

GLASGOW CITY HEALTH & SOCIAL CARE PARTNERSHIP

Monday, 26th January 2015 at 10.00 am
In the City Chambers, George Square, Glasgow

AGENDA

- | | Enclosure |
|--|--------------|
| 1. Welcome, Introductions and Apologies for Absence | |
| 2. Minutes | |
| To approve as a correct record the Minutes of the meeting of the Shadow Board held on 17 th November 2014. | Minutes |
| 3. Matters Arising (not otherwise on the Agenda) | |
| 4. Senior Management Appointments and Workplan | |
| David Williams, Chief Officer Designate | Paper |
| 5. Draft Vision Statement | |
| David Williams, Chief Officer Designate | Paper |
| 6. Integration Scheme | |
| David Williams, Chief Officer Designate | Paper |
| 7. Integrated Care Fund | |
| David Williams, Chief Officer Designate | Paper |
| 8. Draft Process for Joint Appointments | |
| David Williams, Chief Officer Designate | Paper |
| 9. Clinical and Care Governance arrangements (presentation) | |
| Ann Marie Rafferty, Head of Social Work (North East) and Michael Smith, Lead Associate Medical Director (Mental Health Services) | Presentation |
| 10. Future meeting Dates | |
| 23 February at 1330 hours | |
| 30 March at 1000 hours | |
| 11 May at 1100 hours | |

SHADOW HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

Minutes of Joint Board Meeting (DRAFT).

Glasgow, 17th November 2014.

Present: Councillor Archie Graham, Glasgow City Council (Chair), Peter Daniels, NHS GGC (Joint Chair), Bailie Mohammed Razaq, Councillors Marie Garrity and Russell Robertson, Glasgow City Council; Robin Reid, Ros Micklem, Donald Sime and Andrew Robertson, Board Members NHS GGC; Anne Scott (social care user representative); Shona Stephen (third sector provider organisations representative); Ann Souter (patient representative); John McVicar (carers representative); and Ian Leech (staff representative SWS).

Apologies: Bailie Aileen Colleran and Councillors James Adams and Emma Gillan, Glasgow City Council; Grant Carson and Rev Norman Shanks, NHS GGC; and Mike Burns, SWS GCC.

Attending: Anna Castelvechi (Clerk); David Williams, Chief Officer Designate; Mari Brannigan, Richard Groden, Mark Darroch, Isla Hislop and Jeanne Middleton, NHS GGC; Janette Cowan, Stephen Fitzpatrick, Jason Mokrovich, Ann Marie Rafferty and Sharon Wearing, SWS Glasgow City Council; John Dearden, Mark Feinmann, Alex McKenzie and David Walker, Glasgow CHP; Winnie Burke, Healthcare Improvement Scotland; and Ian Binnie, Care Inspectorate.

1 Minutes of meeting on 22nd September 2014 approved.

The minutes of 22nd September 2014 were submitted and approved as a correct record.

2 Matters arising - Membership update – Recommendation approved.

With reference to the minutes of 22nd September 2014 (page 1, paragraph 2) noting a membership update, the Chief Officer Designate advised that with respect to representation from private sector care providers, he had sought Expressions of Interest from a number of private sector care provider organisations and following a validation exercise, his recommendation was that Peter Miller, Aspire Housing & Personal Development Services be nominated to join the Shadow Integration Joint Board (SIJB) as a representative of private sector care provider organisations.

After consideration, the SIJB approved the nomination.

3 Update on Development of Integration scheme noted – Authority to Joint Chairs.

There was submitted 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, which must be approved by Scottish Ministers;
- (2) draft Affirmative Regulations to support the integration of health and social care, including prescribed matters, were laid in the Scottish Parliament on 3rd October 2014;
- (3) the revised regulations differed slightly from the original draft regulations and a revised Model Integration scheme, (as appended to the report) had been produced to reflect the changes;
- (4) work was still ongoing on the document and there were areas such as Finance where information had not been included because details were still being developed; and
- (5) Scottish Government officials had advised that the timescale for ministerial approval of the Integration Scheme was 12 weeks from the date of submission to Scottish Ministers and based on Glasgow's current timetable, the earliest date by which the Joint Board could be established was mid May, rather than 31st March 2015 when current arrangements would cease.

The Chief Officer Designate then advised that a delay to the establishment of the Joint Board during the period between 31st March and mid May 2015 would cause challenges, particularly to the legal status of the CHP and that he might have to request that the SIJB write to Ministers to seek clarification of how such a delay would be regarded.

After discussion, the SIJB

- (a) noted the report; and
- (b) delegated authority to the joint chairs to correspond with Scottish Ministers on the issue should the position continue to be unclear.

4 Consultation arrangements for Integration Scheme approved.

There was submitted and approved a report by the Chief Officer Designate regarding the proposed approach to consultation on the Integration Scheme

as required by the Public Bodies (Joint Working) (Scotland) Act 2014, advising that

- (1) the Act required that a joint consultation exercise was carried out to inform development of the Scheme and the number of groups who must be consulted were prescribed in the Act and associated regulations;
- (2) although the Act did not detail any specific process by which consultation must be carried out, further guidance from the Scottish Government had made clear that partnerships may carry out consultation in such a manner as they deemed appropriate, provided it was done in an open and inclusive manner and that it could be demonstrated that any views expressed in consultation were considered and accounted for; and
- (3) of the proposed consultation format, methods and timescale period, which allowed sufficient time for responses to be collated and considered ahead of the production of a revised Integration Scheme for presentation to the SIJB early in 2015.

5 Integration Steering Groups - Update reports noted.

There were submitted and noted worksteam status reports for

- (1) Communications;
- (2) Governance;
- (3) Information Technology;
- (4) Locality Planning;
- (5) Organisational Development;
- (6) Planning and Performance;
- (7) Quality, Care and Professional Governance; and
- (8) HSCI Technical Finance.

The Chief Office Designate advised orally on the current status of the HR Workstream and confirmed that a clear statement about joint appointments would be submitted to the January meeting.

6 Development of Strategic Development Plan – Progress Report noted.

With reference to the minutes of 22nd September 2014 (page 5, paragraph 5), there was submitted and noted a progress 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 Act required the formation of a Strategic Planning Group to support the development of the Strategic Plan for the partnership area whose membership 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;
- (2) given the scale of the Glasgow partnership, a series of strategic planning groups would be established, including older people, mental health, disabilities, homelessness, addictions and carers;
- (3) each Strategic Planning Group would feed into an overarching strategic plan for the partnership, which would be reviewed by the Executive Group, before submission to the SIJB for approval following a period of stakeholder consultation;
- (4) in addition, a Strategic Planning Forum would be established to coordinate the activity required to develop the overarching Strategic Plan for the Partnership and ensure it aligned with the vision of the Partnership;
- (5) the Partnership would develop a three year plan which would work towards a ten-year vision and would be subject to ongoing review by the Integration Joint Board and the management structure of the partnership, with a formal review carried out every 3 years, in line with legislative requirements; and
- (6) based on current planning timescales and recent advice from Scottish Government and allowing for the required amount of consultation, the earliest that Glasgow's Strategic Plan could come into effect was the end of August 2015 and officers from both GCC and GGCNHS were currently considering the implications of this.

7 Proposed senior management structure noted.

There was submitted and noted a report by the Chief Officer Designate setting out proposals for the redevelopment of the senior management and leadership structure for the Glasgow City Health and Social Care Partnership from April 2015.

