

GLASGOW CITY HEALTH & SOCIAL CARE PARTNERSHIP

Monday, 22nd September 2014 at 10.00 am
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 23 rd June 2014.	Minutes
3. Matters Arising (not otherwise on the Agenda)	
4. Membership Up-date	
David Williams, Chief Officer Designate	Paper
5. Draft Integration Scheme	
David Williams, Chief Officer Designate	Paper
6. Response to Scottish Government Consultation on draft Regulations	
David Williams, Chief Officer Designate	Paper
7. Strategic Plan Development	
David Williams, Chief Officer Designate	Paper
8. Integration Steering Group Updates	
(a) HR;	Workstream Reports
(b) Communications;	
(c) Governance;	
(d) ICT;	
(e) Locality Planning;	
(f) Organisational Development;	
(g) Planning and Performance;	
(h) Quality, Care and Professional Governance; and	
(i) HSCI Technical Finance	
9. Service Updates	
(a) Joint Inspection of Social Care & Health Services for Older People – David Walker and Stephen Fitzpatrick	Paper

- | | | |
|-----|-------------------------------------------------------------|-------|
| (b) | SWS Service Reform programme – Sharon Wearing | Paper |
| (c) | CHP Service Reform programme – Jeanne Middleton | Paper |
| (d) | Integrated Care Fund – David Walker and Stephen Fitzpatrick | Paper |

10. Future Meetings of Shadow Board

Next meeting arranged for Monday, 17th November 2014 at 10.00 am, City Chambers, Glasgow.

Future meetings are to be arranged for January and March 2015.

SHADOW HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD.

Minutes of Joint Board Meeting (DRAFT).

Glasgow, 23rd June 2014.

Present:	Archie Graham (Chair)	Glasgow City Council
	Peter Daniels (Joint Chair)	Board Member NHS Greater Glasgow and Clyde
	James Adams	Glasgow City Council
	Aileen Colleran	Glasgow City Council
	Malcolm Cunning	Glasgow City Council
	Marie Garrity	Glasgow City Council
	Mohammed Razaq	Glasgow City Council
	Russell Robertson	Glasgow City Council
	Grant Carson	Board Member NHS Greater Glasgow and Clyde
	Robin Reid	Board Member NHS Greater Glasgow and Clyde
	Donald Sime	Board Member NHS Greater Glasgow and Clyde
	David Williams	Executive Director of Social Care Services
Apologies:	Ros Micklem	Board Member NHS Greater Glasgow and Clyde
	Norman Shanks	Board Member NHS Greater Glasgow and Clyde
Also present:	Anna Castelvechi (Clerk)	Glasgow City Council
	Allison Eccles	Social Work Services, GCC
	Alex MacKenzie	Acting Director Glasgow CHP
	John Dearden	Glasgow City CHP

1 Welcome.

Councillor Archie Graham welcomed all those present to the inaugural meeting of the Shadow Health and Social Care Integration Board. Councillor Graham then advised that David Williams had recently been appointed Chief Officer of the Joint Integration Board and the SJIB congratulated him on his appointment.

2 Draft Remit and Membership etc approved.

There was submitted a report by David Williams regarding the proposed remit and membership of the Shadow Integration Board, advising

- (1) the Public Bodies (Joint Working) Bill (Scotland) was passed by the Scottish Parliament on 25th February and had received Royal Assent on 1st April 2014;
- (2) Glasgow City Council and NHS Greater Glasgow and Clyde had agreed that the arrangements for Glasgow should be in line with that of the body corporate and an Integration Joint Board must therefore be formally

established by April 2015. In preparation for integration it had been agreed that a Shadow Integration Board should be established by June 2014;

- (3) the Shadow Integration Board would not be a decision making body, however when Legislation for integration was fully enacted in April 2015 the Shadow Board would be endorsed as the full Integration Joint Board and would assume decision making powers as defined by the Act and as agreed by Glasgow City Council and NHS Greater Glasgow and Clyde. During the interim period the Shadow Integration Board would act as an advisory body to the parent organisations and require any proposed decisions to be ratified by them;
- (4) the Shadow Integration Board would be a full and equal partnership between Glasgow City Council and NHS Greater Glasgow and Clyde operating within existing Council and NHS strategic frameworks; and
- (5) of the proposed General Functions, Membership, Chair, Quorum and Management support and meeting frequency for the Integration Joint Board.

After discussion, the SJIB approved the draft remit and membership of the Shadow Joint Integration Board, as detailed in the report.

3 Document production outline noted.

There was submitted and noted a report by David Williams detailing a draft workplan for the production of documents required by the Public Bodies (Joint Working) Bill (Scotland) Act.

4 Health and Social Care Integration – Governance model noted.

There was submitted and noted a report by David Williams detailing the Governance model for Health and Social Care Integration.

5 Workstreams - Status reports noted.

There were submitted worksteam status reports for

- (1) Finance;
- (2) Communications;
- (3) Governance;
- (4) Locality Planning;
- (5) Organisational Development; and
- (6) Information Technology.

After consideration, the SJIB

- (a) noted the reports; and
- (b) requested that workstream status reports should feature as regular agenda items.

6 Consultation on Public Bodies (Joint Working) (Scotland) Act 2014 draft Regulations and orders – Arrangements approved.

There was submitted a report by David Williams and Alex MacKenzie regarding the consultation process on the draft regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014, advising that

- (1) the Public Bodies (Joint Working) (Scotland) Bill had received Royal Assent on 1st April 2014, thereby concluding the parliamentary process. The first set of Draft Regulations relating to the Bill had been published with a consultation period from 12th May to 1st August 2014;
- (2) the second set of Regulations and Orders was published on 27th May with a consultation period concluding on 18th August 2014;
- (3) 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 and it proposed to develop a joint response to the consultation and include appendices outlining any specific organisational comments from the Health Board and Council, if any become apparent; and
- (4) it was recommended that the response to the consultations should be conducted as one, rather than two separate exercises with the responses due for submission to the Scottish Government on the earlier date of 1st August 2014.

After consideration, the SJIB

- (a) approved the submission of a joint response to the consultation, to be conducted as one rather than two exercises; and
- (b) requested that all members of the SHIB be circulated with copies of the draft response prior to its submission to the Scottish Government.

7 Non Voting stakeholder Representative Members – Recommendation to parent bodies approved.

There was submitted a report by David Williams regarding non voting stakeholder representation on the SJIB advising that

- (1) the legislation required that the Integration Joint Board had a number of essential non voting members to represent a range of interests including those of carers, patients and providers; and
- (2) there were already a number of groupings in the city which were well established as representative networks in Glasgow and it was proposed that

these networks, as detailed in the report be utilised to secure interim representation from stakeholders.

After consideration, the SJIB agreed to recommend to their parent bodies the inclusion of non voting stakeholders from the organisations detailed in the report.

