Municipal Buildings, Greenock PA15 1LY

Ref: SL/AI

Date: 18 May 2015

A meeting of the Inverclyde Shadow Integration Joint Board will be held on Thursday 28 May 2015 at 3pm within the Municipal Buildings, Greenock.

Gerard Malone
Head of Legal and Property Services

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Enquiries to - **Sharon Lang** - Tel 01475 712112

AGENDA ITEM NO: 2

Report To:	**The Shadow Integration Joint Board**	**Date:**	**28 May 2015**
Report By:	**Head of Legal & Property Services**	**Report No:**	**VP/LP/084/15**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Health and Social Care Integration Remit and Membership of Inverclyde Shadow Integration Joint Board**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval for the proposed remit of the Shadow Integration Joint Board (Shadow IJB), set out the proposed membership arrangements and note the appointment of the Chair and Vice Chair of the Shadow IJB.

2.0 SUMMARY

2.1 Until 1 April 2015, the CHCP Sub-Committee had the additional role of operating informally as the Shadow IJB during the first transitional period of integration, with its membership unchanged and its original Scheme of Establishment and Standing Orders regulating its governance arrangements.

2.2 Given that Community Health Partnerships were abolished by statute on 1 April 2015, it was decided that it was appropriate to take steps to move to a more formal Shadow IJB arrangement with membership and governance arrangements more aligned to those which will come into operation once the Inverclyde Integration Joint Board is formally established. As such, the Inverclyde Community Health & Care Partnership Sub-Committee was disbanded from 31 March 2015 and the Shadow IJB was established.

2.3 This report sets out the proposed remit and membership of the Shadow IJB.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Shadow Integration Joint Board:-

(1) approves the remit for the Shadow IJB forming appendix 1 to this report.
(2) notes the proposed membership arrangements for the Shadow IJB set out at appendix 2 to this report;
(3) notes the appointment of Councillor Joe McIlwee as Chair and Mr Ken Winter as Vice-Chair of the Shadow IJB.

Vicky Pollock
Legal & Property Services

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 ("the Act") established the legal framework for integrating health and social care in Scotland and requires each Health Board and Local Authority to delegate some of their functions to a third party, known as an Integration Joint Board, in order to deliver nationally agreed outcomes for health and social care.

4.2 Both Inverclyde Council and Greater Glasgow & Clyde NHS Board have committed to the creation of the Inverclyde Integration Joint Board. This will be a new legal entity to which both the Council's functions in respect of adult and children social care services and the Health Board's health functions will be transferred.

4.3 The Act requires that the Council and the Health Board jointly prepare an Integration Scheme setting out the local arrangements made to integration health and social care functions in the partnership area.

4.4 Inverclyde's Integration Scheme was submitted to the Scottish Government on 31 March 2015 and an update on progress in this respect will be presented to the Shadow IJB in a separate report.

4.5 Once the Scheme has been approved by the Scottish Ministers, the Inverclyde Integration Joint Board (which has distinct legal personality) will be established by order of the Scottish Ministers. In order to ensure that there is oversight of the ongoing work to integrate services and in preparing the required Strategic Plan, both the Council and the Health Board have agreed to establish a Shadow IJB with effect from 1 April 2015 until the Inverclyde Integration Joint Board is established by order of the Scottish Parliament.

5.0 REMIT OF THE SHADOW IJB

5.1 The Shadow IJB will not be a decision making body. The Shadow IJB will not be able to exercise delegated functions until it has been established by order of the Scottish Ministers. In terms of the legislation, that process must be completed by 1 April 2016. During this interim period, the Shadow IJB will act as an advisory body with any decisions being taken by the constituent bodies - being the Council and the Health Board. The Shadow IJB will be a full and equal partnership between the Council and the Health Board and will operate within the existing community planning, Council and NHS Strategic Framework.

5.2 The remit attached at appendix 1 to this report covers what are anticipated to be the main areas of interest and activity for the Shadow IJB covering the period until the Inverclyde Integration Joint Board is formally established. Out of necessity, these areas are expressed in very wide terms at this stage.