8 Integrated Care Fund – Funding allocations approved etc.

With reference to the minutes of 22nd September 2014 (page 9, paragraph 10) there was submitted a further report by the Chief Officer Designate regarding the Integrated Care Fund (ICF) for 2015/16, advising that

- (1) in 2015/2016 a new Integrated Care Fund would provide £13.29m 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) meetings had taken place with key partners including senior representation from Social Work, Glasgow City CHP, NHS Acute, Scottish Care, Third Sector, Wheatley Group, West of Scotland Forum of Housing Associations and the Council's Development and Regeneration Services and consensus had been reached regarding 4 priority areas and notional allocations of the available £13.29 m for Glasgow as follows
 - (a) Integrated Discharge Pathways £5.09m;
 - (b) Accommodation Based Strategy £4.0m; and
 - (c) Anticipatory Care/ Prevention & Early Intervention £4.2m;
- (5) further work was required by strategic leads in relation to the detail of each proposal which should be concluded in advance of the 12th December 2014 deadline for submission to the Scottish Government;
- (6) recent discussions with senior civil servants had confirmed that the Scottish Government was supportive of the emerging direction of the Glasgow submission and the Chief Officer Designate would take responsibility for the submission to Scottish Government and since there would be no meeting of the Shadow Joint Board prior to the December 2014 deadline, approval of the final submission would be sought from the Shadow Board co-chairs

After consideration, the SIJB approved

- (i) the 4 identified priority areas for ICF investment;
- (ii) the notional allocations attached to each priority area; and
- (iii) the proposed approval process for the final submission to Scottish Government.

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

With reference to the minutes of 22nd September 2014 (page 7, paragraph 7) there was submitted an update report by the Chief Officer Designate regarding the ongoing joint inspection by the Care Inspectorate and Health Improvement Scotland of health and social work services for older people within Glasgow.

10 2015 meeting dates noted.

The SIJB noted that meetings had been arranged for 26th January and 30th March 2015 at 10.00 hours in the City Chambers, Glasgow.



Item No 4i

26 January 2015

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

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

SENIOR MANAGEMENT APPOINTMENTS AND WORKPLAN

Purpose of Report:

This report brings Shadow Board up to date on the matching process that has taken place amongst the most senior managers in the Health and Social Care Partnership and outlines agreed joint activity planned to March

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 This report brings Shadow Board up to date on the matching process that has taken place amongst the most senior managers in the Health and Social Care Partnership and outlines agreed joint activity planned to March

2 Background

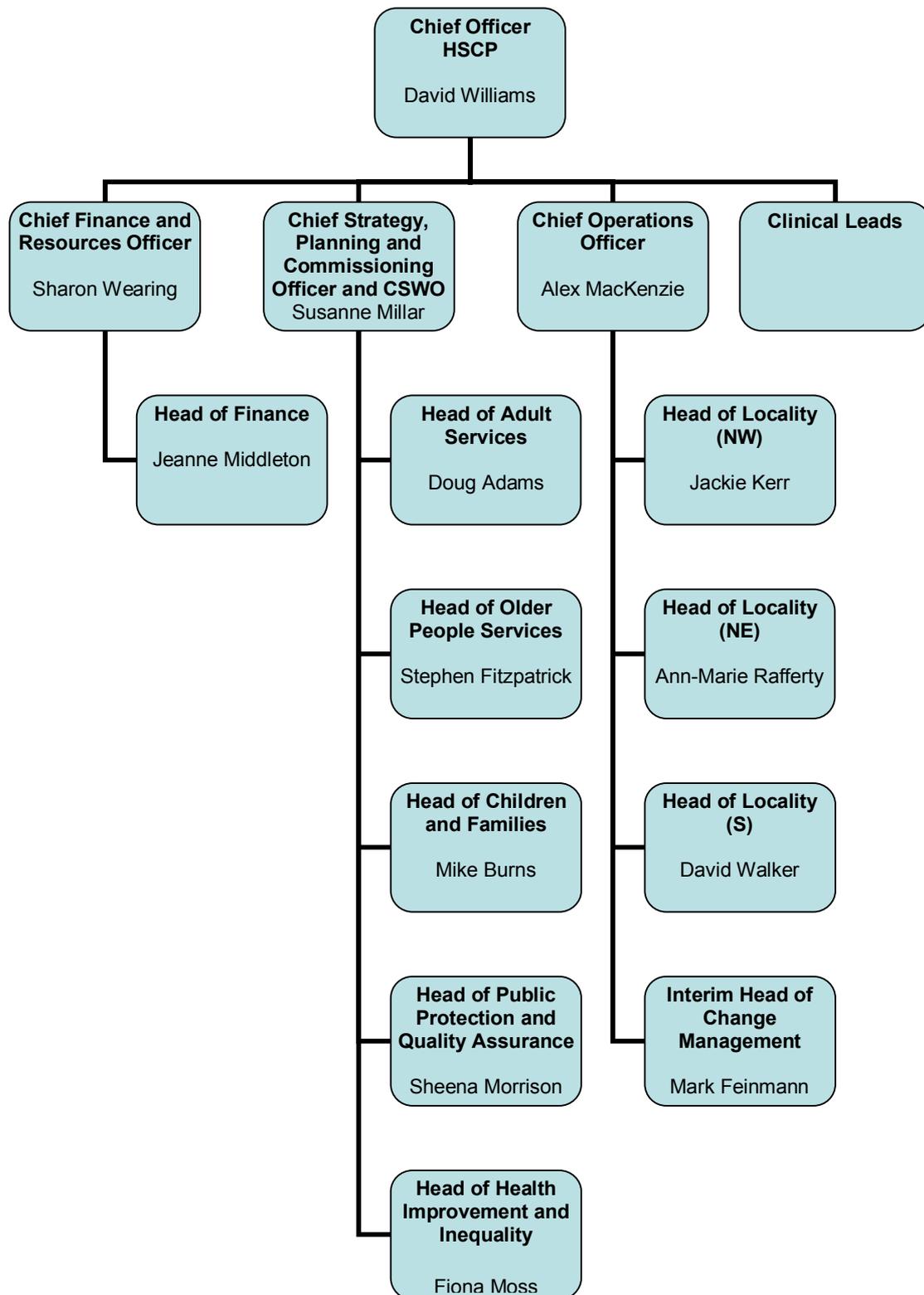
- 2.1 Shadow Board were previously advised by the Chief Officer of the new senior management structure that is intended to be put in place to deliver the Health and Social Care integrated arrangements.

3 Senior Management Appointments

- 3.1 A matching process was conducted in December for the majority of the posts that were available
- 3.2 A full joint recruitment was carried out in respect of the Chief Finance and Resources Officer post in early January.
- 3.3 This new management team will come into effect on 1st April, appendix 1 confirms all the postholders against their respective post.
- 3.4 Shadow Board will note that there are some minor changes to job titles to that which was previously reported, this has been due to continuing engagement, reflection and consultation within the senior management team as the issue was progressed
- 3.5 Significant activity is required by this management team to put effect to the new arrangements to ensure smooth transition and an intensive workplan has been developed. This is attached at appendix 2

4 Recommendations

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



Task	Who	What	When
Concluding of vision and principles work	DWi/IH	Definitive draft overarching vision statement completed. Consultation process developed	16.1.15
Project management of weekly sessions (every Tuesday PM from 20/1-17/3	AM	Discussion with IH re CG role to be expanded	16.1.15
Development of a system approach and use of language to move away from centre/locality bit	AM/SMi/DWi	Finalise paper and use as subject for discussion at 20.1.15 session	20.1.15
Dedicated and considered 'time' on care groups and functions to be set aside	AM/SMi	Clarify scope and range for discussion by wider group	27.1.15 weekly session
Development of relationships with key partners e.g. Acute	AM/SMi	Develop an outline plan for citywide and localities at different tiers in organisation. To also include PH	End Jan
Communications for workforce and wider audience	All	Agree significant upscaling of comms. Include Comms workstream members.	3 rd Feb weekly session
Development of 'corporate' business processes	JD/GD/AE/Chief F&R Officer	Review existing arrangements in CHP/SWS and propose a revised annual business architecture	17 th Feb weekly session
Financial Context 2015-18	JM/SW All	Links to Strategic Planning/annual business process cycle. Follow-up to Borough hall discussion	24 th Feb weekly session
Conclusion of next tier of management structure	AM/SMi/ All	Particular focus on Planning and Support posts. Locality needs. Discussions with HR leads/SSF re process Preferences and matching process to be defined, scoped and undertaken Potential act up recruitment for 1.4.15	End Feb
Development of clarity of individual roles and	Individually	Clarification on roles and responsibilities	3 rd March weekly session

how they should interconnect across the Leadership system	Jointly with AM/SM	Cross system functioning Coordination	
Infrastructural arrangements	AM SW/JM	Links to Project management issue. Clarity to be developed following recruitment to Chief F&R Officer	10th March weekly session
Amendments to leadership of strategic planning requirements for IJB draft (completed by April)	MB/DA/SF	Existing arrangements/leads in place re Strategic Planning Groups and IJB requirements. No change anticipated until 1.4.15. MB/DA/SF to be engaged if not already an identified lead	1 st April
Benchmarking/buddying other areas e.g.g Manchester/parts of London?	MF/IH (DWi/Smi/AM)	Consideration and proposal about this as part of the additionality opportunity that MF role provides. Connection to John Bolton work	1 st April
Development of a 2015 timeline of activity	All Stuart Donald	To be populated as the above is progressed	ongoing