8 Board Development session agreed.

David Williams advised that the Scottish Government had made available funding of approximately £800,000 to Glasgow for organisational development in the run up to the formation of the new Health and Social Care Integration Body. A project manager was currently being recruited who would be tasked with developing programmes around integration. He proposed that a development session be arranged for the Shadow Board on a date to be arranged in late August 2014.

After consideration, the SJIB agreed that a development session be organised for late August 2014.

9 Report template agreed.

David Williams submitted a proposed report template to be used by both Social Care and Health when reporting to the Joint Integration Board.

After consideration, the SJIB approved the proposed template.

10 Future meeting dates noted.

The SJIB noted that future meetings had been arranged for 22nd September and 17th November at 10.00 hours in the City Chambers, Glasgow.



<p>Item No 4</p> <p>22 September 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 8838

MEMBERSHIP UP-DATE

Purpose of Report:	To update the Shadow Integration Joint Board on progress regarding membership of the Board.
---------------------------	---------------------------------------------------------------------------------------------

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 of Report

- 1.1 To update the Integration Joint Board on progress in identifying members.

2. Background

- 2.1 At its inaugural meeting on 23rd June, the Shadow Integration Joint Board agreed membership of those voting members nominated by the parent organisations.
- 2.2 The Board also agreed to seek interim membership from the well established stakeholder networks operating in the city to represent the following stakeholder interests; carers, social care users, the third sector, private sector providers and a staff side representative.
- 2.3 The third category of membership is defined as non-voting professional advisory members, an up-date is provided below.
- 2.4 Whilst the status of the board is currently a shadow structure, and hence has no voting rights currently apply, the terminology which will be used in the formal structure has been applied to the three categories and is outlined below.

3. VOTING MEMBERS

- 3.1 **Note:** over the course of this year there will be a number of retirements of Non Executive Directors, hence some nominations will change.

Glasgow City Council – Elected Members	NHS Greater Glasgow & Clyde – Non Executive Directors
Archie Graham	Peter Daniels
James Adams	Grant Carson
Malcolm Cunning	Robin Reid
Aileen Colleran	Norman Shanks
Marie Garrity	Ros Miklem
Emma Gillan	Donald Sime
Mohammed Razaq	Andrew Robertson
Russell Robertson	Ken Winter

4. NON VOTING STAKEHOLDER REPRESENTATIVE MEMBERS

NON-VOTING PROFESSIONAL ADVISORY MEMBERS	
Joint	Chief Officer – David Williams
Glasgow City Council	Director of Finance (Section 95 Officer) – interim member Sharon Wearing

NHSGG&C	Nomination of Health Board Chief Executive as accountable officer for NHS Finance – interim member – Jeanne Middleton
Glasgow City Council	Executive Director of Social Care / Chief Social Work Officer – David Williams
NHSGG&C	Interim CHP Director – Alex Mackenzie
NHSGG&C	Richard Grodan – Clinical Director
NHSGG&C	Mari Brannigan – Lead Nurse

5 NON VOTING STAKEHOLDER REPRESENTATIVE MEMBERS

NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS
representing carers – Request has been made and we await confirmation of the process to identify a representative.
representing patient interests – Process is underway to identify a representative and we await confirmation.
representing social care user interests – Anne Scott (Voices for Change)
representing the interests of third sector provider organisations – Process is underway to identify a representative and we await confirmation.
representing the interests of private sector care providers – Process is underway to identify a representative and we await confirmation.
1 staff side representative from each parent organization – NHSGG&C – Stephen Fullarton , request has been made for a representative and we await confirmation.

- 5.1 Note – it is likely that some of the on-going processes around nominations of members will be completed prior to the Board meeting on the 22nd September.

6. Recommendations

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



Item No 5
22 September 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 The Scottish Government have produced a model Integration Scheme which covers all areas which must be included in the Scheme in accordance with Regulations. This includes areas such as:
- The membership of the Integration Joint Board
 - The functions delegated by the Health Board and Local Authority to the IJB
 - Clinical and Care Governance
 - Performance Management
 - Financial Governance
- 3.2 The Integration Project Team chaired by the Chief Officer Designate is leading the process of drafting the Integration Scheme for the Glasgow Health and Social Care Partnership. This process will involve subject matter experts in areas such as Clinical and Care Governance, Finance, Legal Services and Human Resources from across both partner organisations as required.
- 3.3 A draft Integration Scheme will be available for review by the Shadow Integration Joint Board at the November meeting, before a process of consultation as required by the Act is undertaken.
- 3.4 The final draft Integration Scheme will be presented to Glasgow City Council Executive Committee and the Board of NHS Greater Glasgow and Clyde for approval early in 2015. Subject to the approval of both parent bodies, the Integration Scheme will be submitted for ministerial approval ahead of the required date of 1 April 2015.

3.5 Following approval by Scottish Ministers, the Integration Joint Board will be established by Order of the Scottish Ministers.

4 Recommendations

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

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 (ie 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 should¹ 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.

¹ Bearing in mind the large number of schemes which will be submitted and the variations which Ministers will be required to check, it would be very helpful if the scheme submitted followed the model. However, a scheme would not be rejected only because it didn’t follow the model. A scheme may, however, be rejected if it doesn’t cover all the matters which have been prescribed as necessary.

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, 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 service users.
 5. Health and social care services contribute to reducing health inequalities.
 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
 7. People who use health and social care services are safe from harm.
 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
 9. Resources are used effectively in the provision of health and social care services, without waste.
- The Health Board and the Local Authority should set out more fully here the vision they are looking to achieve through integration and through the implementation of the principles of the Act².

² The vision is to achieve the Outcomes above but this gives space to focus on and describe that in more detail.

Model Integration Scheme

The parties:

[X] Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at [] (“ ”);

And

[Y] Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “ ”) and having its principal offices at [] (“ ”) (together referred to as “the Parties”)

1. Definitions And Interpretation

To include –

- All terms and expression which require defining; [to finalise this and other items in the preamble once draft complete]

[eg the Regulations; Scheme; Integration Joint Board; etc

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

2. Local Governance Arrangements

In accordance with section 1(2) of the Act, the Parties have chosen to put in place the body corporate model of integration, described in s1(4)(a) of the Act. Having regard to the requirements contained in the [Regulations], we require to supply the detail of the remit and constitution of the Integration Joint Board to include (*but not limited to*):

- The remit of the Integration Joint Board is to prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults [and children] in their area in accordance with sections xx to yy of the Act.
- The arrangements for appointing the voting membership of the Integration Joint Board are³ ...*[Set out the number of representatives to be appointed by each Party, the standard length of their period of office, the circumstances in which a person will cease to be a voting member before the end of the standard length of their period of office, etc.]*
- The arrangements for appointing the chair and vice chair of the Integration Joint Board are ...*[Set out how the Parties will determine who is chair and vice chair, the standard length of their period of office, the circumstances in which a person will cease to be chair or vice chair before the end of the standard length of their period of office, etc.]*
- The arrangements for committees of the Health Board and the Local Authority and for the Community Planning Partnership to interact⁴ with the Integration Joint Board are ...*[Set out how the committees of the Health Board and Local Authority, such as the social work committee, will interact with the Integration Joint Board.]*⁵

3. Delegation of Functions

³ The Integration Joint Board will be required by Regulations to co-opt non-voting members to the Board.

