Governance Sub-Committee. Membership of that Committee will come from the relevant professional groupings, and the Integration Joint Board will nominate a lead for medical, nursing and social work.
- Senior professional staff of the Health Board and the Council will operate and report within these governance arrangements for all matters relating to Clinical and Care Governance of delegated functions.
- Responsibility for professional regulation for doctors, dentists, nurses and midwives will remain with the Health Board Medical and Nursing Directors. Existing Clinical Governance arrangements for hosted services will remain.

6. Chief Officer

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

- The Chief Officer is a member of the senior management team of both the Health Board and the Council.

- The Chief Officer will attend Senior Management Team meetings of the Health Board and the Council, and will work with the senior management team of both Parties as required to carry out functions in accordance with the Strategic Plan
- The Chief Officer is line managed jointly by the Chief Executives of the Council and the Health Board and is accountable to both Parties
- The structural arrangements at senior officer level within Glasgow City Health and Social Care Partnership include the positions of Chief Operations Officer; Chief Strategy, Planning and Performance Officer and CSWO; and a Chief Finance and Resources Officer. The absence of the Chief Officer for any period will be covered by one of these post-holders.

7. Workforce

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

- The parties will develop a joint Workforce Development and Support Plan and an Organisational Development strategy to support delivery of effective integrated services
- These will be developed within the first year of establishment of the Integration Joint Board and subject to regular review by the Integration Joint Board

8. Finance

Note: Awaiting outputs from IRAG to allow population of this section

9. Participation and Engagement

The stakeholders who were consulted in the development of this scheme were:

- All stakeholder groups as prescribed in Regulations
- The Shadow Integration Joint Board
- All responses received during consultation were reviewed and taken into consideration upon production of the final draft of this scheme.

The parties jointly agree to provide the following support to the Integration Joint Board

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

10. Information-Sharing and data handling

The Parties agree to be bound by the Information Sharing Protocol already in place between the Health Board and the Council. This protocol will be subject to regular review by the Parties and the Integration Joint Board.

11. Complaints

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

- The Chief Officer is the single point of contact for any complaints in relation to delegated functions, and will direct one Party to handle such complaints in line with established procedure.
- The existing rights of service users and / or their representatives to make a complaint about any aspect of service provision, and the existing complaints handling procedures followed by both Parties, are unchanged.
- Where complaints relate to an integrated service, the Chief Officer or nominated senior manager will direct one of the Parties to handle the

complaint, following the established complaint handling procedure of that Party.

- The Integration Joint Board will periodically review a summary of all complaints received in relation to delegated functions.
- The Parties and Integration Joint Board will review complaints handling procedures subject to any guidance provided by the Scottish Public Services Ombudsman or any amendments to existing legislation.

12. Claims Handling, Liability & Indemnity

Note: This section to be completed by Legal Services. NHS CLO also to be asked to advise

13. Risk Management

The Parties shall develop a risk management strategy over the course of the first year which will set out:-

- The key risks with the establishment and implementation of the Integration Joint Board in a separate document, which has been developed and shared with the Integration Joint Board.
- The Partnership has developed a risk register which is available and which will be considered operational from the day the Board assumes responsibility.
- A risk monitoring framework will be adopted which will be agreed at the Partnership's inception. This will identify, assess and prioritise risks related to the delivery of services under integration functions, particularly where they are likely to affect the Integration Joint Board's delivery of the Strategic Plan. Mitigating actions against the risks will be described. Reporting arrangements to the parties will be outlined in the framework.
- Any changes to the risk management strategy shall require formal approval of the Integration Joint Board.

- The Parties will provide appropriate resource to ensure that the risk management of the Integration Joint Board is delivered to a high standard and properly maintained to agreed reporting timescales.

14. Dispute resolution mechanism

The Partnership will as far as possible operate on a consensual basis. Where any disputes do arise that require escalation to the Chief Executives of the respective organisations, those officers (so far as compatible with their statutory duties and the general law) will attempt to resolve matters in an amicable fashion and in the spirit of mutual cooperation.

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

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

(b) If unresolved, the Health Board, the Local Authority and the Integration Joint Board 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 and Chair of 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 Local Authority and the Integration Joint Board will proceed to mediation with a view to resolving the issue.

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

Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: The Chief Executives of the Health Board and Local Authority will jointly and formally notify ministers in writing and be bound by their deliberations.

Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that must be delegated by the Health Board to the Integration Joint Board 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 2CA⁽¹⁾ (Functions of Health Boards outside Scotland);
section 9 (local consultative committees);
section 17A (NHS Contracts);
section 17C (personal medical or dental services);
section 17I⁽²⁾ (use of accommodation);
section 17J (Health Boards' power to enter into general medical services contracts);
section 28A (remuneration for Part II services);
section 38⁽³⁾ (care of mothers and young children);

⁽¹⁾ Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).

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

⁽³⁾ The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

section 38A⁽⁴⁾ (breastfeeding);

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

section 48 (provision of residential and practice accommodation);

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

section 57 (accommodation and services for private patients);

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

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

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

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

section 79 (purchase of land and moveable property);

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

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

⁽⁴⁾ Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

⁽⁵⁾ Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

⁽⁶⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁷⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽⁸⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽⁹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽¹⁰⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽¹¹⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

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

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

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

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

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

and functions conferred by—

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

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

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

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

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

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

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

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

⁽¹²⁾ Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

⁽¹³⁾ Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

⁽¹⁴⁾ S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

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

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

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

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

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by—
section 22 (Approved medical practitioners);

section 34 (Inquiries under section 33: co-operation)⁽¹⁶⁾;

section 38 (Duties on hospital managers: examination notification etc.)⁽¹⁷⁾;

section 46 (Hospital managers' duties: notification)⁽¹⁸⁾;

section 124 (Transfer to other hospital);

section 228 (Request for assessment of needs: duty on local authorities and Health Boards);

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

⁽¹⁵⁾ S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

⁽¹⁶⁾ There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

⁽¹⁷⁾ Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

⁽¹⁸⁾ Section 46 is amended by S.S.I. 2005/465.

section 267 (Orders under sections 264 to 266: recall);

section 281⁽¹⁹⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²⁰⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽²¹⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²²⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²³⁾.

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

Section 23

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

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010

Except functions conferred by—

section 31 (Public functions: duties to provide information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽²⁴⁾.

⁽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.

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Part 2

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.