Item No 5i

26 January 2015

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

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

**DRAFT VISION STATEMENT FOR GLASGOW HEALTH AND SOCIAL CARE
PARTNERSHIP**

Purpose of Report: To advise Shadow Board of a developing vision statement for Glasgow City HSCP and to agree to a wide consultation on this first draft

Recommendations: The Shadow Integration Joint Board is asked to:

- Consider this proposed draft vision and supporting statements
- Agree that these statements are widely consulted upon over the course of the next two months.

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 advise Shadow Board of a developing vision statement for Glasgow City HSCP and to agree to a wide consultation on this first draft

2 Background

- 2.1 Shadow Board and the leadership teams of both the CHP and Social Work Services, have to date been involved in a number of Organisational Development sessions as the Partnership moves towards integration from next financial year.
- 2.2 Consistently, it has been a widely expressed view that there is a need for a jointly agreed and shared vision statement for the Glasgow City HSCP can agree and share.
- 2.3 A vision statement is generally considered to be a defined aspirational statement by an organisation about its locale, who it aims to serve, and what it is striving to achieve.
- 2.4 Vision statements are rarely statements of ambitions that are expected to be easily delivered within a given timescale.
- 2.5 Vision statements are supported by underlying objective statements, principles and values statements and provide a basis by which performance measures are able to be developed.

3 Vision Statement

- 3.1 Attached at Appendix 1 is a proposed first draft vision statement for the Glasgow City HSCP. The proposed vision statement is:

‘Glasgow City HSCP’s vision is for the city’s people to be empowered and to flourish, and to access the care they need when they need it’

- 3.2 Underlying this vision are the existing commitments for Health and Social Work staff and within the attached visual representation, it is considered important that the existing two workforces are able to identify their place in the new Partnership.
- 3.3 Underlying these two stated commitments are ‘principles and values’ statements and below these in the fourth layer are the National Health and Wellbeing Outcomes that the Partnership needs to be able to deliver.

4 Recommendations

- 4.1 The Shadow Integration Joint Board is asked to:

- Consider this proposed draft vision and supporting statements
- Agree that these statements are widely consulted upon over the course of the next two months.



Item No 6 i
26 January 2015

**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 Shadow Integration Joint Board noted a paper on 17th November updating on the development of Glasgow's Integration Scheme and reviewed a working draft version of the document. A timeline for approval of the Integration Scheme and establishment of the Integration Joint Board was also outlined.
- 3.2 Following a period of consultation as prescribed by the Act, and subsequent discussions between officers of Glasgow City Council and NHS Greater Glasgow and Clyde, a final draft Integration Scheme has been produced.
- 3.3 The final draft Integration Scheme was presented to the Health Board on 20th January for approval, and will be presented to Glasgow City Council's Executive Committee on 5th February.
- 3.4 Following the approval of both parent bodies, the Integration Scheme will be submitted to Scottish Ministers for final approval. Assuming ministerial approval, and in line with the timescales previously outlined to the Shadow Integration Joint Board, the earliest date by which the Integration Joint Board could be established would be in mid-May 2015. In the event that Scottish Ministers do not approve, or request amendments to, the Integration Scheme, the date of establishment of the Integration Joint Board will be delayed.
- 3.5 Work is already underway to begin drafting the Strategic Plan for the Glasgow Health and Social Care Partnership, to ensure that the Integration Joint Board is able to approve the draft plan for consultation at the earliest opportunity following establishment. Further updates will be provided to the Shadow Integration Joint Board on Strategic Plan development at future meetings.

4 Recommendations

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



DRAFT

Integration Scheme

Between

Glasgow City Council

and

NHS Greater Glasgow and Clyde

Version - Final Draft - January 2015

1. Introduction

- 1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services, such as Homelessness and Criminal Justice, 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 Council 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 Council is commonly referred to as a “lead agency” arrangement. Delegation to an Integration Joint Board is commonly referred to as a “body corporate” arrangement.
- 1.2 This document sets out 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 Council will integrate services. Section 7 of the Act requires the Health Board and Council 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 that must be included are set out in detail in the model.
- 1.3 Once the integration 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.
- 1.4 As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting

members are appointed by the Health Board and the Council, 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 Council. 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 Council, accurate record-keeping and minute-taking will be essential for transparency and accountability purposes.

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

2. Aims and Outcomes of the Integration Scheme

- 2.1 The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act, namely:
 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.
- 2.2 The Glasgow City Integration Joint Board is committed to ensuring that the people of Glasgow will get the services they need at the right time, in the right place and from the right person.
- 2.3 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.
- 2.4 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.

- 2.5 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 we 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.
- 2.6 The Integration Joint Board is committed to ensuring that real service transformation takes place. We will operate in a transparent manner in line with the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty. The Integration Joint Board will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach we will ensure that we are well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.
- 2.7 Integration must be about much more than the structures that support it. The behaviours of Board members and officers of the Parties must reflect these values. It is only by improving the way we work together that we can in turn improve our services and the outcomes for individuals who use them.

3. 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

Greater Glasgow Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Greater Glasgow and Clyde”) 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”)

Definitions And Interpretation

- 3.1 “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 requirements of the Public Bodies (Joint Working) (National Health and Wellbeing Outcomes) (Scotland) Regulations 2014
“The Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;
“Integration Joint Board Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014
“Scheme” means this Integration Scheme;
“Strategic Plan” means the document which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of integrated health and social care services in accordance with section 29 of the Act.

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

3.3 In accordance with section 2(3) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for the Glasgow City Council area, 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.

4. Local Governance Arrangements

4.1 Having regard to the requirements contained in the Integration Scheme Regulations, the Parties have provided below the detail of the voting membership, the chair and vice chair of the Integration Joint Board;

- Each Party will appoint eight voting members to the Integration Joint Board
- The period of office for the Chair and Vice-Chair shall be 1 year
- The first Chair of the Integration Joint Board will come from the Council

5. Delegation of Functions

5.1 The Council and the Health Board are delegating to the Integration Joint Board responsibility for planning as prescribed in the legislation and regulations for strategic planning of the services outlined in annexes 1, 2 and 4.

5.2 The operational 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.

5.3 The operational functions that are proposed to be delegated by the Council 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 Council, are set out in Part 2 A of Annex 2.

5.4 Annex 3 lists the services that it is proposed to be hosted by one Integration Joint Board on behalf of the other five within the Health Board area. Part 1 of Annex 4 lists additional Health Board and Council operational functions that are proposed to be delegated to the Integration Joint Board. The services to which these functions relate, which are currently provided by the Health Board and the Council are set out in Part 2 of Annex 4.