⁴ The three bodies 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 Health Boards or Local Authorities to independently sanction or veto decisions of the Integration Joint Board.

⁵ A degree of flexibility should be allowed so that non-material changes to practice can be made within the terms of the Scheme, thereby avoiding the need to revert to Ministers for approval.

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 2.⁶

4. Local Operational Arrangements

The local operational arrangements agreed by the Parties are:⁷⁸

[Set out

- *[the responsibilities of the membership of the Integration Joint Board in relation to monitoring and reporting on the delivery of integrated services on behalf of the Health Board and Local Authority]*
- *[the process to consider the Strategic Plan within their own Health Board area as well as any potential impact on the Strategic Plans of other integration authorities.]*
- *the local outcomes, targets and measures that the Integration Joint Board is to take account of in planning and monitoring delivery of integrated services.*⁹

⁶ In exercising its functions, the Integration Joint Board must take into account the Parties' requirement to meet their respective statutory obligations. Apart from those functions delegated by virtue of this Agreement, the Parties retain their distinct statutory responsibilities and therefore also retain their formal decision-making roles.

⁷ The Integration Joint Board is responsible for the planning of integrated services and achieves this through the Strategic Plan. It directs the Health Board and Local Authority to deliver services in accordance with the Strategic Plan. Health Boards and Local Authorities will wish to put in place arrangements for the Integration Joint Board to monitor and report on the delivery of integrated services on their behalf.

⁸ See also section 6 (Workforce) on the Chief Officer

5. Clinical and Care Governance

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

[Set out the joint arrangements for clinical and care governance including:

- *How professional advice in respect of clinical and care governance is provided within all aspects of the [Partnership's/Integration Joint Board's [or the whole collaborative landscape?]] governance and management structures.*
- *The arrangements for the provision of professional health care and social work advice to the Integration Joint Board, the strategic planning group and localities.*¹⁰
- *How those arrangements interrelate with the remaining arrangements for providing professional clinical governance and advice within the Health Board (including the respective responsibilities of the Health Board's medical director and nurse director) and the care governance arrangements that remain with the Local Authority.]*

6. Workforce

The arrangements in relation to the Chief Officer agreed by the Parties are:¹¹

[Set out the jointly agreed arrangements including:

- *the relationship between the Chief Officer and the senior management team of the Health Board and Local Authority;*

⁹ For example, the Health Board is currently responsible for meeting a HEAT target in relation to delayed discharge. A large proportion of the functions and resources to deliver that target are delegated to the Integration Joint Board. It is therefore appropriate that the Integration Joint Board is required to take account of this target when exercising its functions.

¹⁰ For example, this may be done through the establishment of an advisory committee comprised of health and social care professionals, having health and social care professionals as non-voting members of the Integration Joint Board, etc.];

¹¹ The appointment of the Chief Officer, and the process for appointing the Chief Officer, is the responsibility of the Integration Joint Board.

- *line management of the Chief Officer.*

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

[Set out the jointly agreed arrangements including:

- *the process for appointment to jointly appointed positions, arrangements for supervision and management of people who are jointly appointed;*
- *the arrangements for the supervision and management of staff who report to a person employed by another organisation. (For example, where an integrated team comprises both Health Board and Local Authority staff managed by a Local Authority manager, the chief executive of the Health Board may direct his/her staff to follow instructions from the Local Authority manager);*
- *the process which the parties will follow to develop a joint Workforce and Organisational Development strategy in relation to teams delivering integrated services.*

[Where the Health Boards and Local Authority agree to transfer staff as part of this integration scheme they must agree and set out:

- the number and category to be transferred]

7. Finance

[Extensive Finance Guidance is available at [add link]]

The Parties must agree and set out the method of determining ¹²–

¹² The amounts described in (a) and (b) here are not subject to Ministerial approval but are subject to the approval of the Integration Joint Board.

(a) amounts to be paid by the Health Board and the Local Authority to the Integration Joint Board in respect of each of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph (b) applies); and

(b) amounts to be made available by the Health Board to the Integration Joint Board in respect of each of the functions delegated by the Health Board which are (i) carried out in a hospital in the area of the Health Board and (ii) provided for the areas of two or more local authorities.

1. Payment in the first year to the Integration Joint Board for delegated functions

The payment should be based on the baseline established from review of recent past performance¹³ and existing plans for the Health Board and the Local Authority for the functions which are to be delegated, adjusted for material items in the shadow period.

2. Payment in subsequent years to the Integration Joint Board for delegated functions

In subsequent years the amount should be adjusted for:

- Activity Changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfers to/from the notional budget for hospital services
- Adjustments to address equity of resource allocation
- The Local Government Financial Settlement

3. Method for determining the amount set aside for hospital services

[To follow-up under development by The Integrated Resources Advisory Group (IRAG)
[insert link]]

¹³ Please see Finance Guidance

In-year variations

In the following circumstances the Health Board and/or Local Authority may reduce the payment in-year by the Integration Joint Board to meet exceptional unplanned costs within the constituent authoritiesconditions to be listed.]

- Financial management arrangements
- Process for addressing budget variances

The Chief Officer will deliver the outcomes within the total delegated resources and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the relevant finance officer of the constituent authority must agree a recovery plan to balance the overspending budget. The Health Board and local authority must agree and include in the Integration scheme how they will manage an overspend in the remote circumstance that the recovery plan is unsuccessful.

Where there is a forecast underspend in an element of the operational budget this will be retained by the Integration Joint Board, except when the following conditions apply(eg material errors in the assumptions made in method to determine the payment for the function). In these circumstances the payment for this element should be recalculated using the revised assumptions.

[To Follow: Process for the management of the variances for the amount set aside in hospital budgets is under development by IRAG]

- Process for re-determining in-year allocations and conditions when they may be used
- Arrangements for asset management and capital

Financial management and financial reporting arrangements

The Integration Joint Board will receive financial management support from..... who will provide:

- Financial systems for hosting the accounting records of the Integration Joint Board
- Financial services to the Chief Officer/financial officer/Integration Joint Board to carry out their functions, ie the staff/other resources to be made available to support the preparation of the annual accounts, financial statement, financial elements of strategic plan, reports to the Chief Officer on the financial resources used for operational delivery, reporting to the board
- Monthly financial monitoring reports to the Chief Officer and the board on the performance of the budget within x days of the month end– minimum scope to be specified in a schedule
- Schedule of cash payments to be made in settlement of the payment due to the Integration Joint Board (if applicable)

8. Participation and Engagement

The Parties agree the following arrangements in respect of Participation and Engagement including:

[Set out the process by which arrangements in respect of Participation and Engagement shall be agreed including:

- *Development and review/evaluation of involvement structures*
- *Arrangements for involving seldom heard groups*
- *Arrangements for communication with the public*
- *Reporting on outcomes (and progress in integration) to the public*
- *Training and on-going support for user/public members of the Board*
- *How feedback from users/public feeds into governance arrangements*
- *Information for how people can get involved]*

9. Information Sharing and Confidentiality

- The Parties agree to be bound by the Information Sharing Protocol set out in Annex¹⁴ [].