⁽²⁵⁾ S.S.I. 2004/115.

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.
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 Integration Joint Board

Set out below is the list of functions that must be delegated by the local authority to the Integration Joint Board 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

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>

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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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 Integration Joint Board, 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 Integration Joint Board but will not be subject to Ministerial approval.

This would include –

The hosting of services by one Integration Authority on behalf of others within the same Health Board areas

The hosting of services by one Health Board on behalf of one or more Integration Authority

Additional duties or responsibilities of the Chief Officer

DRAFT



<p>Item No 5</p> <p>17 November 2014</p>

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

<p>CONSULTATION ON INTEGRATION SCHEME</p>
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<p>Purpose of Report:</p>	<p>The purpose of this paper is to outline the proposed approach to consultation on the Integration Scheme as required by the Public Bodies (Joint Working) (Scotland) Act 2014</p>
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<p>Recommendations:</p>	<p>Shadow Board is asked to approve the approach to consultation outlined in this report.</p>
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Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 The purpose of this paper is to outline the proposed approach to consultation on the Integration Scheme as required by the Public Bodies (Joint Working) (Scotland) Act 2014

2. Background

- 2.1 Glasgow City Council and NHS Greater Glasgow and Clyde are in the process of drafting an Integration Scheme, as required by the Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act'). The Scheme outlines at a high level the agreements which have been made or will be made to support the integrated planning for and delivery of delegated functions by the Glasgow Health and Social Care Partnership.
- 2.2 The Act requires that a joint consultation exercise is carried out to inform development of the Scheme. A number of groups who must be consulted are prescribed in the Act and associated regulations.
- 2.3 The Act does not detail any specific process by which consultation must be carried out. Further guidance from the Scottish Government has made clear that partnerships may carry out consultation in such a manner as they deem appropriate, provided it is done in an open and inclusive manner and that it can be demonstrated that any views expressed in consultation were considered and accounted for.

3. Consultation Format

- 3.1 It is proposed that a short narrative is produced outlining:
 - The approach being taken to Integration in Glasgow, including the model chosen and the addition of Children and Families and Criminal Justice services
 - The makeup of the Integration Joint Board
 - The high-level vision of the partnership
 - A summary of the key areas which will be included within the Integration Scheme
- 3.2 This narrative and a cover letter from the Chief Officer Designate, along with the current draft of the Integration Scheme, will then be sent to those stakeholders as prescribed in the Act and regulations, and others as required. Consultees will be asked to provide general comments in response.
- 3.3 A draft cover letter and narrative text is available at Appendix 1

4. Stakeholder Consultation

- 4.1 It is proposed that as far as possible the non-voting stakeholder members of the Shadow Integration Joint Board are used as the initial point of contact for consultation.
- 4.2 These individuals will be asked to respond on behalf of their respective stakeholder groups, or circulate to interested colleagues.
- 4.3 It is further proposed that an email be sent to all staff in Social Work Services and Glasgow CHP attaching the consultation document and inviting responses. This would satisfy the requirement to consult with:
 - Health professionals
 - Social care professionals
 - Other affected staff of the local authority and health board
- 4.4 NHS Staffside and recognised Trades Union of the Council will also be consulted.
- 4.5 The approach to consultation with each prescribed group is detailed at Appendix 2
- 4.6 It is proposed that in addition to those groups prescribed in the Act and regulations, members of the Shadow Integration Joint Board are also invited to contribute to the consultation exercise.

5. Timescale

- 5.1 To allow an appropriate timescale for consideration of any feedback received in response to consultation, before production of the final draft Integration Scheme, it will be necessary to conduct the consultation exercise in a relatively short timescale.
- 5.2 It is therefore proposed that consultation begins upon approval of the Shadow Integration Joint Board on 17th November 2014, and concludes three weeks later on Friday 5th December. This will allow sufficient time for responses to be collated and considered ahead of production of a revised Integration Scheme to be presented to Glasgow City Council and the Board of NHS Greater Glasgow and Clyde early in 2015.

6. Recommendations

- 6.1 Shadow Board is asked to:
 - Approve the approach to consultation outlined in this report

Appendix 1 - Cover Letter and Consultation Narrative Text

17th November 2014

Glasgow Health and Social Care Partnership - Consultation on Development of Integration Scheme

As you will be aware, the Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent on 1st April 2014, completing the legislative process. The Act requires Health Boards and Local Authorities to integrate planning for and delivery of certain adult health and social care services as a minimum, with additional services included at local discretion.

The Act requires partnerships to jointly prepare an Integration Scheme, setting out how this joint working is to be achieved. The areas which must be covered within the Integration Scheme are defined by the Act and associated Statutory Regulations and Orders, however the content under each heading is largely a matter for partnerships to develop and consult on.

As part of our consultation process I would like to invite comments from you and / or your organisation, on the vision and approach which the Glasgow Health and Social Care Partnership intend to outline in our Integration Scheme. Please find enclosed a summary of our position.

Any comments can be made via email to:

SW_CommunicationsUnit@glasgow.gov.uk

or by post to:

**Principal Officer, Planning and Performance
Social Work Services
Room 3.21, City Chambers East
40 John Street
Glasgow G1 1JL**

To ensure sufficient time for all responses to be considered, please submit any responses before **Friday 5th December 2014**.

In the first half of 2015 you will also be invited to comment on the draft Strategic Plan for the Glasgow Health and Social Care Partnership, which will outline how we will design, develop and deliver high-quality integrated services within the City of Glasgow.

Yours sincerely,

**David Williams
Chief Officer Designate
Glasgow Health and Social Care Partnership**



Glasgow Health and Social Care Partnership - Integration Scheme

The Public Bodies (Joint Working) (Scotland) Act 2014 requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services as a minimum. In Glasgow we are going beyond the legislation to also include Children's Services and Criminal Justice within the scope of our partnership.

Glasgow, in common with most health and social care partnerships in Scotland, is pursuing the 'Body Corporate' model of integration. We will establish an Integration Joint Board, made up of 16 voting members (8 Elected Members from Glasgow City Council and 8 Non-Executive Directors of NHS Greater Glasgow and Clyde). Professional advisors such as the Chief Officer to the Integration Joint Board, Chief Financial Officer, Chief Social Work Officer, Clinical Director and Nurse Director will sit on the Board in a non-voting, advisory capacity. Key stakeholders from the third and independent sector, trades union and representatives of service users and carers will also attend the Board in a non-voting, advisory capacity.