6. Local Operational Delivery Arrangements

6.1 The local operational arrangements agreed by the Parties are:

- The Chief Officer will have operational responsibility for the delivery of the services outlined in annexes 1,2,3 and 4 bar acute services, with oversight and direction provided by the Integration Joint Board.
- The Integration Joint Board will through its members be responsible for monitoring and reporting to the Parties and the Scottish Government on the delivery of those services outlined in section 5 and all appended annexes, and currently managed 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
- Both the Health Board and Local Authority will undertake to provide the necessary activity and financial data for service, facilities or resources that relate to the planned use of services within other Local Authority areas by people who live within the area of the Integration Joint Board

- The Integration Joint Board will be responsible for determining local performance targets consistent with all national targets and 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, reflective of previous guidance issued and associated core suite of indicators for integration. This will take the form of a tri-partite agreement between the Health Board, the Council and the Integration Joint Board. Thereafter, there shall be a regular review process conducted.
- The list of the agreed specific targets, measures and indicators will be made available to the Integration Joint Board
- The Parties agree to make available to the Integration Joint Board such professional, technical or administrative resources as are required to support the development of the Strategic Plan and the carrying out of delegated functions.
- Existing planning, performance, quality assurance and development support arrangements and resources will be used as a model for the future strategic support arrangements of the Integration Joint Board
- The Parties will reach an agreement on how this will be integrated within the annual budget setting and review processes for the Integration Joint Board
- Collaboratively, the Health Board, Council and Integration Joint Board will conduct an in-year review in year one to ensure the Parties are providing the level of support required.

7. Clinical and Care Governance

- 7.1 Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care.
- 7.2 Quality, clinical, care and professional governance in the Integration Joint Board will therefore:
- involve service users and carers and the wider public in the development of services
 - ensure safe and effective services and appropriate support, supervision and training for staff
 - strive for continuous quality improvement
 - maintain a framework of policies and procedures designed to deliver effective care.
 - ensure accountability and management of risk
- 7.3 Professional staff will continue to work within the respective professional regulatory frameworks applicable to health and social care staff and primary care contractors.
- 7.4 The Chief Officer is accountable to the Integration Joint Board for quality, clinical, care and professional governance. He or she is supported in this via the Chief Social Work Officer and senior medical and nursing staff (who will be non-voting members of the Joint Integration Board) appointed by the Chief Officer. These individuals will provide professional health care and social work advice to the Integration Joint Board, Strategic Planning Groups and localities.
- 7.5 The Governance framework will be supported by a formal Quality, Clinical, Care and Professional Governance Group reporting to an Executive Group chaired by the Chief Officer. The Quality, Clinical, Care and Professional

Governance Group, and its sub groups, shall comprise relevant professional interests and management representation.

7.6 The Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board's Clinical Governance Groups and the Council's Social Work Governance Board. There will also be arrangements put in place to recognise the role of the Health Board's Medical Director and Nurse Director in providing assurance on the competence, re-validation and fitness to practice of doctors, dentists, pharmacists, opticians, allied health professionals and nurses.

7.7 The Health Board scheme of delegation will confirm the arrangements through which:-

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

7.8 In these respects, the Integration Joint Board will establish arrangements to:-

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

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

that these are regularly open to scrutiny. This must include details of how the needs of the most vulnerable people in communities are being met.

- Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.
- Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- Develop systems to support the structured, systematic monitoring, assessment and management of risk.
- Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- Develop mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- Promote planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.

8. Chief Officer

8.1 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 Chief Officer will have delegated responsibility from the respective Chief Executives of the Council and the Health Board for operational delivery of those functions delegated to the Integration Joint Board, in line with the arrangements outlined in section 5
- The structural arrangements at senior officer level within Glasgow City include the positions of Chief Officer Operations; Chief Officer, Planning and Strategy and Chief Social Work Officer; 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. The Chief Officer will nominate a senior officer to act for him or her during periods of absence. In the absence of a nomination, the Chair and Vice Chair of the Integration Joint Board will agree a person to act.

9. Workforce

Workforce Planning

9.1 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.
- The Integration Scheme recognises that employees of the Parties will remain employed by their respective organisation and will therefore be subject to the normal conditions of service as contained within their contract of employment.

Workforce Governance

9.2 Workforce Governance is a system of corporate accountability for the fair and effective management of staff.

Workforce Governance in the Integration Joint Board will, therefore, ensure that staff are:

- Well informed
- Appropriately trained and developed
- Involved in decisions
- Treated fairly and consistently with dignity and respect in an environment where diversity is valued

- Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community

9.3 The Chief Officer is accountable to the Integration Joint Board for Workforce Governance.

9.4 The Integration Joint Board, through its governance arrangements, will establish formal structures to link with the Health Board's Staff Governance Committee and the Council's Joint Consultative Forum.

10. Finance

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

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

Budgets

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

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

setting process. The draft proposal will incorporate assumptions on the following:

- Activity changes
- Cost inflation
- Efficiencies
- Performance against outcomes
- Legal requirements
- Transfer to or from the amounts set aside by the Health Board
- Adjustments to address equity of resource allocation

10.5 This will allow the Council and Health Board to determine the final approved budget for the Integration Joint Board.

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

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

10.7 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Council and Health Board. If the Strategic Plan sets out a change in hospital capacity, the resource

consequences will be determined through a detailed business case which is incorporated within the Integration Joint Board's budget. This may include:

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

Overspends

10.8 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 and Resources Officer of the Integration Joint Board and the appropriate finance officers of the Council and Health Board must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. In the event that the recovery plan does not succeed, the Council and Health Board will consider either utilising reserves where available or may consider as a last resort making additional funds available, on a basis to be agreed taking into account the nature and circumstances of the overspend, with repayment in future years on the basis of the revised recovery plan agreed by the Council and Health Board and the Integration Joint Board. If the revised plan cannot be agreed by the Council and Health Board, or is not approved by the Integration Joint Board, mediation will require to take place in line with the dispute resolution arrangements set out in Section 16 of this Scheme.

Underspends

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

Unplanned Costs

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

Accounting Arrangements and Annual Accounts

10.11 Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Party which is delivering financial services on behalf of the Integration Joint Board.

10.12 Any transaction specific to the Integration Joint Board e.g. expenses, will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

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

10.14 The Chief Officer and Chief Finance and Resources Officer of the Integration Joint Board will be responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial

elements of the Strategic Plan. The Chief Finance and Resources Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.

10.15 Periodic financial monitoring reports will be issued to the Chief Officer and budget holders in line with timescales agreed by the Council and Health Board.

10.16 In advance of each financial year a timetable of financial reporting will be submitted to the Integration Joint Board for approval.

Payments between Local Authority and NHS Board

10.17 The schedule of payments to be made in settlement of the payment due to the Integration Joint Board will be:

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

10.18 In the event that the Integration Joint Board becomes formally established part-way through the 2015-16 financial year, the payment to the Integration Joint Board for delegated functions will be that portion of the budget covering the period from the establishment of the Integration joint Board to 31 March 2016.

Capital Assets and Capital Planning

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

11. Participation and Engagement

11.1 Consultation on this Integration Scheme was undertaken in accordance with the requirements of the Act. This was the start of an ongoing dialogue; the Integration Scheme will establish the parameters of the future Strategic Plans of the Integration Joint Board.

11.2 The stakeholders consulted in the development of this Scheme were:

- All stakeholder groups as prescribed in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014
- The Shadow Integration Joint Board
- Staff of the Health Board and Council

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

11.4 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 the 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

12. Information-Sharing and Data Handling

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

13. Complaints

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

- The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the Integration Joint Board
- The Health Board and the Council will retain separate complaints policies and procedures reflecting distinct statutory requirements: the Patient Rights (Scotland) Act 2011 makes provisions for complaints about NHS services; and the Social Work (Scotland) Act 1968 makes provisions for complaints about social care services
- Complaints will be processed depending on the subject matter of the complaint made. Where a complaint relates to multiple services the matters complained about will be processed, so far as possible, as a single complaint with one response from the Integration Joint Board. Where a joint response to a complaint is not possible or appropriate this will be explained to the complainant who will receive separate responses from each Party. Where a complainant is dissatisfied with a joint response, then matters will be dealt with under the respective review or appeal mechanisms of either Party, and thereafter dealt with entirely separately.