10. Complaints

The Parties agree that there shall be one single point of contact for complaints by service users and agree the following arrangements in respect of this:

- *[Set out: Details of complaint handling for the services provided by the Integration Joint Board*
- *Details of complaint handling for staff working within the Integration Joint Board to include responses to SPSO]*

11. Liability & Indemnity

The Parties agree the following arrangements in respect of Liability and Indemnity:

The Parties must consider how they wish to make arrangements which alter, as between themselves, the normal common law or statutory position in relation to claims against their organisation. If they do, they should set out those arrangements.

[Set out agreed arrangements, for example,

- provision to the effect that each of the Parties will indemnify the other in respect of claims made by its own employees
- provision to the effect that each of the Parties will indemnify the other in respect of claims by third parties arising from acts or omission of its own employees

¹⁴ Information sharing processes need to be clearly understood and communicated. Operationally focussed agreements that support the safe and secure handling of information across organisations are crucial. The agreement must articulate the circumstances in which information will be shared and the processes for doing so. Various versions are in use across the public sector. Ministers do not endorse one particular version. The key is that it should be clearly set out and published.

- Procedures for discussing and resolving issues of disputed liability between the Parties
- Assurance arrangements including any self-assurance arrangements

12. Risk Management

The Parties are to develop a shared risk management strategy that sets out –

- The key risks with the establishment and implementation of the Integration Joint Board
- An agreed risk monitoring framework
- Any risks that should be reported on from the date of delegation of functions and resources
- The frequency that risks should be reported on
- The method for agreeing changes to the above requirements with the Integration Joint Board.

This should identify, assess and prioritise risks related to the delivery of services under integration functions, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan. Identify and describe processes for mitigating those risks. The model includes an agreed reporting standard that will enable other significant risks identified by the partners to be compared across the organisation.

[The Integration Joint Board is to be placed under a duty to

- Establish risk monitoring and reporting as set out in the framework as developed by the Health Board and the Local Authority
- To maintain the risk information and share with, in a body corporate the Health Board and the Local Authority to the timescales specified or in a lead agency model the Integration Joint Monitoring Committee to the timescales specified.]

13. Dispute resolution mechanism

The Parties hereby agree that where they fail to agree on any issue related to this Scheme, then they will follow the process as set out below.¹⁵

¹⁵ This relates to disputes between the Health Board and Local Authority in respect of the Integration Joint Board and not to internal disputes within the Integration Joint Board itself. The Parties must agree and set out a dispute resolution mechanism outlining the process which they will follow where they are unable to reach agreement on matters relating

(a) The Health Board and the Local Authority will each prepare a written note of their position on the issue and provide it to the other Party and to the Chief Officer of the Integration Joint Board;

(b) A representative of the Health Board and the Local Authority, and the Chief Officer, will meet to resolve the issue;

(c) in the event that the issue remains unresolved, the Chief Executive of the Health Board and the Local Authority, and the Chief Officer, will meet to resolve the issue;

(d) in the event that the issue remains unresolved, the Chair of the Health Board and nominated representatives of the Council will meet to resolve the issue;

(e) in the event that the issue remains unresolved, the Health Board and the Local Authority will proceed to mediation with a view to resolving the issue.

The process for appointing the mediator in (e) should be set out.

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

Scottish Government

July 2014

to the implementation of the integration scheme and the delivery of integrated health and social care services.

Annex 1

Part 1

Functions delegated by the Health Board to the Integration Joint Board

Part 2

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

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Part 2

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

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 Health Board and Local Authority 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

Additional duties or responsibilities of the Chief Officer



Item No 6
22 September 2014

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

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8838

RESPONSE TO THE SCOTTISH GOVERNMENT'S CONSULTATION ON THE STATUTORY GUIDANCE ISSUED IN RESPECT OF THE PUBLIC BODIES (JOINT WORKING) SCOTLAND ACT	
Purpose of Report:	To inform the Shadow Integration Joint Board of the content of the jointly agreed response by Glasgow City Council and NHSGGC to the consultation on the Scottish Government's statutory guidance in relation to the Public Bodies (Joint Working) Scotland Act.

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 of Report

- 1.1 To inform the Shadow Integration Joint Board of the content of the jointly agreed response by Glasgow City Council and NHSGGC to the consultation on the Scottish Government's statutory guidance in relation to the Public Bodies (Joint Working) Scotland Act.

2. Background

- 2.1 The Public Bodies (Joint Working) Scotland Act received Royal Assent in April 2014 and the Scottish Government followed this up with releases of 2 sets of draft statutory guidance separately in May with consultation end dates of August 1st and 18th respectively.

3. Draft Regulations

- 3.1 Set one of the Draft Regulations calls for comment on regulations relating to;
- Prescribed information to be included in the Integration Scheme
 - Prescribed functions that must be delegated by Local Authorities
 - Prescribed functions that may or must be delegated by a Health Board
 - Prescribed National Health and Wellbeing Outcomes
 - Interpretation of what is meant by the terms health and social care professionals
 - Prescribed functions conferred on a Local Authority Officer
- 3.2 Set two of the Draft Regulations calls for comment on regulations and orders relating to;
- Establishment, membership and proceedings of the joint monitoring committee in lead agency arrangements
 - Membership, powers and proceedings of integration joint boards in body corporate arrangements
 - Prescribed groups which must be consulted when drafting integration schemes, prescribed consultees for draft strategic plans, prescribed consultees for localities, prescribed consultees for revised integration schemes
- 3.3 The Shadow Integrated Joint Board at its inaugural meeting on 23rd June agreed that a joint response should be returned on both sets of guidance to reflect the spirit of partnership and consensus that it wishes to strive to achieve as both organisations move towards full integration from April 2015.
- 3.4 The consultation was completed in early July and a draft response was presented electronically to all voting members of the Shadow Board for consideration and approval prior to submission of both responses by the 1st August. Copies of the responses can be requested from Stuart.Donald@sw.glasgow.gov.uk.

