

NHS Greater Glasgow and Clyde Board

17th February 2015-02-06

Report by Karen Murray CHP Director/Interim Chief Officer

EAST DUNBARTONSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
SCHEME OF INTEGRATION

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to seek approval for an Integration Scheme to facilitate the establishment of the East Dunbartonshire Health & Social Care Integration Joint Board by Parliamentary Order. This Scheme requires joint approval with Greater Glasgow and Clyde NHS Board and East Dunbartonshire Council, prior to submission to the Scottish Government and presentation to Parliament.

2.0 RECOMMENDATIONS

- 2.1 It is recommended that the Board:
- a) Approves the draft Integration Scheme attached and agrees that if also approved by East Dunbartonshire Council, on 5th March 2015 it be forwarded to the Scottish Government to commence the Parliamentary approval process;
 - b) Agrees the process with respect to any potential amendment to the Integration Scheme proposed by either the Scottish Government or the Council during the course of their approval processes, subject to confirmation that these amendments would not represent a change in policy on behalf of the Board;
 - c) Approves the indicative Integration Timeline, (Labelled **Appendix 3**) with a proposed "integration start date" of 4 June 2015

3.0 BACKGROUND

- 3.1** On 1 April 2014, the Public Bodies (Joint Working) (Scotland) Act received Royal Assent. This legislation places a duty jointly on the Council and the Health Board to establish an “integration authority” to deliver nationally agreed outcomes for health and social care. The Local Authority and Health Board are required to prepare an Integration Scheme that describes the model and scope of the integrated arrangements, including governance, financial management, dispute resolution and workforce issues. The Integration Scheme will be signed off by the Local Authority, the Health Board and the Scottish Government. The Act also provides the local discretion to allow for the inclusion of further functions, such as criminal justice social work and children’s health and social care.
- 3.2** The intention of the legislation is to create a single system for local joint commissioning of health and social care services, which is built around the needs of patients and service users, and which supports whole system redesign in favour of preventative and anticipatory care in communities.
- 3.3** In September 2013, the Council and the Health Board approved a position with respect to the model and scope of an integrated Health and Social Care Partnership (HSCP) in East Dunbartonshire, this established the functional scope of integration as relating to adult services, in line with the draft legislation, and a preference for the “body corporate” partnership model. These arrangements were agreed with Greater Glasgow & Clyde NHS Board and criminal justice social work and children’s social work services are excluded from the lists of delegated functions in the appendices to the Scheme of Integration.
- 3.4** The NHS Board wishes to propose to East Dunbartonshire Council that the responsibility for planning and oversight of operational delivery for local NHS community children’s services is delegated to the Integration Joint Board to facilitate consistency of NHS governance arrangements across all 6 of the Boards Local Authority areas. Officers of East Dunbartonshire Council have indicated that should the NHS Board wish to extend the scope of the IJB to include NHS Children’s Services such a proposal should be made to the Chief Executive and Council Leader, in the first instance. This formal proposal from the Board has not yet been made to the Council Chief Executive and Council Leader and therefore local NHS community children’s services are currently excluded from the list of NHS delegated functions in the attached Scheme of Integration.
- 3.5** A Shadow Integration Joint Board was formally established via a joint Scheme of Establishment, which was approved by Council and Health Board in June 2014
- 3.6** On 23 October 2014, the Shadow Integration Joint Board convened its first meeting for voting membership, with its first full meeting on 18 December 2014 including non-voting advisory members.
- 3.7** The remit of the Integration Joint Board is:
- To prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults in East Dunbartonshire in accordance with sections 29 to 48 of the Act

- To oversee the delivery of services delegated by the parties in pursuance of the Strategic Plan; and
- In addition the Integration Joint Board will be invited by the Parties to take operational oversight of integrated service delivery for adult services.

3.8 The Local Authority and Health Board are jointly required under the legislation to prepare an Integration Scheme that will describe the model of the integrated arrangements, the scope of functions to be delegated to the Integration Authority and the method of determining associated payments. It will also set out a number of matters including governance, financial management, dispute resolution and workforce issues.

3.9 The content of Integration Schemes is informed by detailed statutory Regulations and supported by Scottish Government guidance. Ahead of approval and submission, the Integration Scheme must be the subject of consultation with a range of prescribed stakeholders. At its meeting on 18 December 2014, the Shadow Integration Joint Board (SIJB) approved a draft Integration Scheme for consultation in line with these Regulations. At the conclusion of the consultation period on 30 January 2015, all comments received were taken account of and the consultative Integration Scheme was amended accordingly and is attached at **Appendix 1**. The legislation requires that the Integration Scheme must now be subject to Council and Health Board approval prior to submission by 1 April 2015 to the Scottish Government for Parliamentary processing and approval.

4.0 INTEGRATION SCHEME

Context

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (Section 7) requires that Health Boards and local authorities jointly prepare, consult and submit for approval an Integration Scheme to Scottish Ministers. The required content of the scheme is set out in Section 1(3) (a-f) of the Act and within the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

4.2 The content of Integration Schemes is informed by detailed statutory Regulation and supported by Scottish Government guidance.