- The Integration Joint Board will ensure that the person making a complaint is always informed which complaint procedure is being followed and of their right of review of any decision notified
- Complaints management, including the identification of learning from upheld complaints across services, will be subject to periodic review by the Integration Joint Board
- The Integration Joint Board will report to the Parties statistics on complaints performance in accordance with national and local reporting arrangements

14. Claims Handling, Liability and Indemnity

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

15. Risk Management

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

15.2 The primary aims and objectives of the strategy will be to:

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

- 15.3 Risk management procedures and a risk register will be developed with a view to encompassing best practice currently undertaken by both Parties in their ongoing management of strategic and operational risk. Provision will be made for risks to be included in a shared risk register between the Integration Joint Board and the Parties
- 15.4 The Parties will provide appropriate level of resources to ensure that management of risk is delivered and maintained to the standards and reporting timescales as set out in the risk management strategy. Where appropriate, resources currently deployed by the Parties for the maintenance and support of risk management will be utilised, with a nominated individual having overall responsibility for co-ordinating risk management.
- 15.5 The risk management strategy will be developed during the shadow period and an initial draft submitted for consideration and approval by the Integration Joint Board within three months of the Integration Joint Board's establishment. It is acknowledged that the strategy will continue to develop over time and thus will be subject to regular review and revision at least annually by the Integration Joint Board.
- 15.6 An Executive Group chaired by the Chief Officer and the Audit and Finance Committee of the Integration Joint Board will formally review the risk register at six-monthly intervals.
- 15.7 Identified risk will be entered in the risk register utilising a common framework through which the probability, impact and consequence of each risk is measured, and mitigating and control actions identified in order to reduce the level of residual risk.
- 15.8 There will be developed a Risk Management Framework that will specify the principles and procedures to be applied in reporting risks. This will include reporting to the Executive Group of the Integration Joint Board at least six monthly and to the Integration Joint Board at least annually.

- 15.9 Reporting arrangements to the Integration Joint Board will be outlined in the framework, and will be based on the principle that risks with higher probability and/or impact to the Partnership will be reviewed and reported more frequently.
- 15.10 The framework will provide the Integration Joint Board with the flexibility to review individual risks with higher probability/impact levels more frequently if it is determined that the characteristics of those risks warrant this.
- 15.11 The Risk Monitoring Framework will provide for regular review of each risk and the assurance provided by any identified mitigating actions by the individual responsible for management and monitoring of that risk. The framework will specify reporting arrangements.
- 15.12 The Parties will provide information to the Integration Joint Board to allow it to develop a risk register to be available and operational from the date of delegation of functions and resources.
- 15.13 Any changes to the risk management strategy shall require formal approval of the Integration Joint Board.

16. Dispute Resolution Mechanism

- 16.1 The Parties aim to adopt a collaborative approach to the integration of health and social care. The Parties working with the Integration Joint Board will use their best endeavours to quickly resolve any areas of disagreement. Where any disputes do arise that require escalation to the Chief Executives of the respective organisations, those officers will attempt to resolve matters in an amicable fashion and in the spirit of mutual cooperation.
- 16.2 In the unlikely event that the Parties do not reach agreement, then they will follow the process as set out below:

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

(b) If unresolved, the Health Board, the Council 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, Chair of the Health Board and the Chief Executives of the Health Board and the Council will then meet to resolve the issue;

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

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

16.4 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 the Council will jointly and formally notify Ministers in writing and be bound by their determination.

Annex 1

Part 1

Functions to be delegated by the Health Board to the Integration Joint Board

Set out below is the list of functions that are proposed to be delegated by the Health Board to the Integration Joint Board as prescribed in Regulation 3 of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014. Further Health Board functions will be delegated to the extent specified in Annex 4.

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 (Functions of Health Boards outside Scotland);

section 9 (local consultative committees);

section 17A (NHS Contracts);

section 17C (personal medical or dental services);

section 17I (use of accommodation);

section 17J (Health Boards' power to enter into general medical services contracts);

section 28A (remuneration for Part II services);

section 38 (care of mothers and young children);

section 38A (breastfeeding);

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

section 48 (provision of residential and practice accommodation);

section 55 (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);
section 64 (permission for use of facilities in private practice);
section 75A (remission and repayment of charges and payment of travelling expenses);
section 75B (reimbursement of the cost of services provided in another EEA state);
section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
section 79 (purchase of land and moveable property);
section 82 use and administration of certain endowments and other property held by Health Boards);
section 83 power of Health Boards and local health councils to hold property on trust);
section 84A (power to raise money, etc., by appeals, collections etc.);
section 86 (accounts of Health Boards and the Agency);
section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
section 98 (charges in respect of non-residents); and
paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
and functions conferred by—
The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;
The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;

The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;

The National Health Services
(Primary Medical Services Performers
Lists) (Scotland) Regulations
2004/114;
The National Health Service (Primary
Medical Services Section 17C
Agreements) (Scotland) Regulations
2004;
The National Health Service
(Discipline Committees) Regulations
2006/330;
The National Health Service (General
Ophthalmic Services) (Scotland)
Regulations 2006/135;
The National Health Service
(Pharmaceutical Services) (Scotland)
Regulations 2009/183;
The National Health Service (General
Dental Services) (Scotland)
Regulations 2010/205; and
The National Health Service (Free
Prescriptions and Charges for Drugs
and Appliances) (Scotland)
Regulations 2011/55.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

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

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

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

Except functions conferred by—

section 22 (Approved Medical
Practitioners);

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

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

section 46 (Hospital managers'
duties: notification);

section 124 (Transfer to other hospital);
section 228 (Request for assessment of needs: duty on local authorities and Health Boards);
section 230 (Appointment of a patient's responsible medical officer);
section 260 (Provision of information to patients);
section 264 (Detention in conditions of excessive security: state hospitals);
section 267 (Orders under sections 264 to 266: recall);
section 281 (Correspondence of certain persons detained in hospital);
and functions conferred by—
The Mental Health (Safety and Security) (Scotland) Regulations 2005;
The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005;
The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008.

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

Section 23
(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

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

Except functions conferred by—

section 31 (Public functions: duties to provide information on certain expenditure etc.); and
section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

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

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

DRAFT

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

Set out below is the list of services that relate to the functions at Part 1 that are to be delegated by the Health Board to the Integration Joint Board. These services relate to:

- persons of at least 18 years of age
- care and treatment provided by health professionals as defined in Regulation 3 of the Regulations¹

Acute Hospital Services

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

1. Accident and Emergency services provided in a hospital.
2. Inpatient hospital services relating to the following branches of medicine—
 - i. general medicine;
 - ii. geriatric medicine;
 - iii. rehabilitation medicine;
 - iv. respiratory medicine; and
3. Palliative care services provided in a hospital.

Community & Hospital Services

Services that will be delegated to the Integration Joint Board

4. District nursing services
5. Community and in-patient services for an addiction or dependence on any substance

¹ The Public Bodies (Joint Working) (Prescribed Health Board Functions)(Scotland) Regulations 2014.

6. Services provided by allied health professionals in an outpatient department, clinic or outwith a hospital
7. The public dental service
8. 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
9. General dental services provided under arrangements made in pursuance of section 25 of the National Health Service (Scotland) Act 1978
10. Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978
11. 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
12. Services providing primary medical services to patients during the out-of-hours period
13. Services provided outwith a hospital in relation to geriatric medicine
14. Palliative care services provided outwith a hospital
15. Community and assessment and rehabilitation learning disability services
16. Mental health community and in-patient services (excluding healthcare to forensic patients)
17. Continence services provided outwith a hospital
18. Sexual Health Services
19. Services provided by health professionals that aim to promote public health
20. Homeless Health Service
21. Prison and Police Custody Healthcare

Annex 2

Part 1

Functions delegated by the Council to the Integration Joint Board

Set out below is the list of functions that will be delegated by the Council to the Integration Joint Board as required by the Public Bodies (Joint Working) (Prescribed Council Functions etc.) (Scotland) Regulations 2014. Further Council functions will be delegated to the extent specified in Annex 4.

SCHEDULE Regulation 2

PART 1

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

Column A

Enactment conferring function

Column B

Limitation

National Assistance Act 1948⁽²⁾

Section 48

(Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958⁽³⁾

Section 3

(Provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968⁽⁴⁾

⁽²⁾ 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.

⁽³⁾ 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.