The vision of the Glasgow Health and Social Care Partnership is to deliver transformational change in the way that health and social care is provided in the city. We want to give added value through a strengthening of community and an integrated citizen-focused service.

Our Integration Scheme outlines how we will work towards realising this vision, along with delivering on the National Health and Wellbeing Outcomes and our key objectives as a partnership.

The high-level Governance arrangements of the Partnership will be outlined in the Integration Scheme, along with detail on the role of the Chief Officer. The Scheme will also detail how we will develop a performance management process through which the Integration Joint Board can hold the Chief Officer to account for delivery of services within Glasgow.

Clinical and Care Governance arrangements will be outlined within the Scheme, making clear the framework within which services are delivered in a safe and transparent manner.

The Integration Scheme will also outline the financial arrangements which will be put in place to allow the Partnership to deliver on our Strategic Plan, and how an acceptable level of transparency and accountability will apply to all financial proceedings.

Glasgow's Integration Scheme will also outline how we will produce a Workforce Development strategy to support our staff to deliver high quality services across the city, and how we will produce a Participation and Engagement strategy which outlines how we will involve service users and patients, the public and the third and independent sectors in the shaping of health and social care services in Glasgow.

Any comments on Glasgow's approach to Integration, or suggestions for areas which should be considered in the development of the Integration Scheme, can be made via email to

SW_CommunicationsUnit@glasgow.gov.uk

or by post to:

Principal Officer, Planning and Performance
Social Work Services
Room 3.21, City Chambers East
40 John Street
Glasgow G1 1JL

To ensure sufficient time for all responses to be considered, please submit any responses before Friday 5th December 2014.

Appendix 2 - Consultation Methods

Group	Proposed Method(s)
Health Professionals	All-staff message
Users of Health Care	Via Shadow IJB stakeholder reps
Carers of users of Health Care	Via Shadow IJB stakeholder reps
Commercial providers of Health Care	Via Shadow IJB stakeholder reps
Non-commercial providers of Health Care	Via Shadow IJB stakeholder reps
Social Care professionals	All-staff message
Users of Social Care	Via Shadow IJB stakeholder reps
Carers of users of Social Care	Via Shadow IJB stakeholder reps
Commercial providers of Social Care	Via Shadow IJB stakeholder reps
Non-commercial providers of Social Care	Via Shadow IJB stakeholder reps
Non-commercial providers of social housing	via Development and Regeneration Services - Strategic Housing Section and RSLs
Third sector bodies carrying out activities related to health or social care	Via Shadow IJB stakeholder reps
Staff of the Health Board and local authority who are not health professionals or social care professionals	All-staff message and engagement with trades union / Staffside
Other Local Authorities operating within the area of the Health Board preparing the Integration Scheme	In writing from Chief Executive to other Chief Executives



Item No 6b
17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate
Contact: Gary Dover & Jason Mokrovich
Tel: 0141 277 7460 & 0141 287 8737

WORKSTREAM UPDATE - COMMUNICATIONS WORKSTREAM

Purpose of Report: To update the Shadow Board on the progress of the Communications workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 To update the Shadow Board on the progress of the Communications workstream.

2. Workstream Achievements to Date

- 2.1 The main achievements to date include:
- communications workstream project initiation document (PID);
 - communications workstream risk register;
 - HSCI communications strategy (including stakeholder matrix);
 - HSCI communications stakeholder analysis (in partnership with Locality Planning workstream);
 - Connect and Staffnet web pages for HSCI (including Q&A process);
 - HSCI all-staff briefing — 6 to date;
 - staff survey on HSCI communications (including analysis and action plan);
 - initial draft proposals for development of brand identity for the partnership;
 - HSCI Q&A/information brief for staff;
 - HSCI Q&A/information brief for the public/partners;
 - HSCI standard presentation (including updates) and
 - links with OD Workstream to develop some joint work (e.g., manager's briefing guide and standard event feedback template to summarise discussions).

3. Planned Activity

- 3.1 The planned activity to be delivered by the workstream by April 2015 includes:
- maintenance of Connect and Staffnet web pages for HSCI;
 - co-ordination, development and dissemination of further HSCI briefings for staff and other stakeholders (including the Joint Inspection);
 - updating of HSCI information briefs (staff and public/partners) and presentation;
 - monitoring how the managers' briefing material is being used and report back on progress to the Joint Executive Team;
 - follow-up staff communications survey to assess change, with consideration to something similar with partners;
 - development of a brand identity for the partnership, including supporting communication materials;
 - mapping exercise of intranet and internet sites and proposal for future website for the partnership;

- mapping exercise of internal communication channels and identifying where they can be joint to streamline methods of communication;
- development of joint media protocol;
- working with other workstreams to maximise opportunities to communicate with stakeholders (for example, activities related to consultation on Strategic Plan, locality group events and OD events) and
- working with Shadow IJB members to support them to communicate effectively with their networks (especially service user and care representatives).

4. Risks and Issues

- 4.1 The Communications Workstream currently monitors eight risks that may affect the workstream meeting its objectives. They mainly consist of risks leading to communication about the development of proposals and arrangements for integration not being fit-for-purpose with the effect of repetitive messages, inaccurate/misleading information, missed opportunities, raising unrealistic expectations and/or disjointed, mixed messages. The probability and impact of these risks are mainly controlled through expertise within the workstream, links with the HSCI project group and processes that have governance around them.

5. Recommendations

- 5.1 The Shadow Board is asked to note this report.



Item No 6c
17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

WORKSTREAM UPDATE - GOVERNANCE WORKSTREAM

Purpose of Report: To update the Shadow Board on the progress of the Governance workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 To update the Shadow Board on the progress of the Governance workstream.

2. Workstream Achievements to Date

- 2.1 Tasks completed by the Governance workstream to date include:
- Meetings of Shadow Integration Joint Board
 - Discussions on governance and accountability structures which will be affected by the integration of health and social care
 - Discussions on the role and functions of the IJB and the constituent organisations in the integrated arrangements
 - Beginning to draft proposed governance arrangements and linkages between Integration Joint Board and parent organisations

3. Planned Activity

- 3.1 Over the course of 2014-15, the Governance workstream will continue to take the necessary steps to deliver on the workstream remit. This will include:
- Populating relevant sections of the Integration Scheme
 - Further meetings of the Shadow IJB
 - Engagement with council and board-wide colleagues with regard to future governance arrangements

4. Risks and Issues

- 4.1 The tight timescale associated with developing robust governance arrangements represents a significant challenge; however a detailed plan for completion within timescale is in place and will be monitored through this workstream.