4.3 Once the scheme has been approved by the Scottish Ministers, the Integration Joint Board (which has distinct legal personality) will be established by Order of the Scottish Ministers. As a separate legal entity the Integration Joint Board has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about the exercise of its functions and responsibilities as it sees fit. However, the legislation that underpins the Integration Joint Board requires that its voting members are appointed by the Health Board and the Local Authority, and in East Dunbartonshire is made up of 3 councillors and 3 NHS non-executive directors. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective Health Board or Local Authority.

4.4 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements set out within the Integration Scheme. Further, the Act gives the Health Board and the Local Authority,

acting jointly, the ability to require that the Integration Joint Board replaces their Strategic Plan in certain circumstances. In these ways, the Health Board and the Local Authority together have significant influence over the Integration Joint Board.

Content

- 4.5** The content of the Integration Scheme is in large part prescribed by statutory Regulation, but builds in scope for local arrangements. The contents cover the following areas:
- Definitions and Interpretations
 - Purpose and Principles
 - Integration Model
 - Local Governance Arrangements
 - Delegation of Functions
 - Local Operational Delivery Arrangements
 - Clinical and Care Governance
 - Chief Officer
 - Workforce
 - Finance
 - Consultation of the Integration Scheme
 - Participation and Engagement
 - Information Sharing and Confidentiality
 - Complaints
 - Claims Handling, Liability and Indemnity
 - Risk Management
 - Dispute Resolution Mechanism
 - Annexes – functions and services delegated to the IJB

The Consultation Process

- 4.6** The Public Bodies (Joint Working) (Scotland) Act 2014 [s6(2a)] requires that before submitting their Integration Scheme, the Council and Health Board must jointly consult with a range of stakeholders, which are prescribed in Regulations.
- 4.7** The Regulations specify that the Council and Health Board will share the proposed Integration Scheme widely with those who have an interest in the delivery or receipt of health and social care within the geographic boundaries of the proposed Health and Social Care Partnership. This would include other integration authorities or local authorities whose resident populations access services primarily through the same Health Board.
- 4.8** The list of people consulted on the East Dunbartonshire Integration Scheme complied with the regulations. The range of stakeholder included:
- Health professionals and staff of the Health Board who operate within the boundaries of the Partnership area;
 - Social care professionals and staff who operate within the boundaries of the Partnership area;
 - Users of health or social care services and their carers who reside within the boundaries of the Partnership area;

- Commercial and non-commercial providers of social or health care who operate within the boundaries of the Partnership area;
- Local authorities or integration authorities who operate within the geographic boundaries of the Health Board;
- Non-commercial providers of social housing who operate within the boundaries of the Partnership area; and
- Third sector bodies carrying out activities related to health or social care within the boundaries of the Partnership area.

4.9 The methods and participation tools used to engage and consult people and communities included:

- Discussion and approval of the consultative draft by the SIJB;
- 42 day consultation period jointly agreed by the Parties;
- Direct correspondence with stakeholder representative groups, bodies and individuals set out at 4.4(i), providing access to the draft Integration Scheme and inviting comment;
- High profile visibility on Council and Health Board websites, providing links to the draft Integration Scheme and background information and inviting public comment;
- Press release issued by the Council, promoting the consultative exercise jointly on behalf of the Council and Health Board;
- Active pan-Health Board area consideration of all Partnership draft Integration Schemes to evaluate impact; and
- Account taken of all comments, with amendments made to a final draft Integration Scheme for approval by the Council and Health Board.

4.10 The draft Integration Scheme is scheduled to be presented to East Dunbartonshire Council for approval on 5 March 2015. If approved by both parties, the Integration Scheme will be submitted to the Scottish Government on 6 March 2015.

5.0 INTEGRATION TIMELINE

5.1 The two most significant processes in the move to implementation of integration are the approval of the Integration Scheme and the approval of the Strategic Plan:

- i) The Scheme of Integration will be completed, approved by both Parties and submitted to the Scottish Government in March 2015
- ii) The Strategic Plan sets out how the integration functions will be delivered, how national outcomes will be met and describes locality planning arrangements. The Strategic Plan will be subject to approval by the formally constituted Integration Joint Board and will set out how the IJB will deliver its strategic responsibilities for adult health and social care.

5.2 The Integration Scheme, once approved by Parliamentary Order legally establishes the IJB; however, the IJB does not assume its delegated functions immediately. Functions must be delegated to the IJB, under the Act, by 1st April 2016, at the latest, but the date for the IJB to assume its delegated functions may be brought forward, if agreed by the Council, the Health Board

and the formally constituted IJB, to an integration start date, which must be specified in the Strategic Plan.

- 5.3** The indicative Integration Timeline for East Dunbartonshire is attached at **Appendix 2** and proposes an integration start date of 4th June 2015. This timeline will be subject to a number of variables outwith the direct control of Council, Health Board or IJB, the most significant of these being the time for approval by Parliamentary Order of the Scheme of Integration.