⁽⁴⁾ 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

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
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.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA	

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>
(Assessment of ability to provide care.)	
Section 12AB (Duty of Council 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 Council 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⁽⁵⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986⁽⁶⁾	

⁽⁵⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

⁽⁶⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a Council'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 Council 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⁽⁷⁾	
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

⁽⁷⁾ 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 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽⁸⁾	
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⁽⁹⁾	
Section 5 (Council 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⁽¹⁰⁾	
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.)	

⁽⁸⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽⁹⁾ 2002 asp 5.

⁽¹⁰⁾ 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 34

(Inquiries under section 33: Co-operation.)

Section 228

(Request for assessment of needs: duty on local authorities and Health Boards.)

Section 259

(Advocacy.)

The Housing (Scotland) Act 2006⁽¹¹⁾

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⁽¹²⁾

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.)

⁽¹¹⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

⁽¹²⁾ 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.

<i>Column A</i> <i>Enactment conferring function</i>	<i>Column B</i> <i>Limitation</i>
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽¹³⁾	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistances.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Council functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

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>Column B</i>
-----------------	-----------------

⁽¹³⁾ 2013 asp 1.

The Community Care and Health (Scotland) Act 2002Section 4⁽¹⁴⁾

The functions conferred by
Regulation 2 of the Community Care
(Additional Payments) (Scotland)
Regulations 2002⁽¹⁵⁾

Part 2 (A)**Services currently provided by the Council that are to be integrated**

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

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

⁽¹⁴⁾ 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).

⁽¹⁵⁾ S.S.I. 2002/265, as amended by S.S.I. 2005/445.

- Re-ablement services, equipment and telecare

DRAFT

Annex 3

Hosted Services

Certain services are currently provided by one Community Health Partnership within the Health Board on behalf of all other Community Health Partnerships, under a service level agreement.

The table below represents the current hosting arrangements at the time of the production of the first Integration Scheme. At the point of being established, the Integration Joint Board will be invited by the Health Board and Council to accept delegation of the services previously aligned to the Glasgow Community Health Partnership. Any future changes to these arrangements will be agreed and managed locally.

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

Annex 4

Part 1 - Additional Functions

Health Functions

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

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

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

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

Council Social Work Functions

Other Council Social Work Functions to be delegated to the Integration Joint Board, to the maximum extent permitted in terms of Part 1 of the Schedule to the Act and not delegated in terms of Part 1 of Annexe 2 of this Integration Scheme:

1. Functions conferred by the following enactments

National Assistance Act 1948	Section 45 (Recovery in cases of misrepresentation or non-disclosure)
Matrimonial Proceedings (Children) Act 1958	Section 11 (Reports as to arrangements for future care and upbringing of children).
Social Work (Scotland) Act 1968	<p>Sections</p> <p>5 - Local authorities to perform their functions under this Act under the general guidance of the Secretary of State.</p> <p>6B - Local authority inquiries into matters affecting children</p> <p>27 - Supervision and care of persons put on probation or released from prisons etc</p> <p>27ZA - Advice, guidance and assistance to persons arrested or on whom sentence deferred</p> <p>78A - Recovery of contributions in respect of children in care etc</p> <p>80 - Enforcement of duty to make contributions in respect of children in care etc</p> <p>81 - Provisions as to decrees for aliment in respect of children in care etc</p> <p>83 - Variation of trusts where a child is by virtue of a compulsory supervision order removed from the care of a person who is entitled under any trust to receive any sum of money in respect of the maintenance of the child</p> <p>86 - Adjustments between authority providing accommodation etc., and authority of area of residence</p>
Children Act 1975	Sections

	<p>34 - Access and maintenance</p> <p>39 - Reports by local authorities and probation officers</p> <p>40 - Notice of application to be given to local authority</p> <p>50 – LA Payments towards maintenance of children</p>
Health and Social Services and Social Security Adjudications Act 1983	<p>Sections</p> <p>21 - Recovery of sums due to local authority where persons in residential accommodation have disposed of assets</p> <p>22 - Arrears of contributions charged on interest in land in England and Wales</p> <p>23 - Arrears of contributions secured over interest in land in Scotland</p>
Foster Children (Scotland) Act 1984	<p>Sections</p> <p>3 - Local authorities duty to ensure well-being of and to visit foster children</p> <p>5 - Notification to local authorities by persons maintaining or proposing to maintain foster children</p> <p>6 - Notification to local authorities by persons ceasing to maintain foster children</p> <p>8 - Control by local authorities of fostering – LA Power to inspect premises</p> <p>9 - LA Power to impose requirements as to the keeping of foster children</p> <p>10 – LA Power to prohibit the keeping of foster children</p>
Housing (Scotland) Act 1987	<p>Sections</p> <p>4 - Power of local authority to provide furniture etc</p>

	<p>5(1) - Power of local authority to provide board and laundry facilities.</p> <p>5A(1) - Power of local authority to provide welfare services</p> <p>Part II (s24 – 43) - Duties of local authorities with respect to homelessness and threatened homelessness</p>
<p>Children (Scotland) Act 1995</p>	<p>Sections</p> <p>17 - Duty of local authority to child looked after by them</p> <p>19 - Local authority plans for services for children</p> <p>20 - Publication of information about services for children</p> <p>21 - Co-operation between authorities</p> <p>22 - Promotion of welfare of children in need</p> <p>23 - Children affected by disability</p> <p>24 - Assessment of ability of carers to provide care for disabled children</p> <p>24A - 24A Duty of local authority to provide information to carer of disabled child</p> <p>25 - Provision of accommodation for children, etc.</p> <p>26 - Manner of provision of accommodation to child looked after by local authority</p> <p>26A - Provision of continuing care: looked after children</p> <p>27 - Day care for pre-school and other children.</p> <p>29 – After-care</p> <p>30 - Financial assistance towards</p>

	<p>expenses of education or training and removal of power to guarantee indentures etc</p> <p>31 - Review of case of child looked after by local authority.</p> <p>32 - Removal of child from residential establishment</p> <p>36 - Welfare of certain children in hospitals and nursing homes etc</p> <p>38 - Short-term refuges for children at risk of harm</p> <p>76 - Exclusion orders</p>
Criminal Procedure (Scotland) Act 1995	<p>Sections</p> <p>51 - Remand and committal of children and young persons</p> <p>203 - Pre-sentencing reports</p> <p>234B - Drug treatment and testing order</p> <p>245A - Restriction of liberty orders</p>
Adults with Incapacity (Scotland) Act 2000	<p>Section 40 - MANAGEMENT OF RESIDENTS' FINANCES - Supervisory bodies</p>
Housing (Scotland) Act 2001	<p>Sections</p> <p>1 - Homelessness strategies</p> <p>2 - Advice on homelessness etc</p> <p>5 - Duty of registered social landlord to provide accommodation where requested by the LA</p> <p>6 – Appointment of arbiter where RSL fails to comply with the s5 duty.</p> <p>8 - Common housing registers – duty to establish and maintain</p>
Community Care and Health (Scotland) Act 2002	<p>Section 6 - Deferred payment of accommodation costs</p>

Management of Offenders etc. (Scotland) Act 2005	<p>Section 10 - Arrangements for assessing and managing risks posed by certain offenders</p> <p>Section 11 - Review of section 10 arrangements</p>
Housing (Scot) Act 2006	<p>Section 71(1)(a) – LA’s power to provide or arrange for the provision of assistance in connection with work on land or in premises</p>
Adoption and Children (Scotland) Act 2007	<p>Sections</p> <p>1 - Duty of local authority to provide adoption service</p> <p>4 – Duty of LA to prepare and publish a plan for the provision of the adoption service</p> <p>5 – LA must have regard to any guidance given by the Scottish Ministers</p> <p>6 - Assistance in carrying out functions under sections 1 and 4</p> <p>9 - Assessment of needs for adoption support services Assessment</p> <p>10 – Provision of services Provision of services</p> <p>11 – Urgent provision</p> <p>12 – Power to provide payment to person entitled to adoption support service</p> <p>19 – Duties of local authority in receipt of a section 18 Notice</p> <p>26 - Looked after children: adoption not proceeding</p> <p>45 - Adoption support plans</p> <p>47 - Family member's right to require LA to review adoption support plan</p>