5. Recommendations

- 5.1 The Shadow Board is asked to note this report.



Item No 6d

17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate
Contact: Fiona Lockhart & Mark Darroch
Tel: 0141 298 8873 & 0141 211 0272

WORKSTREAM UPDATE - ICT WORKSTREAM

Purpose of Report: To update the Shadow Board on the progress of the ICT workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	
Financial:	Funding will potentially be required to investigate and implement required ICT solutions.
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 To update the Shadow Board on the progress of the ICT workstream.

2. Workstream Achievements to Date

- Interim solution for access to Council applications from NHS PCs has been implemented
- New technology for access to Health applications from Council sites has been rolled out
- Initial meeting on ICT requirements for Gorbals Health Centre
- Initial consideration of strategic ICT requirements for HSCI at steering group
- SW staff on Health sites added to GCC Mobile project
- Initial discussions held on access to Health/Council systems via wifi
- Work progressing on the seeding of the careFirst system with the Community Health Index (CHI) number as pre-requisite for data sharing via the Health Portal
- Project initiated to develop an ICT strategy for Health and Social Care integration. First joint technical meeting held.

3. Planned Activity

- Further work on the interim and strategic solutions for staff to access applications from Council and NHS sites.
- Clarification of strategic ICT requirements for HSCI.
- Gorbals Health Centre – further consideration of requirements
- New Childrens' Hospital – consideration of requirements
- Addiction ISD extract – testing continuing
- IAF – requirements for replacement of Sharepoint site and storage of historic records
- CHI seeding of careFirst – to facilitate data sharing
- Data Sharing via the Health Portal – implementation based on findings from Renfrewshire and West Dunbartonshire
- Investigation of solution for Hunter Street to access SW systems – particularly iWorld

4. Risks and Issues

- 4.1 The current solution for access to Council applications from NHS sites is temporary, so there is a risk staff may not have access to the information they require if an agreed solution is not identified in required timescales.

- 4.2 If ICT requirements for HSCI are not confirmed and funded then there is a risk that required arrangements may not be in place by the implementation of HSCI. One of the roles of this workstream is to get the requirements confirmed to ensure as long a lead time as possible for any required work.

5. Recommendations

- 5.1 The Shadow Board is asked to note this report.



Item No 6e

17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate
Contact: Mark Feinmann & Mike Burns
Tel: 0141 277 7454 & 0141 276 2466

WORKSTREAM UPDATE – LOCALITY PLANNING WORKSTREAM

Purpose of Report: To update the Shadow Board on the progress of the Locality Planning workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 To update the Shadow Board on the progress of the Locality Planning workstream.

2. Workstream Achievements to Date

- 2.1 Work has continued with a broad range of stakeholders (including Voluntary Sector, Independent Sector, Service User and Carer representatives, staff / professionals, GPs and other Primary Care colleagues) and a series of engagement events and opportunities have now been planned throughout October – December.
- 2.2 We have developed a framework paper which outlines current position, legislative requirements and early thinking within Glasgow. We will use this as the basis for discussion with partners and stakeholders. The paper outlines a commitment to the geographical three sector arrangements within Glasgow that Health, Social Work and a number of key Community Planning partners currently operate within. We recognize the continued need to work at a number of levels within and across Glasgow, including with communities of interest.
- 2.3 We will build on the assets based approach to developing localities where the resources of a community are identified to determine what types of skills and experience are available. Through this approach communities are supported to identify what is important to them and to determine how citizens can act together to achieve those goals.
- 2.4 Our work is framed around the ten Locality Planning principles outlined in the guidance to support the Public Bodies (Joint Working) (Scotland) Act 2014;
 1. They are co-produced with local communities, users of services and their unpaid carers.
 2. They are an integral part of their Health and Social Care Partnership and will be held to account for the delivery of local priorities.
 3. They are based on trust and parity of respect between all partners.
 4. They are multidisciplinary and multi-sector.
 5. They have common purpose through an agreed scope and local outcomes for the population.
 6. There is a clear understanding of the measurable outcomes for both services and service users that will be delivered by multi-disciplinary teams.
 7. They have a level of devolved financial and operational responsibility within the Health and Social Care Partnership to make decisions on the use of resources and service delivery for their communities.
 8. They make a central contribution to the development and delivery of the joint strategic commissioning plans.

9. They will have a focus on creating health and tackling inequalities through service planning, co-production, support for self-management and asset-based approaches.
10. They embody non-competitive direct engagement in the commissioning of support and services.

3. Planned Activity

- 3.1 Engagement events with a range of stakeholders.
- 3.2 Reflect on recent Scottish Government guidance and regulations and any amendments to legislation as they may apply to locality planning.
- 3.3 Co-production with stakeholders of a proposal paper, outlining purpose, role, responsibilities of Locality Planning arrangements early in 2015. Building on current position, engagement process and legislative requirements.

4. Risks and Issues

- 4.1 No new risks have been identified. We continue to work to mitigate those previously identified.

5. Recommendations

- 5.1 The Shadow Board is asked to note this report.



Item No 6 f
17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate
Contact: Isla Hyslop & Tony Mackie
Tel: 0141 314 6245 & 0141 550 7835

WORKSTREAM UPDATE – ORGANISATIONAL DEVELOPMENT WORKSTREAM

Purpose of Report: To update the Shadow Board on the progress of the Organisational Development workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 To update the Shadow Board on the progress of the Organisational Development workstream.