East Dunbartonshire Health & Social Care Partnership Integration Scheme

1 THE PARTIES:

East Dunbartonshire Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at 12 Strathkelvin Place, Kirkintilloch (“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”)

2 DEFINITIONS AND INTERPRETATION

2.1 Definitions and Interpretation:

- “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;
- “East Dunbartonshire Health and Social Care Integration Joint Board” (or “IJB”) means the Integration Joint Board to be established by Order under section 9 of the Act;
- “Outcomes” means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act
- “The Integration Scheme Regulations” or “Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014
- “Integration Joint Board Order” or “Order” means the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014
- “Scheme” means this Integration Scheme;
- “Strategic Plan” means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults [and children] in accordance with section 29 of the Act.

3 PURPOSE AND PRINCIPLES

- 3.1 This scheme involves East Dunbartonshire Council and NHS Greater Glasgow and Clyde and establishes a Health and Social Care Partnership (HSCP), designed to plan and deliver integrated health and social care services in East Dunbartonshire.
- 3.2 The Parties have agreed that the IJB will be known as the East Dunbartonshire Health and Social Care Partnership (“the Partnership”). The boundary of the Partnership will be coterminous with the boundaries of East Dunbartonshire Council, covering a population of around 105,000 people. The main population centres included are Bearsden, Milngavie, Bishopbriggs, Kirkintilloch and Lenzie along with the rural villages including Milton of Campsie, Lennoxton, Twechar, Torrance and Balmore.
- 3.3 The Partnership will operate within the wider context of Community Planning and the strategic frameworks of the Parties, including joint arrangements such as the Community Plan and the Single Outcome Agreement (“SOA”).
- 3.4 The Partnership will subscribe to the national Health and Wellbeing Outcomes, as prescribed by Regulations under section 5(1) of the Act:
- **Outcome 1:** People are able to look after and improve their own health and wellbeing and live in good health for longer.
 - **Outcome 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.
 - **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.
 - **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
 - **Outcome 5.** Health and social care services contribute to reducing health inequalities.
 - **Outcome 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 well-being.
 - **Outcome 7.** People who use health and social care services are safe from harm.

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

3.5 In so doing, the Partnership will apply the national integration planning and delivery principles established under section 31 of the Act that state that *the main purpose of services which are planned in pursuance of integration functions is to improve the wellbeing of service-users, and should be planned [and delivered] in a way which, so far as possible:*

- Is integrated from the point of view of service-users;
- Takes account of the particular needs of different service-users;
- Takes account of the particular needs of service-users in different parts of the area in which the service is being provided;
- Takes account of the particular characteristics and circumstances of different service-users;
- Respects the rights of service-users;
- Takes account of the dignity of service-users;
- Takes account of the participation by service-users in the community in which service-users live;
- Protects and improves the safety of service-users;
- Improves the quality of the service;
- Is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care);
- Best anticipates needs and prevents them arising; and.
- Makes the best use of the available facilities, people and other resources.

3.6 In applying these principles and subscribing to these outcomes, the Partnership will contribute fully to the engagement and empowerment of communities and localities, to meet local needs, as reflected in the SOA and as set out in the Act and associated Regulations and guidance.

3.7 The Partnership will also contribute to the adult health and social care component within the SOA and support wider themes within the local Community Planning Partnership.

4 INTEGRATION MODEL

- 4.1 In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in place for the Partnership, 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 IJB comes into force.

5 LOCAL GOVERNANCE ARRANGEMENTS

- 5.1 The remit of the Integration Joint Board is:
- To prepare and implement a Strategic Plan in relation to the provision of adult health and social care services in accordance with the Act.
 - To allocate and manage the delegated budget in accordance with the strategic plan.
 - In addition, the Integration Joint Board will have operational oversight of integrated service delivery.
- 5.2 Detailed protocols and reporting practices will be developed to facilitate the free exchange of information between the Parties and the Integration Joint Board to support the decision making of each body.
- 5.3 The Integration Joint Board will be a partner in the East Dunbartonshire Community Planning Partnership.
- 5.4 The Integration Joint Board, and the Parties will have to communicate with each other and interact in order to contribute to the Outcomes, however the Integration Joint Board has distinct legal personality and the consequent autonomy to manage itself. There is no role for either Party to independently sanction or veto decisions of the Integration Joint Board.
- 5.5 Membership of the IJB shall comprise three voting persons nominated by the Health Board, and three voting persons appointed by the Council. Non-voting representatives will be drawn from health and social care professionals, employees, the third sector, service-users, and carers, as set out in Regulations.
- 5.6 The first Chair of the IJB shall be from the body not employing the IJB's Chief Officer, with the Vice-Chair from the body employing the Chief Officer. Therefore the first Chair of the IJB will be drawn from the Council members. The Chair and Vice-Chair

positions shall rotate every two years between the Health Board and Council, with the Chair being from one body and the Vice-Chair from the other.

6 DELEGATION OF FUNCTIONS

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

6.2 The functions that are to be delegated by the Council to the IJB set out in **Part 1 of Annex 2**. The services to which these functions relate, which are currently provided or arranged by the Council and which are to be integrated, are set out in **Part 2 of Annex 2**.

7 LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

7.1 The remit of the Integration Joint Board is set out in section 5.1 of this Scheme. The Integration Joint Board will provide assurance that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting including the annual performance report which will be provided to the Parties, and through the strategic planning process.