	<p>48 - Other cases where authority under duty to review plan</p> <p>49 - Reassessment of needs for adoption support services</p> <p>51 – LA duty to have regard to guidance issued by the Scottish Ministers</p> <p>71 - Adoption allowances schemes</p> <p>80 - Permanence orders</p> <p>90 - Precedence of certain other orders</p> <p>99 - Duty of local authority to apply for variation or revocation of permanence order</p> <p>101 - Local authority to give notice of certain matters in relation to permanence orders</p> <p>105 - Notification of proposed application for order</p>
<p>The Adult Support and Protection (Scotland) Act 2007</p>	<p>Sections</p> <ul style="list-style-type: none"> • <u>Investigations</u> <p>7 – Council officer’s right of entry</p> <p>8 - Council officer’s right to interview persons found in places entered under Section 7</p> <p>9 – Right of health professional to medically examine adults at risk</p> <p>10 - Council officer’s right to obtain and examine records</p> <ul style="list-style-type: none"> • <u>Removal Orders</u> <p>16 – Right to move adult at risk</p>
<p>Children’s Hearings (Scotland) Act 2011</p>	<p>Sections</p> <p>35 - Child assessment orders</p> <p>37 - Child protection orders</p> <p>42 - Parental responsibilities and rights directions</p>

	<p>44 - Obligations of local authority</p> <p>48 - Application for variation or termination of Child protection orders</p> <p>49 – Notice of application for variation or termination of Child protection orders</p> <p>60 - Local authority's duty to provide information to Principal Reporter</p> <p>131 - Duty of implementation authority to require review of compulsory supervision order</p> <p>144 - Implementation of compulsory supervision order: general duties of implementation authority</p> <p>145 - Duty of implementation authority where order requires child to reside in certain place</p> <p>166 - Review of requirement imposed on local authority</p> <p>167 - Appeals to sheriff principal regarding which LA is the relevant one for a child</p> <p>180 – LA duty to comply with request from the National Convener to information about the implementation of CSOs</p> <p>183 - Mutual assistance provisions</p> <p>184 - Enforcement of obligations on health board under section 183</p>
<p>Social Care (Self-directed Support) (Scotland) Act 2013</p>	<p>Section 8 - Choice of options: children and family members</p> <p>Section 10 - Provision of information: children under 16</p>
<p>Community Care and Health (Scotland) Act 2002</p>	<p>Section 6 - Deferred payment of accommodation costs</p>

2. Functions conferred by virtue of the following enactments

Community Care and Health (Scotland) Act 2002	Section 4 - Accommodation more expensive than usually provided - Power of the Scottish Ministers to make regulations
Children's Hearings (Scotland) Act 2011	Section 153 - Power of Scottish Ministers to make regulations about children placed in secure accommodation

DRAFT

Part 2 - Additional Services

Health Board Services

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

Council Services

- Social Care Services provided to Children and Families
- Fostering and Adoption Services
- Child Protection
- Homelessness Services
- Criminal Justice Services

Consultation on Glasgow's Draft Integration Scheme - Summary

Consultation Methods

All statutory consultees were given an opportunity to comment on Glasgow's draft Integration Scheme.

Most statutory consultees as outlined in Regulations were consulted via existing stakeholder representatives on Glasgow's Shadow Integration Joint Board. These individuals were sent an electronic copy of the draft document and responses invited from them, their respective organisations and colleagues before a defined date.

The statutory requirement to consult with other local authorities within the health board area was complied with via the Chief Officer Designate writing to the Chief Officer Designates of the five other local authorities within the NHS Greater Glasgow and Clyde board area. These individuals were also sent an electronic copy of the draft document and responses invited before a defined date.

The statutory requirement to consult with health professionals employed by the health board, social care professionals employed by the council and other staff of both organisations who are not health or social care professionals was satisfied by an electronic copy of the draft document being issued to all staff and responses invited before a defined date.

In addition to the statutory consultees, members of the Shadow Integration Joint Board were invited to comment on the draft integration scheme at their meeting on 17th November and again when the formal consultation activity with statutory consultees was undertaken.

Further consultation was conducted with representatives of the Third and Independent Sector at Social Work Services Provider Engagement Event on 25th November where a high-level overview of the vision and principles to be included within Glasgow's Integration Scheme was shared and comments invited.

Consultation Responses

Consultation responses were received from a range of individuals, some of whom represented NHS related organisations and the Glasgow and West of Scotland Forum of Housing Associations. Comments were forthcoming from members of the IJB, SWS and SWS Legal Services, and Scottish Government.

Comments largely focused on areas which are not required to be included within the Integration Scheme, such as the local approach to identifying stakeholder members to sit on the Integration Joint Board and emphasis on the importance of an effective Engagement Strategy.

Other comments related to investment decisions or proposed priorities or objectives for the partnership. Such comments are relevant to the Strategic Plan, which will be subject to a separate consultation process in 2015, rather than to the Integration Scheme. These comments will be fed into the planning process and considered within that arena.

Comments received which are relevant to the Integration Scheme focussed on the ongoing consultation process with stakeholders, Workforce Governance, the finance section, the delegation of medical specialities and the role of Occupational Therapy as applicable to integration issues.

These comments were considered in relation to previous guidance issued in relation to drafting the Integration Scheme, and what information is appropriate to include. Comments offered will be logged and revisited as the integration progresses as, for example, they relate to offers to contribute to the engagement process, which can be incorporated into future strategic documents. A response suggested the inclusion of a section on 'Staff Governance', and this is reflected in the updated Integration Scheme.

1. Purpose

- 1.1 To seek approval of the draft Integration Scheme produced by Glasgow City Council and NHS Greater Glasgow and Clyde, as required by the Public Bodies (Joint Working) (Scotland) Act 2014

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 certain adult health and social care services as a minimum, with additional services included at local discretion. The Act provides two methods by which this joint working can be governed, delegation between partners in a 'lead-agency' model or establishment of an Integration Joint Board in a 'body corporate' model.
- 2.3 Executive Committee of 20 February 2014 approved recommendations that Glasgow adopt the 'body corporate' model requiring the establishment of an Integration Joint Board, and that Children's Services, Criminal Justice and Homelessness Services also be integrated.
- 2.4 The Act requires partners to jointly prepare an Integration Scheme, setting out the agreements made locally to support effective integration of health and social care functions. The Integration Scheme must be approved by Scottish Ministers.

3. Integration Scheme

- 3.1 The Integration Scheme must be drafted jointly by Local Authorities and Health Boards, and must set out the detail as to how services will be integrated within the partnership area. 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 must include all matters prescribed in Regulations.
- 3.2 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.
- 3.3 The content of the Integration Scheme has been developed jointly by officers from Glasgow City Council Social Work Services and NHS Greater Glasgow and Clyde, under the direction of the Chief Officer Designate. The process of drafting the Integration Scheme has also involved colleagues from Legal

Services, HR and Finance from across both partner organisations. The draft Integration Scheme is appended to this report as appendix 1.

- 3.4 The draft Integration Scheme has been subject to a period of consultation in line with the requirements of the Act. A summary of the consultation process, responses received and actions taken is appended to this report as appendix 2.
- 3.5 On 30 October 2014 civil servants from the 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.
- 3.6 Subject to approval of the draft Integration Scheme by the Council and Health Board by the end of January 2015 (Council approval will be sought on 22nd January) , and assuming approval from Scottish Ministers, the earliest date by which the Integration Joint Board could be established would be in mid-May 2015. Joint arrangements will begin to be put in place from 1st April to conclude the delivery of a draft strategic plan for the Integration Joint Board to consider and approve for consultation.
- 3.7 The establishment of the Integration Joint Board and subsequent delegation of functions will necessarily have implications for the Council's existing governance arrangements. This will include potential changes to current governance structures, for example, re-evaluating the role of the Health and Social Care Policy Development Committee and its sub committees, and alternative elements of governance may need to be put in place. Officers are currently considering these implications with a view to presenting detailed recommendations to Committee by the end of March 2015.