4. Key Points in the response documents

- 4.1 There has been almost unanimous consensus achieved by both Glasgow City Council and NHS GGC in relation to the response.
- 4.2 There are 2 or 3 areas of a difference of view between the Council and Health, reflected within the response, clearly indicated at the relevant questions.
- 4.3 These differences are 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. NHS GGC disagree with this inclusion.
- 4.4 The areas of difference will be a) determined by the Scottish Government in the final statutory guidance produced, and b) 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.
- 4.5 Of note for Board Members are the responses to inclusions in the guidance relating to:
 - The wording of a number of the National Outcomes
 - The authority of the full Integrated Joint Board with regard to its members especially where there are discipline/reputational issues
 - The status of a voting member of the Integrated Joint Board if he or she resigns from their parent body.
 - The inclusion of Housing Legislation

4.6 Next Steps

- Scottish Government officials are currently analysing the responses and a summary will be published by late September 2014
- The Regulations and Orders will start to be laid in Parliament from late September 2014
- The Regulations and Orders will come in to force by December 2014

5. Recommendations

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



Item No 7
22 September 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 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 The Glasgow Health and Social Care Partnership's approach to the establishment of Strategic Planning Groups and development of the Strategic Plan is to build on the existing joint planning structures already in place between Social Work Services and NHS Greater Glasgow and Clyde.
- 3.3 A draft Strategic Plan will be presented to the Integration Joint Board at the first meeting after full integration in April 2015. There will then follow a period of consultation as prescribed in the Act and associated Regulations and Orders.
- 3.4 Following completion of the consultation process, a final draft Strategic Plan will be presented to the Integration Joint Board for approval.

4 Recommendations

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



Report to: Health and Social Care Integration Steering Group
From: Christina Heuston and Sybil Canavan
Date: 29 August 2014
Subject: Status Report August 2014 - HR Work stream

1. Workstream Achievements to Date

There is little change since the last report in May 2014. The main progress is that SWS/HR HR colleagues have started to meet on set HR areas - these groups will create the management guidance on key policies and procedures.

2. Planned Activity

- Ongoing review of processes and activities that will require clarity
- Creation of guidance for managers on the process / procedure to follow within a joint service
- Obtain detail on future line management arrangements and structures and set an agreed implementation process for any new structure
- Equality Impact Assessment to be carried out
- Comparison of Conditions of Service and current Policies

The areas currently identified for review or where guidance is required are:

- Recruitment for Joint posts
- Decision making routes eg filling of posts, work life balance requests
- Grievance procedures
- Discipline procedures
- Bullying and Harassment procedures
- Absence Management procedures
- HR IT systems

3. Risks and Issues

A risk assessment has not yet been undertaken however a current low level issue is that any change in management structures may have an impact on

some operational matters. Depending on these timescales briefings will managers or some practical training may have to be arranged eg GCC My Portal

4. Support Required from Other Workstreams

- IT workstream
- Any other workstream where activity may impact on employees



Report to: Health and Social Care Integration Steering Group

From: Communications Workstream
Jason Mokrovich, Workstream Lead
Gary Dover, Workstream Lead

Date: 29 August 2014

Subject: Status Report August 2014 – Communications Workstream

1. Workstream Achievements to Date

- 1.1 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).

2. Planned Activity

- 2.1 The main, current 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 all-staff briefings;
 - updating of HSCI information briefs (staff and public/partners) and presentation;
 - development of brand identity for the partnership;
 - mapping exercise of intranet and internet sites;
 - development of joint media protocol

- any support required for consultation/engagement activities by other other workstreams (e.g., Locality Planning and Planning and Performance);
- communication activity for the Joint Inspection of Older People's Services and
- developing a partnership approach to communications work with support from OD.

3. Risks and Issues

- 3.1 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 and steering groups and processes that have governance around them.

4. Support Required from Other Workstreams

- 4.1 The Communications Workstream generally requires other workstreams to provide content for communications as and when required. It will also need to work with the OD and ICT Workstreams in relation to the development of a brand identity and brand identity system for the partnership.



Report to: Health and Social Care Integration Steering Group
From: Susanne Millar, Assistant Director Social Care Services
Date: 29 August 2014
Subject: Status Report May 2014 - Governance Workstream

1. Workstream Achievements to Date

Tasks completed by the Governance workstream to date include:

- Initial meeting 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

2. Planned Activity

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

3. Risks and Issues

The key risks to this workstream are in relation to the additional regulations attached to the Public Bodies (Joint Working) (Scotland) Act, particularly around the structure and function of the Integration Joint Board. If the final approved version of the regulations differs significantly from the draft version published in May 2014 there may be a requirement to re-visit proposals which have already been developed.

4. Support Required from Other Workstreams

All workstreams will link with the Governance workstream on an as-required basis over the course of 2014-15. There is a particular requirement at this stage for input from the OD workstream to support development of the Shadow Board, and from HR and Finance to support any work required in these respective areas.



Report to: Health and Social Care Integration Steering Group
From: Mark Darroch, Fiona Lockhart and Shirley Ann Moore
Date: 29 August 2014
Subject: Status Report Aug 2014 - ICT

1 Workstream Achievements to Date

- Interim solution for access to GCC applications from NHS PCs has been implemented
- VDI icon has been rolled out
- Initial meeting on requirements for Gorbals Health Centre
- Paper produced for consideration of strategic ICT requirements for HSCI
- SW staff on Health sites added to Mobile project
- Initial discussions held on access to Health/Council systems via wifi
- BEF submitted for CHI seeding and initial work carried out

2 Planned Activity

- Completion of switchover from Health Citrix to VDI
- Gorbals Health Centre – further consideration of requirements
- New Childrens' Hospital – consideration of requirements
- EMIS printing for Addiction Services – consideration of requirements
- Addiction ISD extract – current version testing delayed due to requirement for Privacy Impact Assessment
- Workshop on wifi and mobile working arrangements
- 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

3 Risks and Issues

- 3.1 Technical issues may impact on the completion of the transition from Citrix to VDI which may impact on NHS contractual arrangements with ATOS.

- 3.2 The interim solution to allow access to Council systems from NHS sites may not be sufficient for the required number of users, which may lead to these users having difficulty accessing systems, including careFirst.
- 3.3 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.

4 Support Required from Other Workstreams

- 4.1 The ICT workstream will need to know the plans for property and co-location and the answers to a number of questions which are outlined in an accompanying paper.



Report to: Health and Social Care Integration Steering Group
From: Mike Burns and Mark Feinmann
Date: 29 August 2014
Subject: Status Report August 2014 – Locality Planning Workstream

1. Workstream Achievements to Date

1.1 Since previous report (27 May 2014);

We held a workshop for health, social care and community planning staff on 24 June at the Campanile. The discussions focused on identifying the most valuable aspects of engagement, reviewing examples of existing and previous engagement structures and processes that work(ed) well and exploring the features of successful engagement. A report from the workshop has been shared with those attending and placed on StaffNet and Connect.

1.2 We have now started similar discussions with a broad range of stakeholders including Voluntary Sector, Independent Sector, Service User and Carer representatives, GPs and other Primary Care colleagues. We are keen to hear how they would like to engage and participate in the development of Locality Planning within the HSCP. It is likely that there will be a number of events and workshops during October and November. Further details will follow.