7.2 Local operational delivery arrangements will reflect the integration delivery principles established under section 31 of the Act (and set out at section 3.3 of this Scheme) and will be in pursuance of the National Health and Wellbeing Outcomes.

7.3 The IJB is responsible for the planning of integrated services and achieves this through the Strategic Plan. In accordance with section 26 of the Act, the IJB will direct the Council and the Health Board to carry out each function delegated to the IJB. Payment will be made by the IJB to the Parties to enable the delivery of these functions in accordance with the Strategic Plan.

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

- 7.5 Functions set out at Annexes 1 (Part 1) and 2 (Part 1) may by agreement be hosted by the IJB on behalf of an IJB within another Health and Social Care Partnership area, or one or both of the Parties, or vice versa, where permitted by statute. In this event, Service Level Agreements will set out those arrangements, describing the governance for operational and strategic accountability. In any such circumstances, an IJB will retain oversight for the delivery of such in-scope services that may be hosted by another IJB to its population, engaging on any concerns with the host IJB and Chief Officer.
- 7.6 The parties will provide support to the IJB for the purposes of preparing and reviewing a Strategic Plan and carrying out integrated functions, both strategic and operational that it requires to fully discharged under the Act and other legislation to which it operates.
- 7.7 The Parties will provide the necessary activity and financial data for services, facilities or resources that relate to the planned use of services provided by other Health Boards or within other local authority areas by people who live within the area of the IJB.
- 7.8 The Parties commit to advise the IJB where they intend to change service provision that will have a resultant impact on the Strategic Plan.
- 7.9 The Parties will prepare a list of targets and measures that relate to the delegated functions and the extent to which responsibility will lie with the IJB and to be taken account of in its Strategic Plan.
- 7.10 The Parties will prepare a list of targets and measures that relate to non-delegated functions which are to be taken into account of by the IJB when it is preparing a Strategic Plan and the extent to which responsibility will lie with the IJB and to be taken account of in its Strategic Plan.
- 7.11 The Parties will work together to develop proposals on these targets, measures and arrangements to put to the first meeting of the IJB for agreement based on the Parties' respective strategic plans and agreements.
- 7.12 The Parties will share the targets, measures and other arrangements that will be devolved to the IJB, and will take into account national guidance on the core indicators for integration.
- 7.13 In preparing these performance reports, the Parties will provide the IJB with performance and statistical support resources, access to relevant data sources and

will share all information required on services to permit analysis and reporting in line with the prescribed content as set out in Regulations. Where the responsibility for the target is shared, a document will set out the accountability and responsibilities of each organisation.

8 CLINICAL AND CARE GOVERNANCE

- 8.1 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.
- 8.2 Quality, clinical, care and professional governance in the IJB will therefore:
- (i) involve service users and carers and the wider public in the development of services;
 - (ii) ensure safe and effective services and appropriate support, supervision and training for staff;
 - (iii) strive for continuous quality improvement;
 - (iv) maintain a framework of policies and procedures designed to deliver effective care; and
 - (v) ensure accountability and management of risk.
- 8.3 Professional staff will continue to work within the professional regulatory framework applicable to health and social care staff and primary care contractors.
- 8.4 The Chief Officer is accountable to the IJB 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 IJB) appointed by the Chief Officer. These staff will provide professional health care and social work advice to the IJB, Strategic Planning Group and localities.
- 8.5 The governance framework will be supported by formal quality, clinical, social care and professional governance arrangements reporting to the IJB. These arrangements, shall involve relevant professional interests and management representation.

- 8.6 The IJB, through its governance arrangements, will establish formal structures to link with the Health Board and the Council governance arrangements. 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, revalidation and fitness to practice of doctors, dentists, pharmacists, opticians, allied health professionals and nurses.
- 8.7 The Health Board's framework for the delegation of operational responsibility to the Chief Officer and operational oversight to the IJB, will confirm the arrangements through which:
- (i) professional staff relate to the Board's professional leads;
 - (ii) the regulatory and training roles of the Board's professional leads are discharged; and
 - (iii) the relationship to the Boards clinical governance and related arrangements including critical incident reporting are delivered.
- 8.8 In these respects, the IJB will establish arrangements to:
- (i) 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, and promotes continuous learning and improvement;
 - (ii) Ensure that integrated clinical and care governance policies are developed and regularly monitor their effective implementation;
 - (iii) 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;
 - (iv) Ensure that transparency and candour are demonstrated in policy, procedure and practice;
 - (v) 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 sectors;
 - (vi) 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;

- (vii) 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;
- (viii) Provide assurance on effective systems that demonstrate clear learning and improvements in care processes and outcomes;
- (ix) Provide assurance that staff are supported when they raise concerns in relation to practice that endangers the safety of service users and other wrongdoing in line with local policies for whistleblowing and regulatory requirements;
- (x) Establish clear lines of communication and professional accountability from point of care to Executive Directors and Chief Professional Officers accountable for clinical and care governance. It is expected that this will include articulation of the mechanisms for taking account of professional advice, including validation of the quality of training and the training environment for all health and social care professionals' training (in order to be compliant with all professionals regulatory requirements);
- (xi) Embed a positive, sharing and open organisational culture that creates an environment where partnership working, openness and communication is valued, staff supported and innovation promoted;
- (xii) Provide a clear link between organisational and operational priorities; objectives and personal learning and development plans, ensuring that staff have access to the necessary support and education;
- (xiii) 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;
- (xiv) Implement systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population;
- (xv) Implement effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance;
- (xvi) Develop systems to support the structured, systematic monitoring, assessment and management of risk;

- (xvii) Implement a co-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement;
- (xviii) Lead improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny; and
- (xix) 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.