Council Strategic Plan Implications

Resource Implications:

Financial: Upon establishment, and on completion and approval of the Strategic Plan, the associated budgets for the functions will be aligned and managed by the Integration Joint Board.

Legal: None

Personnel: None

Procurement: None

Council Strategic Plan: Effective integrated planning and delivery of services supports the Council Strategic Plan

theme of 'A City Which Looks After Its Vulnerable People'

Equality Impacts:

EQIA carried out: Yes

Outcome: No evidence that any protected group would be negatively impacted by any provision within the Integration Scheme.

Sustainability Impacts:

Environmental: None

Social: None

Economic: None

4. Recommendations

4.1 Health Board is asked to:

- a) note this report;
- b) approve the draft Integration Scheme for submission to the Scottish Ministers; and



<p>Item No 7</p> <p>26 January 2015</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

INTEGRATED CARE FUND

Purpose of Report:	The purpose of this report is to update the Shadow Board on the Integrated Care Fund application from Glasgow City.
---------------------------	---

Recommendations:	Shadow Board is asked to consider and 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. Background

- 1.1 The Scottish Government has made available a non-recurring fund to Health and Social Care Partnerships for 2015-16 with which to progress the implementation of integration arrangements.
- 1.2 Glasgow City's share of this fund is £13.29m
- 1.3 The Scottish Government set out criteria for the use of this fund and the necessity of having multi-party signatories to the bid. The detail of this was previously considered by the Shadow Board and agreement reached relating to Chief Officer proposals on the terms and scope of the Glasgow proposal.

2. Progress Update

- 2.1 Following the last Shadow Board meeting, two meetings were convened by the Chief Officer in late October and mid November involving key representatives from Health, the Council (including Housing responsibilities); the independent and voluntary sector.
- 2.2 A coordinated programme of activity was agreed in the initial meeting regarding the working-up in general terms of the detail related to the four themes previously agreed by the Shadow Board as being the priority for the Glasgow City bid. These themes were: intermediate care; an accommodation based strategy; anticipatory care; early intervention and prevention.
- 2.3 Following the November meeting, bids were received from all sectors involved in excess of £17m. As a consequence, the Chief Officer considered with senior officers from Health and Social Work Services, all the proposals and rationalised them down to accommodate the available level of funding.
- 2.4 Appendix 1 provides the detail of this in the submitted bid.
- 2.5 Communication was sent to all parties to this effect along with the detail in the week beginning 8th December along with an invitation to the signatories to a meeting on the 11th December to conclude the signatory process.
- 2.6 In that week, the Scottish Government communicated an extension to the deadline for submissions from 12th December to the 23rd January to enable Partnerships to achieve full sign up to bids.
- 2.7 By the 11th December, the voluntary sector intimated that the lead representative was not in a position to sign up to the proposals.
- 2.8 The Chief Officer wrote to the sector representative in this regard on 17th December (copy attached at Appendix 2). No response was

received and in consequence, the decision was taken to submit the bid to the Scottish Government on 24th December along with the covering email (appendix 3).

- 2.9 No response has been received from the Scottish Government at the time of writing this report.
- 2.10 The Chief Officer has held a meeting with the voluntary sector representative on 14th January, and has:
- provided reassurances that there is an absolute continuing commitment to engage constructively with the voluntary sector
 - agreed to provide a further briefing note outlining early detail regarding the accommodation strategy part of the submission
 - agreed that there may be some continuing scope for some minor amendment to the voluntary sector provision, but that this would be contained within the sector's 34% allocation and should not compromise the integrity of the overarching aspiration of the plan
 - a confirmation that the ICF arrangements should be integral to the strategic planning process for the IJB, and not a separate function
 - agreed to coordinate a further partners meeting before the end of January to consider progress to date.

3. Recommendation

- 3.1 Shadow Board is asked to consider and note this report.



Item No 8

26 January 2015

Glasgow City Council / NHS Greater Glasgow and Clyde

Shadow Integration Joint Board

Report By: Chief Officer Designate

Contact: David Williams

Tel: 0141 287 8853

JOINT APPOINTMENTS TO THE GLASGOW HEALTH AND SOCIAL CARE PARTNERSHIP

Purpose of Report: To update the Shadow Integration Joint Board on the protocols, principles and processes required for Joint appointments to the Health and Social Care Partnership

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

Implications for IJB	
Financial:	None
Personnel:	Requirement to draft and consult on a protocol for joint appointments and the recruitment process
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	None
Implications for Glasgow City Council	Requirement to draft and consult on a protocol for joint appointments and the recruitment process
Implications for NHS Greater Glasgow & Clyde	Requirement to draft and consult on a protocol for joint appointments and the recruitment process

1 Purpose

- 1.1 The purpose of this report is to update the Shadow Integration Joint Board on the arrangements required to be put in place to set up, manage and maintain joint appointments within the Glasgow Health and Social Care Partnership.

2 Background and Principles

- 2.1 The Scottish Government have indicated that the body corporate model will not, at this stage, employ staff.
- 2.2 The current staffing resource is employed either by NHS Greater Glasgow and Clyde or Glasgow City Council and this will remain the position with individual terms and conditions remaining unchanged. There is a requirement however to develop shared staffing arrangements as some staff will be required to work for both organisations.
- 2.3 The Scottish Government have published a “Joint Appointments Guide 2014” and there has been a previously agreed protocol between both organisations relating to joint appointments. The guidance and the protocol will form the basis for our procedures and a revised protocol going forward. The protocol will cover arrangements for line management, management of other staff and the application of both organisation’s policies and procedures.
- 2.4 In terms of a drafting the protocol and any recruitment process to fill a joint post consultation and agreement is required with the relevant trade unions / staff representatives from both organisations prior to implementation.
- 2.5 Where a role is identified as requiring a joint appointment an additional agreement will have to be made with the employee on their role and responsibilities in respect of the other organisation. Effectively both organisations will allow an employee of the other organisation to act on their behalf on some matters and the employee will be issued with a secondary contract to accommodate this. An agreement between both organisations will be required on the content and operation of a secondary contract.
- 2.6 A joint appointee would hold 2 contracts of employments, a substantive contract and a secondary contract.
- 2.7 The substantive contract employer would have the lead on dealing with issues of employment and conduct but the secondary employer and employee’s of that employer can be involved in and initiate processes under the agreed protocol.
- 2.8 In terms of staff management and application of employment policies and procedures, consultation and agreement is required with the relevant trade

unions / staff representatives from both organisations on exactly what functions employees of the other organisation can be involved in.

- 2.9 Joint appointments have now been created within the Glasgow City Health and Social Care Partnership at Senior Management level, Tier 1 to 3. The organisational structure at this level has been agreed in consultation with the Chief Executives of NHS GG&C and the Council. Consultation with the Trade Unions has also taken place prior to implementation.
- 2.10 The Senior Management structure (Tier 1 to 3) has been implemented following an agreed implementation plan for existing staff.
- 2.11 For future recruitment to Tier 1 and 2 posts (the Chief Officer, Chief Operations Officer, Chief Strategy, Planning & Commissioning Officer and Chief Finance and Resources Officer) consideration should be given to a recruitment panel comprising of 2 non executive directors and two elected members.
- 2.12 A decision making process / forum will be required to determine if a post should be joint. Joint appointments will be created to integrate management and planning within the mainstream activities to achieve, where appropriate, service integration.
- 2.13 Joint posts will require to be graded and evaluated across both organisations according to current processes.
- 2.14 Single job descriptions and person specifications will be required. A revised format is required for these documents as a different format exists in both organisations.
- 2.15 It is assumed that where an existing employee is recruited to a joint post they will remain employed by their "home" organisation however if an external appointment is made consideration on the employing organisation will be required. eg Alternate between organisations / vary depending on role

3 Further Work

- 3.1 A joint protocol for the arrangements for the holders of joint contracts to be drafted and presented to the Board following a full consultation process with trade unions and all stakeholders in NHS GG&C and GCC.
- 3.2 Drafting of full guidance on the recruitment process to joint posts.

4 Recommendations

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