2. Planned Activity

2.1 Workshops with range of stakeholders to be planned;

- Third Sector Interface – work to plan agenda, format and timeline (planning for events throughout October / November).
- Social Care Ideas Factory (SCIF) – work to plan agenda and format for session on 22 November
- Local events sector based for PPF/ Voices for Change / Service User and Carer Groups / Local community groups / housing organisations
- Other professionals and partners – GPs and other primary care contractors, community planning partners

- 2.2 Develop clear plan of resources required to fund and support events.
- 2.3 Initial paper to outline current position, legislative requirements and early thinking within Glasgow to be developed, shared with Steering Group (September 2014) then used as starting point for discussions with broader range of stakeholders.
- 2.4 Reflect on Scottish Government guidance and any amendments to legislation as they may apply to locality planning.

3. Risks and Issues

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

4. Support Required from Other Workstreams

- 4.1 Support required from OD workstream in terms of helping to design and shape series of workshops, collate and record discussions, log events and evidence of engagement.

Support required from Communications workstream to ensure we reach those stakeholders we want to engage with and report / share outcome of discussions.

Connection with work of Governance workstream will be vital as the model of Locality Planning starts to emerge.



Report to: Health and Social Care Integration Steering Group

From: Isla Hyslop and Tony Mackie OD Work stream

Date: 29 August 2014

Subject: Status Report August 2014 - OD Work stream

1. Work stream Achievements to Date

- 1.1 The OD work stream has been focussing on the initial elements of the transition plan to look at how the monies might best be used and to start to deliver the engagement events which will inform the thinking and activity to develop the infrastructure of the Health and Social Care Partnership. Listed below are the activities which are happening and planned so far.
- 1.2 Project Manager for OD approach to Transition in post August 2014
- 1.3 A revised OD plan for transition with priorities in line with feedback from project steering group – to receive further detail and refinement following strategy planning event and planning (26 Aug)
- 1.4 Informed development and delivery of Localities event 24 June 2014 – outcome principles for further locality engagement
- 1.5 Informed development, design and delivery of Care Governance event planned for 12 September – outcome to test proposed model for care governance in the Partnership
- 1.6 Design, develop and deliver Shadow IJB session 29 August as part of programme of activities for Shadow IJB – Outcome to introduce new members to the priorities for the year ahead and engage commitment to deliver
- 1.7 Design develop and deliver leadership event 11 August as part of ongoing engagement with senior managers to identify vision, values and behaviours to lead change
- 1.8 Collaborated with communications work stream to agree templates for communication of outcomes from events and for design of managers brief to support communication and engagement on an ongoing basis
- 1.9 Production of events calendar for shared use as identified by Communications work stream
- 1.10 Inform integration strategy in relation to Workforce and OD strategy

2. Planned Activity

- 2.1 Deliver aspects of OD plan for transition (ongoing plan attached)
- 2.2 Ensure other work streams are aligned with vision for integration and the OD approach to support this
- 2.3 Further leadership event to be delivered Sept/Oct capturing feedback from session held 11 August as part of ongoing engagement with senior managers
- 2.4 Wider staff side event to be designed and delivered across the city Sept/Oct
- 2.5 Continue to support other work streams in the design, development and delivery of their specific OD requirements

3. Risks and Issues

- 3.1 Lack of vision, engagement and commitment across services would impact on delivery of change plan for integration
- 3.2 Failure to align and spend OD monies within year and therefore to carry out transition plan
- 3.3 Staff engagement with change process
- 3.4 Senior management buy in to new structure
- 3.5 Failure to recruit to OD Project Manager Admin support post

4. Support Required from Other Workstreams

- 4.1 regular input to and collaborations required with all work streams



Report to: Health and Social Care Integration Steering Group
From: Janette Cowan and Hamish Battye
Date: 29 August 2014
Subject: Status Report August 2014 - Planning and Performance

1. Workstream Achievements to Date

- 1.1 The Planning and Performance workstream remit document was approved by the Integration Project Team in June, and work has commenced to:
- Map out existing strategic planning and performance management arrangements in place in both organisations
 - Initiate discussions on how our planning and performance arrangements should evolve in line with the requirements of the legislation
- 1.2 The workstream has mapped existing performance measures to the draft National Health and Wellbeing Outcomes.
- 1.3 A survey of existing joint planning groups has been issued and an event held on 26th August to discuss the findings of the survey and identify how planning arrangements should evolve as we move towards integration.

2. Planned Activity

- 2.1 Key activities planned over the next few months are:
- Identify key performance indicators and measures to be used by the partnership
 - Develop proposals for a joint performance management process
 - Develop proposals for the partnership's strategic planning framework
 - Support planning groups to develop strategic plans for their area of responsibility
 - Follow-up Strategic Planning Event (late October)
 - Event with key stakeholders re Performance Management
 - Draft the overarching strategic plan for the partnership
 - Co-ordinate consultation on the partnership strategic plan

3. Risks and Issues

- 3.1 Scottish Government will issue a suite of suggested key indicators to support performance management and reporting around October / November 2014. If these vary significantly from expectations there may be an element of re-work required.
- 3.2 ICT and data quality issues may impact on the quality of performance information available to the partnership.

4. Support Required from Other Workstreams

- 4.1 The workstream will require support from many workstreams, particularly in development of the strategic plan where there will be a need for input in particular from Finance, HR, Locality Planning, and Communications. The extent of support requirements will become clearer as work progresses.



Report to: Health and Social Care Integration Steering Group

From: Janette Cowan and Hamish Battye

Date: 29 August 2014

Subject: Status Report August 2014 - Planning and Performance

1. Workstream Achievements to Date

- 1.1 The Planning and Performance workstream remit document was approved by the Integration Project Team in June, and work has commenced to:
- Map out existing strategic planning and performance management arrangements in place in both organisations
 - Initiate discussions on how our planning and performance arrangements should evolve in line with the requirements of the legislation
- 1.2 The workstream has mapped existing performance measures to the draft National Health and Wellbeing Outcomes.
- 1.3 A survey of existing joint planning groups has been issued and an event held on 26th August to discuss the findings of the survey and identify how planning arrangements should evolve as we move towards integration.

2. Planned Activity

- 2.1 Key activities planned over the next few months are:
- Identify key performance indicators and measures to be used by the partnership
 - Develop proposals for a joint performance management process
 - Develop proposals for the partnership's strategic planning framework
 - Support planning groups to develop strategic plans for their area of responsibility
 - Follow-up Strategic Planning Event (late October)
 - Event with key stakeholders re Performance Management
 - Draft the overarching strategic plan for the partnership
 - Co-ordinate consultation on the partnership strategic plan

3. Risks and Issues

- 3.1 Scottish Government will issue a suite of suggested key indicators to support performance management and reporting around October / November 2014. If these vary significantly from expectations there may be an element of re-work required.
- 3.2 ICT and data quality issues may impact on the quality of performance information available to the partnership.