9 CHIEF OFFICER

- 9.1 The Chief Officer of the IJB will be appointed by the IJB as soon as is practicable after the date the Parliamentary Order to establish the IJB comes into force.
- 9.2 Where the person to be appointed is an existing member of staff of the Council or the Health Board, the person will be seconded to the IJB by that constituent body.
- 9.3 Where the person is not an existing member of staff of the Council or the Health Board, then the person will be appointed as a member of staff of a constituent body and then seconded to the IJB.
- 9.4 In the event that paragraph 9.3 applies, the Chief Officer may choose which of the constituent bodies he or she wishes to be appointed to.
- 9.5 An honorary contract arrangement will be put in place to establish the Chief Officer as an employee of both the Council and the Health Board.
- 9.6 Before appointing a person as Chief Officer, the IJB will consult the constituent bodies as to the suitability of the appointment and must take into consideration the views expressed by the constituent bodies.
- 9.7 The Chief Officer role will be as follows, in accordance with (but not limited to) the Act and associated Regulations:
 - (i) to be accountable for the effective delivery and development of integrated Adult Health and Social Care services delegated to the IJB and improved outcomes for the population of East Dunbartonshire;
 - (ii) to develop, deliver and annually review a Strategic Plan and associated policies for adult health and social care on behalf of the IJB and for the effective

operational implementation of these strategies on behalf of the Council and Health Board, in line with the Strategic Plan;

- (iii) to be responsible for a supporting Financial Plan that allocates budgets to meet the objectives as agreed by the IJB, ensuring that financial targets are achieved within the resources available;
- (iv) to develop and set standards for the joint delivery of adult health and social care services, ensuring a robust performance management framework is in place to measure service delivery and ensure continuous improvement;
- (v) to ensure that all statutory clinical and non-clinical governance and professional standards are adhered to and that associated systems are in place;
- (vi) to be responsible for preparing an annual Performance Report and to report strategic and operational performance to the IJB and on behalf of the constituent bodies, as required;
- (vii) to be responsible for ensuring the Health and Social Care Partnership is highly effective at engaging with its stakeholders and the wider community;
- (viii) to be responsible for ensuring an integrated management team is established and effective across the full scope of delegated functions and services; and
- (ix) to be responsible, as a member of both the Council's Corporate Management Team and Health Board's Senior Management Team, for contributing to the overall strategic objectives and priorities as set out in the SOA, the Council's Strategic Planning and Performance Framework and the Health Board's Local Delivery Plan.

9.8 The IJB secures delivery of the delegated functions by giving directions to the Health Board and Council for the delivery of services. The Chief Officer oversees the process of giving written directions to the Health Board and Council for the delivery of services.

9.9 The Chief Officer will also be responsible for the operational delivery of the delegated health and social care functions and services as set out in the annexes of this Integration Scheme. In order to achieve this, the Parties will delegate responsibility for operational oversight to the IJB. The role of overseeing delivery of services in the Health Board and Council is in addition to the Chief Officer's strategic role. As operational director of service delivery, this person reports to the Chief Executives of the Health Board and Council on a day-to-day basis (whilst always remaining ultimately responsible to the IJB by which he/she is appointed).

- 9.10 The Chief Officer will be jointly managed by the Chief Executives of the Health Board and Council.
- 9.11 The Health Board and the Council will provide a suitable interim Chief Officer where there is a need to provide one. In these circumstances, the IJB will have the opportunity to confirm that it is content for the proposed interim Chief Officer to undertake the interim Chief Officer's role.

10 WORKFORCE

- 10.1 The development of integrated operational service structures and teams may involve the integration of line management arrangements below the level of the Chief Officer. In this event where an integrated team comprising both Health Board and Council employees is managed by a manager employed by the Council, the Chief Executive of the Health Board will direct his/her staff to follow instructions from the manager employed by the Council. Equally, where an integrated team comprising both Health Board and Council employees is managed by a manager employed by the Health Board, the Chief Executive of the Council will direct his/her staff to follow instructions from the manager employed by the Health Board.
- 10.2 The Council, Health Board and IJB will work together to establish a system of corporate accountability for the fair and effective management of all staff, to ensure that they are:
- Well informed;
 - Appropriately trained and developed;
 - Involved in decisions;
 - Treated fairly and consistently with dignity and respect in an environment where diversity is valued; and
 - Provided with a continually improving and safe working environment promoting the health and wellbeing of staff, patients/clients and the wider community.
- 10.3 This system will be established through formal structures to link with the Health Board's Staff Governance Committee and the Council's Social Work Partnership at Work arrangements.
- 10.4 The Chief Executives of the Council and the Health Board will undertake to work jointly together and in conjunction with the Chief Officer of the IJB and employee stakeholders, to develop and maintain a joint Workforce and Organisational Development Strategy in relation to teams delivering integrated services. This

Strategy will incorporate reference to the engagement of employees, workforce planning and development, organisational development and learning and development of staff. This joint Workforce and Organisational Development Strategy will be prepared by 1 April 2016, with annual reports thereafter.