2. Workstream Achievements to Date

OD Priorities

2.1 Develop the model for integration

- Design, develop and delivery of Leadership Event held on 11 August as part of ongoing engagement with senior managers to identify vision, values and behaviours to lead change
- Design and delivery of Leadership Event held on 31 Oct as part of ongoing engagement with senior managers – outcome focused on Finance (2015/16) Budgets
- Inform integration strategy in relation to Workforce and OD strategy
- Implementation and programme design for King's Fund Manager's Visit held on 21 October

2.2 Establish Shadow Integration Joint Board

- Design, develop and delivery of Shadow IJB session held on 29 August – Outcome to introduce new members to the priorities for the year ahead and engage commitment to deliver

2.3 Engagement and Involvement for Locality Planning

- Continued OD support to Locality Planning Group

2.4 Locality planning arrangements with focus on outcomes and professional leadership

- Development and delivery of Care Governance event held on 12 September – outcome tested proposed model for care governance in the Partnership

2.5 Comprehensive communication plan

- Collaborated with communications work stream to agree manager's brief (templates) to support communication and engagement on an ongoing basis
- Production of events calendar for shared use as identified by Communications work stream which now sits on Staffnet and Connect

3. Planned Activity

Key activities planned over the next few months are:

3.1 Develop the model for integration

- Two large staff events being designed and delivered across the city 17 and 26 November- focus on Health and Social Care Partnership
- A leadership programme for staff across the two organisations
- Interviews for Business Administrator to support Integration Project Manager
- Planning and delivery of further Leadership Event Dec 14/Jan15
- Ongoing work supporting the other work streams in the design, development and delivery of their specific OD requirements
- Ensure other work streams are aligned with vision for integration and the OD approach to support this
- Development of joint induction/orientation programme
- Deliver aspects of OD plan for transition

3.2 Establish Shadow Integration Joint Board

- Design and delivery of Shadow IJB session for non voting members on 11 November
- Design and delivery of Shadow IJB session for all members on 16 December

3.3 Engagement and Involvement for Locality Planning

- Locality Planning PPF Events across the CHP areas November 14

3.4 Locality planning arrangements with focus on outcomes and professional leadership

- Design and Delivery of Mental Health & Disability PIG Development Sessions – January 2014
- Continued support to IM&T workstream where required

4. Risks and Issues

- 4.1 Lack of vision, engagement and commitment across services would impact on delivery of change plan for integration
- 4.2 Failure to align and spend OD monies within year and therefore to carry out transition plan
- 4.3 Staff engagement with change process
- 4.4 Senior management buy in to new structure

5. Recommendations

- 5.1 The Shadow Board is asked to note this report.



Item No 6g
17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate
Contact: Janette Cowan & Hamish Battye
Tel: 0141 287 8788 & 0141 276 6700

WORKSTREAM UPDATE - PLANNING AND PERFORMANCE WORKSTREAM

Purpose of Report: To update the Shadow Board on the progress of the Planning and Performance workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 To update the Shadow Board on the progress of the Planning and Performance workstream.

2. Workstream Achievements to Date

- 2.1 Key achievements to date by the Planning and Performance Workstream are:

- Strategic Planning structure for the partnership defined
- Guidance provided to Strategic Planning Groups on membership and process
- Terms of Reference for Strategic Planning Groups drafted
- Strategic Planning Forum established and first meeting held
- Activity to develop first draft Strategic Plan underway
- Performance indicators utilised by both organisations mapped against National Health and Wellbeing indicators

3. Planned Activity

- 3.1 The first draft Strategic Plan for the partnership will be developed over the next few months with a view to being presented to the Integration Joint Board in the first half of 2015.
- 3.2 Proposals for the Performance Management structure of the partnership will also be presented to the IJB in the first half of 2015

4. Risks and Issues

- 4.1 The tight timescale associated with developing a Strategic Plan and performance management structure for the partnership represents a significant challenge, however a detailed plan for completion within timescale is in place and will be monitored through this workstream.
- 4.2 National Guidance on Strategic Planning is expected from Government in December 2014. By this stage, work will be well underway in Glasgow to develop the Strategic Plan, therefore if National Guidance varies significantly from what is expected there may be an element of re-work required.
- 4.3 ICT and data quality issues may impact on the quality of performance information available to the partnership.

5. Recommendations

- 5.1 The Shadow Board is asked to note this report.



Item No 6h
17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: David Williams, Chief Officer Designate

Contact: Ann-Marie Rafferty & Michael Smith

Tel: 0141 287 0571 & 0141 314 6250

**WORKSTREAM UPDATE - QUALITY, CARE AND PROFESSIONAL GOVERNANCE
WORKSTREAM**

Purpose of Report: To update the Shadow Board on the progress of the Quality, Care & Professional Governance Workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	None
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	N/A
Equalities:	N/A
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose

- 1.1 To update the Shadow Board on the progress of the Quality Care and Professional Governance workstream.

2. Workstream Achievements to Date

- 2.1 The workstream group have continued to meet monthly to progress work which will enable Health and Social Care Governance arrangements in an integrated structure to be of a sufficiently high standard to ensure appropriate oversight is in place for delivering high quality services to individuals who require them.
- 2.2 A Stakeholder event facilitated by Organisational Development colleagues was held on 12 September 2014, at which time proposals on the principles, functions and proposed structures of integrated governance arrangements were debated and discussed.
- 2.3 The output of this session assisted the workstream group to further develop thinking around governance arrangements going forward, and a draft paper has been compiled which will be discussed in the first instance with David Williams, Chief Officer Designate, at a meeting scheduled for 21 November 2014.
- 2.4 Thereafter, further work will be undertaken to finalise the paper which will be tabled at a future meeting of the IJB, and following that an implementation plan will be developed.

3. Planned Activity

- 3.1 Meeting with David Williams, Chief Officer Designate on 21 November 2014.
- 3.2 Finalise paper detailing Care, Quality and Professional Governance arrangements in the new structure – January 2015.
- 3.3 Formulate implementation plan – January 2015.
- 3.4 Establish Shadow Care, Quality and Professional Governance Board by April 2015.

4. Risks and Issues

- 4.1 There are no significant obvious risks in this workstream as new arrangements for Care, Quality and Professional Governance should migrate on a phased basis from existing longstanding arrangements in both Health and Social Work which already cover risks and issues to both organisations. The new arrangements are designed to enhance existing provision for governance.

5. Recommendations

5.1 The Shadow Board is asked to note this report.



Item No 6i
17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate

Contact: Sharon Wearing & Jeanne Middleton
Health and Social Care Integration Technical Finance Working Group

WORKSTREAM UPDATE – HSCI TECHNICAL FINANCE WORKSTREAM

Purpose of Report: To update the Shadow Board on the progress of the HSCI Technical Finance workstream.

Recommendations: The Shadow Board is asked to note this report.