4. Support Required from Other Workstreams

- 4.1 The workstream will require support from many workstreams, particularly in development of the strategic plan where there will be a need for input in particular from Finance, HR, Locality Planning, and Communications. The extent of support requirements will become clearer as work progresses.



Report to: Health and Social Care Integration Steering Group

From: Ann-Marie Rafferty & Dr Michael Smith: Quality, Care and Professional Governance Workstream

Date: 29 August 2014

Subject: Status Report August 2014 – Quality, Care and Professional Governance

1. Workstream Achievements to Date

1.1 We have drawn up a draft proposal for governance arrangements, to be consulted on at a stakeholder session organised for the 12th September.

2. Planned Activity

2.1 To deliver the engagement session and above, and amend the draft proposal as appropriate

2.1 To test the proposals made in the Scottish Government's "model integration scheme" against current thinking

3. Risks and Issues

3.1 There are no significant risks, given that governance arrangements are already in place and will continue until this workstream is concluded

4. Support Required from Other Workstreams

4.1 Ongoing OD support is in place



Report to: Health and Social Care Integration Steering Group

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

Date: 29 August 2014

Subject: Status Report August 2014 – HSCI Technical Finance Working Group

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.

The work is based on the IRAG guidance and we have a mini PID and monthly updates to the main group.

The first two draft papers on Management of Integrated Budgets – Guiding Principles and Scheme of Virement are due to go to the main group on the 10 September 2014 from the work undertaken to date from Workstream 2.

2. Planned Activity

- 2.1 All the tasks within the Group 2 remit have been allocated out to officers with the aim of having first drafts of the papers by October 2014.

3. Risks and Issues

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

4. Support Required from Other Workstreams

- 4.1 The key will be to link in with the Chief Officers Group and any other internal group as and when required as the papers are developed.



Item No 9a
22 September 2014

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

Report By: Stephen Fitzpatrick / David Walker

Contact:

Tel:

--

Purpose of Report:	To advise the Shadow Integration Joint Board of the joint inspection of health and social work services for older people within Glasgow.
---------------------------	------------------------------------------------------------------------------------------------------------------------------------------

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:	EQIA carried out - None
Implications for Glasgow City Council	None
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose of Report

- 1.1 To advise the Shadow Integration Joint Board of the joint inspection of health and social work services for older people within Glasgow.

2. Background

- 2.1 At the end of July 2014, Glasgow City Council 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. The start date for the inspection is 1 August 2014. Given that the joint inspection is an inspection of both health and social work services, the inspection is referred to as that of the 'partnership'.
- 2.2 The CI is the unified independent regulator and inspector of social care and social work services across Scotland. HIS is the scrutiny and improvement body for NHS Scotland and regulator for independent healthcare providers.
- 2.3 The partnership's inspection is based on pilot inspections in 2013 taken forward on a joint basis between the CI and HIS. They are 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 Scrutiny Model and Quality Indicators

- 3.1 The inspection will consider how well health and social work systems work together to deliver the best outcomes for older people to provide the support that allows them to live in the community at home or in a homely setting.
- 3.2 Key elements of the scrutiny model for the multi-agency inspection include:
- targeted, proportionate and risk-based where the level of inspection is commensurate with the assessed need for scrutiny;
 - provides public assurance that services are delivering quality outcomes;
 - informed by assessed needs, rights and risks;
 - open and transparent;
 - focuses on continuous improvement and development;
 - evaluates the consistency of outcomes for people who are supported by health and social services across Scotland and
 - reduces the scrutiny landscape by incorporating sampling of regulated services as part of the model of scrutiny.
- 3.3 Health and social work services for older people will be inspected and evaluated in 10 quality areas, which will include 27 quality indicators:
- key performance outcomes (2 indicators);

- getting help at the right time (3);
- impact on staff (1);
- impact on the community (1);
- delivery of key processes (4);
- policy development and plans to support improvement in services (5);
- management and support of staff (3);
- partnership working (3);
- leadership and direction that promotes partnership (4) and
- capacity for improvement (1).

4 Process

4.1 Ian Binnie has been identified as the lead inspector. He has overall project management responsibility for the inspection and is supported by a joint inspection team.

4.2 The joint inspection occurs over a 24-week period and evidence is gathered to assess older people services against the quality indicators outlined in Paragraph 3.3. This will involve a range of methods and include engagement with a range of stakeholders. These include:

- submission of the partnership's core documentation and position statement to support the quality indicators
- inspection survey for relevant health and social work staff involved in the delivery of older people services
- the reading and scrutiny of 100 randomly-selected health and social work case files of patients/service users
- case file reading follow-up scrutiny including core scrutiny sessions, interviews and focus groups with individuals and groups:
 - health and social work senior managers
 - elected and Board members
 - health and social work staff
 - service users groups
 - unpaid carers
 - groups representing unpaid carers and advocacy groups
 - potential site visits to services.

4.3 The inspection report is expected to be available in January 2015. Based on the findings of this report an improvement plan will be agreed between the partnership and the joint inspection team which will be implemented and monitored. Progress would routinely be reported to the CI and HIS, through a rigorous process, providing evidence of compliance to the action plan.

5. Recommendations

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



Item No 9b
22 September 2014

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

Report By: Head of Service Development, Social Work Services
Contact: Sharon Wearing
Tel: 0141 287 8838

SOCIAL WORK SERVICE REFORM PROGRAMME 2014/15

Purpose of Report: To advise the Shadow Integration Joint Board of Social Work Services' programme of Service Reform activity in 2014/15

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	The financial efficiencies identified within Social Work Services' service reform programme is reflected in Glasgow City Council's Budget and Service Plan 2013-2015
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose of Report

- 1.1 The purpose of this report is to advise the Shadow Integration Joint Board of Social Work Services' programme of Service Reform activity in 2014/15.

2. Background

- 2.1 2014/15 is the second year of Glasgow City Council's two-year Budget and Service Plan. The Budget and Service Plan identified a programme of reforms to be delivered by all Council services, and the reductions in expenditure associated with those reforms.
- 2.2 Service Reform activity during 2013/14 within Social Work Services delivered approximately £7million reduction in expenditure. The Budget and Service Plan outlines approximately a further £7.5million reduction to be delivered in 2014/15.
- 2.3 This paper provides an overview of the service reform activity taking place throughout 2014/15 and the current status of those projects.

3. Service Reform Programme

3.1 Small Scale Service Reform

This reform consisted of deletion of vacant posts and restructuring of a number of teams across the service. This was largely delivered in 2013/14, with the additional £16k to be released in 2014/15 now delivered in full.

3.2 Review of High Cost Care

This reform consists of three strands:

- Care Management reviews of Learning Disability service users over the age of 65 who may be more appropriately provided for within Older People's services
- Review of service users in receipt of high-cost specialist residential services, such as enhanced nursing care for dementia.
- Restructuring of the Physical Disability (PD) rehab service within Direct Services.

Reforms under this heading have been scheduled to release £1.9million of resource in 2014/15.