11 FINANCE

- 11.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or set aside, and their variation, to the IJB from the Parties.
- 11.2 The Chief Finance Officer (CFO) will be the Accountable Officer for financial management, governance and administration of the IJB. This includes accountability to the IJB for the planning, development and delivery of the IJB's financial strategy and responsibility for the provision of strategic financial advice and support to the IJB and Chief Officer.
- 11.3 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 Parties for the functions which are to be delegated.
- 11.4 The Chief Finance Officer will develop a draft proposal for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of their respective annual budget setting process. The draft proposal will incorporate assumptions on the following:
- (i) Activity changes
 - (ii) Cost inflation
 - (iii) Efficiencies
 - (iv) Performance against outcomes
 - (v) Legal requirements
 - (vi) Transfer to or from the amounts set aside by the Health Board
 - (vii) Adjustments to address equity of resource allocation
- 11.5 This will allow the Parties to determine the final approved budget for the Integrated Joint Board.
- 11.6 The process for determining amounts to be made available (within the 'set aside' budget) by the Health Board to the IJB in respect of all of the functions delegated by

the Health Board which are carried out in a hospital in the area of the Health Board and provided for the areas of two or more Local Authorities will be determined by the hospital capacity that is expected to be used by the population of the IJB as part of an overall planning framework 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).

11.7 The projected hospital capacity targets will be calculated as a cost value using a costing methodology to be agreed between the Parties. If the Strategic Plan sets out a change in hospital capacity, the resource consequences will be determined through a detailed business case which is incorporated within the Integrated 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).

11.8 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 Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the IJB. In the event that the recovery plan does not succeed, the Parties 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 Parties and IJB. If the revised plan cannot be agreed by the Local Authority and Health Board, or is not approved by the IJB, mediation will require to take place in line with the dispute resolution arrangements set out in this Scheme.

- 11.9 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 IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the IJB's Reserves Strategy. The exception to this general principle relates to exceptional circumstances as defined by local arrangements.
- 11.10 Neither the Local Authority nor Health Board may reduce the payment in-year to the IJB to meet exceptional unplanned costs within either the Local Authority or Health Board without the express consent of the IJB and the other Party.
- 11.11 Recording of all financial information in respect of the IJB will be in the financial ledger of the Party which is delivering financial services on behalf of the IJB.
- 11.12 The transactions relating to operational delivery will continue to be reflected in the financial ledgers of the Parties with the information from both sources being consolidated for the purposes of reporting financial performance to the IJB.
- 11.13 The Chief Officer and Chief Finance Officer of the IJB 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 IJB Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery and strategic planning.
- 11.14 Periodic financial monitoring reports will be issued to the Chief Officer/ budget holders in line with timescales agreed by the Parties.
- 11.15 In advance of each financial year a timetable of reporting will be submitted to the IJB for approval.
- 11.16 The schedule of payments to be made in settlement of the payment due to the IJB will be:
- Resource Transfer, virement between Parties and the net difference between payments made to the IJB and resources delegated by the IJB will be transferred between agencies initially in line with existing arrangements, with a final adjustment on closure of the Annual Accounts. Future arrangements may be changed by local agreement.
- 11.17 In the event that the IJB becomes formally established part-way through the 2015-16 financial year, the payment to the IJB for delegated functions will be that portion of

the budget covering the period from the establishment of the Integration joint Board to 31 March 2016.

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

12 INTEGRATION SCHEME CONSULTATION

- 12.1 The list of people consulted on this Integration Scheme complies with the regulations.

(i) The range of stakeholders included:

- Health professionals and staff of the Health Board who operate within the boundaries of the Partnership area;
- Social care professionals and staff who operate within the boundaries of the Partnership area;
- Users of health or social care services and their carers who reside within the boundaries of the Partnership area;
- Commercial and non-commercial providers of social or health care who operate within the boundaries of the Partnership area;
- Local authorities or integration authorities who operate within the geographic boundaries of the Health Board;
- Non-commercial providers of social housing who operate within the boundaries of the Partnership area; and
- Third sector bodies carrying out activities related to health or social care within the boundaries of the Partnership area.

(ii) The methods and participation tools used to engage and consult people and communities included:

- Discussion and approval of the consultative draft by the shadow IJB;
- 42 day consultation period jointly agreed by the Parties;
- Direct correspondence with stakeholder representative groups, bodies and individuals set out at 12.1(i), providing access to the draft Integration Scheme and inviting comment;
- High profile visibility on Council and Health Board websites, providing links to the draft Integration Scheme and background information and inviting public comment;

- Press release issued by the Council, promoting the consultative exercise on behalf of the parties;
- Active pan-Health Board area consideration of all Partnership draft Integration Schemes to evaluate impact; and
- Account taken of all comments, with amendments made to final Integration Scheme for approval by the Parties.