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Workstream Achievements to Date

- 1.1 This workstream has been set up by the Directors of Finance across the six local authorities and the Board area to enable a consistent and consensus approach to be taken. There are three workstreams reporting into the main group chaired by Lynn Brown.
- 1.2 The work of the group is based on the IRAG guidance, and we have a mini PID and monthly updates to the group.
- 1.3 The first four papers on;
 - Management of Integrated Budgets – Guiding Principles,
 - Scheme of Virement,
 - Capital Planning Process, and
 - Managing Financial Performance

will be considered by the main group in November.

2. Planned Activity

- 2.1 All of the tasks within the Group 2 remit have been allocated to officers and are being progressed with the aim of approving all papers by January 2015.

3. Risks and Issues

- 3.1 The risks and issues are returned in the highlight report to the main group each month.

4. Recommendations

- 4.1 The Shadow Board is asked to note this report.



Item No 7

17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

UPDATE ON DEVELOPMENT OF STRATEGIC PLAN

Purpose of Report: To update the Shadow Integration Joint Board on progress towards development of the Strategic Plan for the Glasgow Health and Social Care Partnership

Recommendations: The Shadow Integration Joint Board is asked to note this report

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1 Purpose

- 1.1 The purpose of this report is to update the Shadow Integration Joint Board on progress towards development of the Strategic Plan for Glasgow Health and Social Care Partnership.

2 Background

- 2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ('the Act') received Royal Assent on 1st April 2014.
- 2.2 The Act requires Health Boards and Local Authorities to integrate planning for and delivery of certain adult health and social care services as a minimum, with additional services included at local discretion.
- 2.3 The Act requires partners to jointly prepare a Strategic Plan for the partnership area. The process for development of the Strategic Plan, and elements of the content of the Plan, are outlined within the Act and associated Regulations and Orders.

3 Developing the Strategic Plan

- 3.1 The Act requires the formation of a 'Strategic Planning Group' to support the development of the Strategic Plan for the partnership area. The membership of this group is prescribed in regulations and includes health and social care professionals, service user and carer representatives, individuals representing the third and independent sectors and housing representatives.
- 3.2 Given the scale of the Glasgow partnership, a series of Strategic Planning Groups will be established, encompassing:
- Older People
 - Mental Health
 - Disabilities
 - Homelessness
 - Addictions
 - Carers
- 3.3 Each Strategic Planning Group will feed in to an overarching strategic plan for the partnership, which will be reviewed by the Executive Group, before submission to the Integration Joint Board for approval following a period of stakeholder consultation as prescribed in the Act.
- 3.4 To support the development of Strategic Plans by each group which align with the vision of the Partnership, a Strategic Planning Forum will be established to co-ordinate the activity required to develop the overarching Strategic Plan for the Partnership.

- 3.5 Existing planning structures for Criminal Justice and Children and Families will remain in place, but with a reporting line to the Integration Executive Group and with representation on the Strategic Planning Forum.
- 3.6 The Partnership will develop a three year plan which works towards a ten-year vision. The plan will be subject to ongoing review by the Integration Joint Board and within the management structure of the partnership, with a formal review carried out every three years in line with legislative requirements.
- 3.7 Work is now underway within Strategic Planning Groups and the Strategic Planning Forum to begin drafting the first Strategic Plan for the Glasgow partnership. A further update will be provided at the next meeting of the Shadow Integration Joint Board.
- 3.8 On 30th October 2014 civil servants from Scottish Government presented to Chief Officers further guidance on Strategic Plans. This guidance outlined that Strategic Plans must include a statement of what date the plan comes into effect, which is also the date that the Integration Joint Board becomes responsible for the delivery of the Strategic Plan. Based on current planning timescales, allowing for the required amount of consultation, the earliest that Glasgow's Strategic Plan could come into effect is the end of August 2015. Officers from Glasgow City Council and NHS Greater Glasgow and Clyde are currently considering the implications of this.

4 Recommendations

- 4.1 The Shadow Integration Joint Board is asked to note this report.

Report to Chief Executives of NHS GGC and Glasgow City Council**Report by Chief Officer (designate) Glasgow City HSCP****Glasgow City Health and Social Care Partnership****Chief Officer's proposed senior management and leadership structure****Introduction**

Consideration requires to be given to the delivery of effective cross system and joint management arrangements for the delivery of Health and Social Care in Glasgow from April 2015.

Currently in place are two distinctive senior management and leadership teams within the existing Social Work Services and the CHP.

Integration by definition will include the necessity to ensure that there is no future duplication of effort and that every opportunity is taken at the outset and beyond to streamline processes; streamline functionality, particularly in management and back office; and streamline office space.

This paper provides a headline direction of travel for the future senior level Partnership structure

Assumptions

The re-developed senior management and leadership structure will not cost any more than the current two combined management structures in place.

The Chief Officer and Chief Finance Officer's roles will not be the only joint positions within Glasgow City HSCP

There is a need to streamline job titles and functions across the senior management grades.

There will be no retained current 'job title' for all of the above managers; everyone will have a new job title. There will be no effect on individuals' terms and conditions. No-one currently in place within the above group of staff will be in detriment.

There will be an ambition to minimise levels of anxiety by avoiding extensive recruitment processes to newly designated posts at existing grades for senior staff. The Chief Officer will seek, through acceptable HR routes, to 'match' in individuals to particular designated posts. Role modelling of a healthy organisational culture of responsiveness and flexibility is desirable to be established from the outset of the organisation as a visible demonstration to all staff for the future success of the partnership

There will be a focus on performance management and continuous improvement in all roles

There will be no alteration to the now well established three geographic areas within Glasgow which are co-terminus with Education and other departments/organisations/agencies.

The position on the number of joint posts as at 1st April is likely to be one that changes as the Partnership develops in future years.

There will need to be a 'Centre' for the HSCP which will have responsibility for joint strategic planning for the city, commissioning and contract management, policy development, performance monitoring, as well as the 'back office' functions related to asset management; resources; ICT; HR/OD, business management and finance. Scale and complexity demands this.

There will be a need for a delivery mechanism for city wide services that cannot be devolved or divided three ways.

There is a need to give consideration to the role of the HSCP in the delivery of 'hosted' health services on behalf of the Board and the other 5 HSCPs within the Board area

There is an expectation that a whole system approach across the Board area in areas such as mental health; older people; children and families etc continue to be delivered by an identified strategic lead

HSCP Executive

It is proposed that there is a Glasgow City HSCP Executive established consisting of the Chief Officer, three Chief Officer designated posts, and the clinical leads.