3.3 Reduction of Adult Personalisation Budgets

The key objectives of this programme for 2014 are:

- Completion of the Personalisation review

- Negotiated reduction of rates payable to providers
- Implementation of a framework for purchased personalised services

The planned reduction in expenditure in 2014/15 associated with this programme is £1.3m.

3.4 Introduction of Personalisation Across Older People's (OP) Services

Work is ongoing to deliver the anticipated £1million reduction in expenditure under this reform programme in line with the strategic direction of the service.

3.5 Review of Purchased Services

This reform consists of a series of reviews of purchased services and payments to voluntary organisations, including a number of instances of moving to cost and volume funding, which would generate efficiencies with minimal impact on service users. The anticipated £675,000 reduction in expenditure associated with this reform is on course to be delivered in full.

3.6 Reablement

The reablement service is a partnership between Social Work Services, Cordia and NHS Greater Glasgow and Clyde, which provides tailored support to people in their own home for up to six weeks. It builds confidence by helping people to regain skills to do what they can and want to do for themselves at home. The service is on course to fully deliver the anticipated reduction in expenditure of £1.75million in 2014/15.

4. Recommendations

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



Item No 9c
22 September 2014

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

Report By: Head of Finance & Performance, Glasgow City CHP
Contact: Jeanne Middleton
Tel: 0141 211 3722

GLASGOW CITY CHP SERVICE REDESIGN PROGRAMME 2014/15

Purpose of Report: To advise the Shadow Integration Joint Board of Glasgow City CHPs programme of Service Redesign activity in 2014/15

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	The financial efficiencies identified within Glasgow CHPs service redesign programme is reflected in NHS Greater Glasgow & Clyde Financial Plan 2014-2015
Implications for NHS Greater Glasgow & Clyde	None

1. Purpose of Report

- 1.1 The purpose of this report is to advise the Shadow Integration Joint Board of Glasgow City CHP programme of service redesign activity resulting in cash-releasing savings in 2014/15.

2. Background

- 2.1 2014/15 is the third year of Community Health & Care Partnerships collective service redesign programme. The Health Boards Financial Plan identified a programme of service redesigns to be delivered by all Partnerships, and the reductions in expenditure associated with those service redesigns. The approved plan reported a Board level cash-releasing savings target of £6m to be delivered by Partnerships in 2014/15.
- 2.2 From within the Boards overall service redesign plan Glasgow CHP was allocated a savings target of £4.7m against the CHPs directly managed service budgets.
- 2.3 This paper provides an overview of the service redesign activity taking place throughout 2014/15 and the current status, including the resultant cash-releasing savings, of those projects.

3. Service Redesign Programme

Clinically Led Redesigns:

3.1 Specialist Children

This service redesign consists of three strands:

- Tier 4 Child & Adolescent Mental Health Services Workforce Re-design Productivity Improvements - Improved skill mix and more effective utilisation of staff.
- Community Paediatrics workforce re-design inclusive of SLT workforce redesign will improve skill mix with more effective utilisation of staff.
- Reduce GG&C usage of Adolescent Inpatient provision at Skye House to 50% over 3 years. Delivery of this change should have no impact on patient care as this relates to improvements in assessment, care planning and discharge arrangements

Reforms under this heading have been scheduled to release £0.320 million of resource in 2014/15.

3.2 Mental Health Inpatient services

This redesign consists of three strands:

- Adult Mental Health service redesign resulting in the four to three ward consolidation within Leverndale Hospital site;
- Elderly Mental Illness Inpatients service redesign resulting in the four to two ward consolidation within Stobhill Hospital site;
- Modernisation Clyde Strategy pending outcome of implementation of Inverclyde model. At this stage completion is planned for December 2014.

Reforms under this heading have been scheduled to release £1.6million of resource in 2014/15.

Efficiency and Productivity Redesigns

3.3 Local and Hosted

This redesign consists of a series of reviews of local and hosted services with minimal impact on service users.

The key objectives of this programme for 2014 are:

- Skill mix redesign and workforce planning of a number of teams across the service; the review also includes exploring redeployment opportunities with staff;
- Ongoing review of Addictions, Sexual Health and Homelessness services will release savings through efficiencies and productivity gains;
- Other local Mental Health reviews:
 - Clinical training review
 - Psychology resource workforce plan

Reforms under this heading have been scheduled to release a net £2.8million of resource in 2014/15.

4. Recommendations

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



Item No 9d
22 September 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

INTEGRATED CARE FUND

Purpose of Report: To inform the Shadow Integration Joint Board about the Integrated Care Fund for 2015 - 2016

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 of Report

- 1.1 To inform the Shadow Integration Joint Board about the Integrated Care Fund for 2015 - 2016.

2. Background

2.1 Reshaping Care for Older People is a Scottish Government initiative aimed at improving services for older people by shifting care towards anticipatory care and prevention. For the last four financial years (2014-15 being the last), Glasgow has received a Change Fund in pursuit of the reshaping care agenda.

2.2 In 2015 – 2016 a new Integrated Care Fund (ICF) will provide £13.27 million to Glasgow to support people with Long Term Conditions (LTCs) including older people by;

- developing integrated services to reduce demand for health and social care (for example for emergency care)
- driving the shift towards prevention and early intervention
- strengthening the approach to tackling health inequalities (with funding weighted to areas of greatest need)

3. The Integrated Care Fund

3.1 The national guidance asks partnerships to submit an Integrated Care Plan (ICP) by 12 December comprising a simple template and reporting against six key principles co-production, locality, sustainability, leverage, involvement and outcomes.

3.2 There are a number of conditions set by the guidance

- the ICF is only confirmed at this stage for 2015-16 with any continuation subject to the next Comprehensive Spending Review
- the proposals must be developed in partnership with a specified set of partners
- unlike Reshaping Care for Older People this fund is not confined to older people but extends to all adults with LTCs (multiple and complex conditions)
- the ICF cannot be used to fund either care home places or hospital beds and is not intended as a straight replacement for the Change Fund

4. Developing the Programme

4.1 Areas where the ICF could be aligned to include five broad categories of spend are

- Prevention
- Early Intervention
- Anticipatory Care

- Integrated care pathway
 - Extra care housing
- 4.2 The process for developing and endorsing the priorities will be important and will, as defined by the guidance, need to explicitly involve, social housing, the third sector and independent sectors and users and carers. The Chief Officer (designate) is tasked within the guidance to take responsibility to work with all partners to develop the Plan and this will be progressed by the next Shadow Board meeting.
- 4.3 The third and independent sectors are required to sign off the Plan. It is the Chief Officer's recommendation that the Plan is presented to the next Shadow Board meeting on 17th November for approval, and that the representatives for the third and independent sector on the Shadow Board are the agreed signatories.
- 5. Recommendation**
- 5.1 The Shadow Integration Joint Board is asked to note this report and request that a progress report and the proposed funding programme is brought back to the next meeting of the Shadow Integrated Joint Board.