13 PARTICIPATION AND ENGAGEMENT

- 13.1 The arrangements in respect of ongoing participation and engagement of professional and community stakeholders will be set out in a strategy and approved by the IJB within six months of the integration start date. This strategy will include:
- (i) the role of community and stakeholder participation;
 - (ii) engagement on the Integration Scheme, the Strategic Plan and locality planning arrangements;
 - (iii) arrangements for the establishment of an East Dunbartonshire Health and Social Care Strategic Planning Group and its relationship with the IJB;
 - (iv) Ongoing interaction and engagement with existing networks and stakeholder groups;
 - (v) Arrangements for the public engagement and reporting of performance and Strategic Plan reviews;
- 13.2 The Parties will make available resources to support the IJB in fulfilling participation and engagement obligations and activities as they relate to services delegated within this Integration Scheme, including:
- Community engagement personnel
 - Communications support
 - The development of shared principles

14 INFORMATION SHARING AND CONFIDENTIALITY

- 14.1 The Parties agree to be bound by the Greater Glasgow and Clyde Protocol for Sharing Information between East Dunbartonshire Council, East Renfrewshire Council, Glasgow City Council, Inverclyde Council, Renfrewshire Council, West Dunbartonshire Council and NHS Greater Glasgow and Clyde, dated May 2013, which may be updated from time to time in line with statute, policy and best practice.

14.2 A joint group will be established involving partnership areas on a pan-Health Board basis as required, to review the protocol referred to at 14.1, which will provide opportunity for each IJB to comment on any proposed amendments to the protocol.

15 COMPLAINTS

15.1 The Parties agree the following arrangements in respect of complaints:

- (i) The Chief Officer will have overall responsibility for ensuring that an effective and efficient complaints system operates within the IJB. Complaints will continue to be made either to the Council or the Health Board reflecting distinct statutory requirements: the Patients' Rights (Scotland) Act 2011 makes provision for complaints about health services; and the Social Work (Scotland) Act 1968 makes provision for complaints about social work services;
- (ii) In the event that complaints are raised at the service front-line, they will be dealt with by frontline staff. If they are unresolved they will be passed to a relevant senior manager and then the Chief Officer;
- (iii) If the complaint is communicated to the complaints team/department of the Parties and relates to integration functions, the Parties will forward this immediately to the offices of the Chief Officer who will acknowledge the complaint within 3 working days of their receipt of the complaint, to the complainant, copied to the forwarding Party. Complaints may also be made in writing direct to the Chief Officer;
- (iv) The Chief Officer will follow the relevant complaints procedure of the Party appropriate to the nature of the complaint and the associated functions, which will set out processes and timescales;
- (v) Details of the complaints procedures will be provided on line, in promotional service information and on request;
- (vi) The Chief Officer will review complaints handling procedures within 12 months of the integration commencement date in order to maximise the potential for integrated processes and with respect to statute, policy or best practice and may be subsequently amended within the terms of this Integration Scheme; and
- (vii) Complaints management, including the identification of learning from complaints will be subject to periodic review by the IJB.

16 CLAIMS HANDLING, LIABILITY & INDEMNITY

16.1 The Parties agree that they will manage and settle claims in accordance with common law and statute.

16.2 The Parties will establish indemnity cover for integrated arrangements.

17 RISK MANAGEMENT

17.1 The Parties and the IJB will jointly develop a shared Risk Management Strategy that will identify, assess and prioritise significant risks related to the delivery of services under integrated functions and in particular any which are likely to affect the IJB's delivery of the Strategic Plan. In order to prepare this strategy the Parties and IJB will jointly:

- (i) identify the risk sources, providing a basis for systematically examining changing situations over time and focusing on circumstances that impact upon the ability to meet objectives;
- (ii) identify and agree parameters for evaluating, categorising and prioritising risk and thresholds to trigger management activities;
- (iii) Demonstrate processes to identify and document risk in a Risk Register;
- (iv) Demonstrate the process for monitoring corporate and operational risks including clear lines of accountability and responsibility, reporting lines , governance and frequency;
- (v) Develop a process for recording, management and learning from adverse events;
- (vi) Develop and agree risk appetite and tolerance linked to corporate objectives; and
- (vii) Ensure sufficient resources are in place to meet the above requirements.

17.2 The Parties will consider and agree which risks should be taken from their own risk registers and placed on the shared risk register.

17.3 The Chief Officer will lead the shared Risk Management Strategy with support from the risk management functions of the Parties. The Parties and the IJB will annually approve the shared Risk Register with in-year and exception reporting. This reporting will allow amendment to risks. Any strategic risk will be communicated to the Parties by the Chief Officer. The Integrated Joint Board will also pay due regard to relevant corporate risks of the parties.