Appendix 1 provides a hierarchical representation of the HSCP Executive and Senior Management team

Centre – Finance and Resources

The statutory guidance accompanying the legislation requires the Chief Officer to be supported by a single 'Chief Finance Officer'.

The proposal is that this new role is enhanced beyond merely the remit of Finance and a new role is created with the designation 'Chief Finance and Resources Officer' with a grade at Band 9/Grade 12. There are currently two Senior Managers in Finance within the CHP and SWS at grade AFC 8D/Grade 11 who would be in scope for competitive recruitment to this post. The balance between the existing post of the successful candidate and the new post would be funded through savings generated by the half-post savings in the CHP Director post and the Executive Director, Social Care Services post.

This will ensure parity of grade and status with the other two Chief Officer designated posts.

The emphasis within the legislation on a single joint finance officer is protected within this structure albeit, it will be the Chief Finance and Resources Officer who will be the statutory designated officer as set out in the legislation.

Centre – Integrated Strategy, Planning and Commissioning and CSWO

It will be the function of the Chief Strategy, Planning and Commissioning Officer and the three Heads of Integrated Strategy and Planning to lead, through their teams, the respective strategic planning on behalf of the Glasgow City HSCP via the respective multi stakeholder newly formed Strategic Planning Groups.

The Department will have responsibility for emerging policy development.

The Department structure allows for the dedicated retention of a focus on Mental Health and strategic leads across the whole system.

All hosted services will be managed by the Heads of Integrated Strategy and Planning and ensure connectivity with respective to the other 5 HSCPs within the Board area.

The Head of Public Protection and Operational Professional Governance Coordinator role is a reflection of the statutory responsibilities of the HSCP, particularly the CSWO and needs to be overseen by the CSWO directly.

Operations

The Chief Operating Officer has overall responsibility for Operations and for both health and social care across the city.

The Heads of Operations for the three areas will have the lead role in delivering on locality networks and partnerships in their respective areas and ensuring that all locality planning links into the overall strategic planning for the HSCP.

The Head of Operations (Citywide) will have overall management responsibility for the delivery of citywide services in the early phase of integrated arrangements.

Designation	Number	Nos Joint Posts	Grades	Management structure
Chief Officer	1	1	Grade 14	HSCP Executive
Chief Designation Officer	3	2	Grade 12 Snr Mgr E Band 9	HSCP Executive
Head of Department	11	11	Grade 11 Snr Mgr E/D AFC 8D	HSCP Senior Management Team

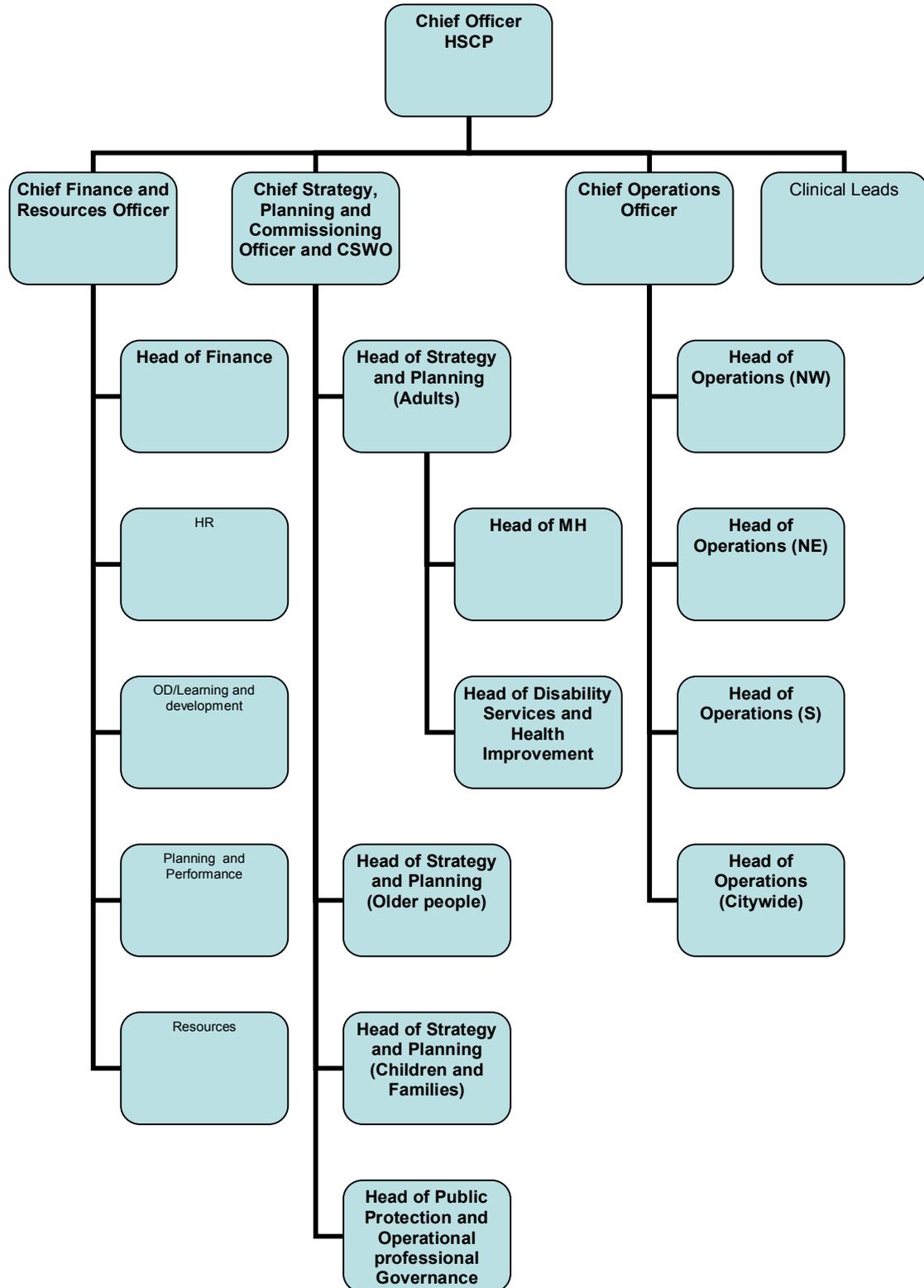
This structure necessarily creates a hierarchical organisational approach with necessary multiple tiers of management across a complex large scale organisational set of arrangements.

There are 14 HSCP Senior Management Posts (in bold in Appendix 1) identified and 14 personnel currently in place, albeit one of these includes the interim NW Sector Director. Recruitment to the Chief Finance and Resources Officer post will be required from within the existing group of managers.

David Williams, Chief Officer designate, Glasgow City Health and Social Care Partnership

Appendix 1

Glasgow HSCP Executive



Appendix 2

Brief role profiles

Chief Finance and Resources Officer

This is the Joint Finance post as set out in the legislation. Due to scale and complexity of arrangements in Glasgow, it is considered necessary to have all of the 'back office' functions brought together within the remit of one Leadership post. The post holder will have overall responsibility for management of finance (albeit there will also be a dedicated Joint head of Finance post), Human Resources, OD/Learning and Development, Planning and Performance, and Resources.

Head of Operations (NW, NE and S)

These post holders will have overall responsibility for the delivery of community health and social care operations within their geographical location and which are locality based. This will be with a view to facilitating and ensuring increased levels of integrated working between the two statutory organisations, and effective partnership working with all stakeholders. The delivery of the national health and wellbeing outcomes is dependant on a focus locally, of local joined up operations. The post holder will lead the locality planning arrangements within their area and ensure effective engagement with the local Community Planning Partnership and Area Partnerships networks. Locality Planning will be about giving effect to the city strategic plan in such a way that the unique circumstances and environment of the particular locality are able to be taken account of in the delivery of services.

Head of Operations Citywide

This post holder will have overall responsibility for the delivery of community health and social care operations which have a city wide focus and benefit from a single central management. These are primarily existing SWS services and include Older people's residential and day care; Children's Homes; fostering and adoption services, and intensive services for young people. Citywide criminal justice provision will also move to this new remit. The specific remit of this post holder by the end of 2015 will be to ensure the effective transfer of the management of these services to the respective Heads of Strategy and Planning as appropriate. It is hoped that the post of Head of Operations post can be deleted by the end of 2015.

Head of Strategy and Planning (3 x posts: Adults, Older people and Children and Families)

These post holders will have overall strategic planning responsibilities for their respective areas for the city. This will require oversight and leadership of the respective Strategic Planning Groups within the integrated arrangements for citywide provision. Active engagement with the Integrated Joint Board and ensuring that there is a connectivity on behalf of the IJB of operations on the ground and the Strategic Plan are key functions of this post. A key part of strategic planning is commissioning, and these post holders will manage and lead the respective commissioning, procurement and contract management arrangements for all third party provision.

The post holders will also take on Board wide strategic responsibilities where previously this was the remit of CHP sector/CHP/CHCP Directors.

This post holder will also manage those services that are Health Board wide services and which are hosted by Glasgow City HSCP on behalf of the other 5 HSCPs within the Board area. For instance, the Sandyford Clinic will be managed by the Head of Strategy and Planning (adults).

As indicated above, those citywide services delivered under the remit of the Head of Operations (Citywide) will be transferred into the responsibility of the Heads of Strategy etc.

Head of MH

This is an 'as is' post due to the specific responsibilities within the Health Board on MH planning etc and the host arrangements by Glasgow City HSCP on behalf of the whole Board area, and the remit will remain unchanged within the new structure.

Head of Disability Services and Health Improvement

This post holder will have the strategic lead for the city for all adult disability services and will manage any citywide or hosted disability provision. This is likely to include Long Term Conditions provision.

The inclusion of Health Improvement within this remit is a reflection of the need to ensure health improvement is at the very heart of strategic planning for the city's most vulnerable citizens. It will be expected that there is a health improvement agenda that is incorporated within the planning also for older people and children and families, but in order to ensure an integrity to the health improvement agenda, there is a required strategic lead who should oversee this aspect of the HSCP arrangements.

Head of Public Protection and Operational Professional Governance.

This post holder will provide a connected-up arms length professional oversight in respect of public protection, self evaluation and practice audit across the HSCP. This function will be carried out on behalf of the Chief Officer to ensure that there is a coherence between the different professional staff groups in the delivery of protection services from pre-birth to death and the highest quality of joined up professional practice across the city.



Item No 9b
17 November 2014

**Glasgow City Council / NHS Greater Glasgow and Clyde
Shadow Integration Joint Board**

Report By: Chief Officer Designate

Contact: Ann Cummings, Policy & Performance Manager, Social Work Services

Tel: 0141 276 5582

Joint Inspection of Health & Social Care Services for Older People

Purpose of Report: To update the Shadow Integration Joint Board on the progress of the Joint Inspection.

Recommendations: The Shadow Board is asked to note this report

Implications for IJB	
Financial:	None
Personnel:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose of Report

- 1.1 To update the Shadow Integration Joint Board on the progress of the Joint Inspection of Health and Social Care Services for older people, which commenced on 4th July 2014.

2. Update on Progress to Date

- 2.1 The Joint Inspection involves a range of activity by the Care Inspectorate and Health Improvement Scotland.

- On line Staff Survey of health and social care front line staff
- File reading
- Follow up week
- Scrutiny Week

- 2.2 The staff survey and file reading are now complete and the Executive Group received initial feedback at a special meeting held on 7th November.

- 2.3 Follow up week commenced 3rd November 2014. Following the file reading exercise, the Inspectors identified eight service users and carers whom they wish to speak to. Inspectors met these individuals face to face in their own homes, or in some cases held telephone discussions.

- 2.4 Health and social care staff who provided support, care and treatment for these service users or carers were also interviewed by the Inspectors.

- 2.5 During this week there were also a number of Service User and Carer Focus groups and these include:

- Carers of people with dementia
- Carers of older frail people
- Older Day Care Service Users
- Dementia Service Users
- Reablement Service Users
- Adult Protection Committee Service User Sub Group
- Voices for Change

- 2.6 Scrutiny Week commences week beginning 17th November 2014 and will involve the CI/HIS meeting with a range of stakeholders and partners including focus groups with staff, meetings with Joint Officers, Medical Directors and attendance at a range of internal and external meetings. The Inspectors will attend the Shadow Board on 17th November 2014 in an observational capacity.

2.7 Scrutiny week is the final week of the Inspection and a first draft of the Inspection report is expected in mid December, with a final report being expected in January 2015.

3. Recommendation

3.1 The Shadow Board is asked to note this report