- 17.4 The Chief Executives of the Council and the Health Board will undertake to work jointly together and in conjunction with the Chief Officer of the IJB to develop and maintain a shared risk management strategy by 1 April 2016, that sets out –
- (i) The key risks with the transition to and establishment of the Health and Social Care Partnership governance and accountability arrangements, including the IJB;
 - (ii) The key risks with the process of integration of delegated functions and services;
 - (iii) The key risks associated with the Strategic Planning and operation delivery of the full range of health and social care services delegated to the IJB;
 - (iv) Any risks that should be reported on from the integration date;
 - (v) A standard format and agreed timescale for sharing and consideration by the Parties and the IJB;
 - (vi) an agreed risk management plan for all identified risks and associated reporting timescales;
 - (vii) a process for the Parties and the IJB to consider these risks as a matter of course and notification of any relevant changes to one another; and
 - (viii) the method for jointly agreeing changes to the above requirements between the IJB and the Parties.
- 17.5 This shared risk management strategy should identify, assess and prioritise risks related to the delivery of services under integration functions. It should identify and describe processes for mitigating those risks. The strategy will include an agreed reporting standard that will enable other significant risks identified by the Parties and the IJB to be shared across the organisations.
- 17.6 In the period between the commencement of integration and the approval of a shared risk management strategy, the Parties will operate an interim arrangement based upon the legacy risk registers of the Parties, relevant to integrated functions which will be combined to provide interim continuity of risk management arrangements.

18 DISPUTE RESOLUTION MECHANISM

- 18.1 Where either of the Parties fails to agree with the other on any issue related to this Scheme, they will follow the process as set out below:

- (i) The Chief Executives of the Health Board and the Council, and the Chief Officer (or nominated representatives), will meet to resolve the issue;
- (ii) If unresolved, the parties in dispute will each prepare a written note of their position on the issue and exchange it with the other;
- (iii) In the event that the issue remains unresolved, representatives of the Parties in dispute will proceed to mediation with a view to resolving the issue. In such circumstances:
 - The Parties in dispute will refer the dispute to an independent mediator as agreed by the Parties;
 - The parties in dispute will participate in the mediation process in good faith;
 - The cost of the mediation service will be met jointly by the parties in dispute.

18.2 Where the issue remains unresolved after following the processes outlined in (i)-(iii) above, the parties in dispute agree to notify Scottish Ministers that agreement cannot be reached and to request a determination on the dispute. In this event, the Health Board and the Council each agree to be bound by the determination of this dispute resolution mechanism.

Statutory Functions to be Delegated by the Health Board to the Integration Joint Board

The functions to be delegated to the IJB by the Health Board are in accordance with and limited to the prescribed minimum set out in Regulations in exercise of the powers conferred by sections 1(6), 1(8) and 69(1) of the Public Bodies (Joint Working) (Scotland) Act 2014.

ANNEX 1 (PART 2)**Services Relevant to Functions to be Delegated by the Health Board to the Integration Joint Board**

Adult Community Services [District Nursing (including palliative care services provided outwith a hospital) and Community Rehabilitation Services]
Community Addiction Services
Learning Disability Services
Adult Mental Health Services
Elderly Mental Health Services
Planning & Health Improvement Services
Payments to voluntary organisations
Resource Transfer Funded Services
Older People Change Funded / Integration Care Funded Services
Local Public Dental Service (via hosted Oral Health Directorate)
General Ophthalmics
Community Pharmacy
Family Health Services – General Medical Services (GPs)
Family Health Services – Prescribing Services
Family Health Services – General Ophthalmics
Family Health Services – Community Pharmacy
Family Health Services – General Dental Services
Prescribing Support
Community Adolescent Mental Health Services (CAMHS)
Mental Health Crisis Service
Glasgow Addiction Service
Physiotherapy
Speech and Language
Podiatry
Dietetics
Continence Services
Older People's Community Mental Health Services (for Bearsden & Milngavie)
Adult Community Mental Health Team (for Bearsden & Milngavie)
Adult and Older People's mental health inpatient services
Alcohol and Drugs inpatient services
Externally commissioned specialist Palliative Care Nursing
Unplanned inpatient care
Outpatient accident and emergency services
Medical care for older people
Clinical psychology services
Public Health Dental Services
Continence Services
Dialysis Services

ANNEX 2 (PART 1)

Statutory Functions to be Delegated by the Local Authority to the Integration Joint Board

The functions to be delegated to the IJB by the Health Board are in accordance with and limited to the prescribed minimum set out in Regulations in exercise of the powers conferred by sections 1(7) and (12) and 69(1)(b) of the Public Bodies (Joint Working) (Scotland) Act 2014.

**Services Relevant to Functions to be Delegated by the Local Authority to the
Integration Joint Board**

1. In-Scope Locally Delivered or Commissioned Services

Older People Assessment & Care Management Services
Learning Disability Assessment & Care Management Services
Physical Disability Assessment & Care Management Services
Sensory Impairment Assessment & Care Management Services
Rehabilitation and Occupational Therapy Services
Mental Health Assessment & Care Management Services
Addiction Services
Adult Intake Services
Homecare Services (in-house and purchased)
Residential and Care Home Services (in-house and purchased)
Day care and day opportunity services
Supported accommodation and supported living
Self-Directed Support Services
Local Area Coordination
Carer and Respite Services
Telecare Services
Planning and Commissioning Services
Housing Support - Aids and Adaptation Services
Payments to voluntary organisations
18+ Through-Care and After-Care Services