6.0 MEMBERSHIP OF THE SHADOW IJB

6.1 Both the Council and the Health Board have already decided on the number and nature of their representation on the Shadow IJB. There will be a total of eight voting members comprising four representatives from each of the constituent bodies. The voting members are set out in Part A of appendix 2 of this report.

6.2 In addition, the Shadow IJB is able to appoint non-voting members of the Shadow IJB. In terms of the legislation, once the Inverclyde Integration Joint Board is fully established and constituted a number of persons or groups of stakeholders are entitled to attend or to be represented at the Inverclyde Integration Joint Board. The numbers and categories of non-voting members of the Shadow IJB, taking into account the legislation setting out the range of non-voting members who will be able to attend the fully established Inverclyde Integration Joint Board is set out at Parts B and C of appendix 2 of this report.

6.3 It should be noted that once the Inverclyde Integration Joint Board is formally established, it may appoint additional non-voting members, provided they are not a Councillor or a Non-Executive Director of the Health Board.

7.0 PROPOSALS

7.1 It is proposed that the Shadow IJB approves the remit for the Shadow IJB, notes the proposed membership arrangements and notes the appointment of the Chair and Vice-Chair of the Shadow IJB.

8.0 IMPLICATIONS

8.1 **Financial**

One off Costs:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
n/a	n/a	n/a	n/a	n/a	n/a

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £'000	Virement From (If Applicable)	Other Comments
n/a	n/a	n/a	n/a	n/a	n/a

There is no direct financial implication in respect of the proposals.

8.2 **Legal**

None.

8.3 **Human Resources**

None.

8.4 **Equalities**

None.

8.5 **Repopulation**

There are no direct implications in respect of repopulation.

9.0 CONSULTATIONS

9.1 The Interim Chief Officer of the Inverclyde Health and Social Care Partnership has been consulted in the preparation of this report.

10.0 BACKGROUND PAPERS

10.1 None.

Inverclyde Shadow Integration Joint Board

Remit

1. To oversee ongoing work being undertaken by Inverclyde Council and Greater Glasgow and Clyde NHS Board towards full integration of health and social care within Inverclyde.

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

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

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

5. To advise on the membership of the Shadow Integration Joint Board from stakeholder representative members.

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

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

8. To provide advice and guidance in relation to any matter concerning health and social care integration referred to it by Inverclyde Council or Greater Glasgow and Clyde NHS Board.

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

10. To consider representations from stakeholders in relation to any aspect of health and social care integration and to make recommendations to Inverclyde Council and Greater Glasgow and Clyde NHS Board as appropriate.

Inverclyde Shadow Integration Joint Board

Proposed Membership

A. VOTING MEMBERS

For Inverclyde Council:

- Councillor Joe McIlwee (Chair) (with Councillor Gerry Dorrian as proxy)
- Councillor Stephen McCabe (with Councillor Jim Clocherty as proxy)
- Councillor Ciano Rebecchi (with Councillor Kenny Shepherd as proxy)
- Councillor Vaughan Jones (with Councillor Ronnie Ahlfeld as proxy)

For Greater Glasgow and Clyde NHS Board:

- Mr Ken Winter (Vice Chair)
- Dr Donald Lyons
- Mr Allan MacLeod
- Mr Ross Finnie

(Proxy members for GG&C NHS Board members are to be confirmed)

B. NON-VOTING PROFESSIONAL ADVISORY MEMBERS

- Interim Chief Officer of Inverclyde Shadow Integration Joint Board/Chief Social Work Officer
  Brian Moore

- Chief Finance Officer
  Lesley Bairden

- Registered Medical Practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under Section 17P of the National Health (Scotland) Act 1978.
  Dr Hector MacDonald, Clinical Director, Inverclyde Health and Social Care Partnership

- A registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract.
  Ms Cathy Roarty, Professional Nurse Advisor

- A registered medical practitioner employed by the Health Board and not providing primary medical services.
  Dr Chris Jones, Chief Medical Officer

C. NON-VOTING STAKEHOLDER REPRESENTATIVE MEMBERS

Proposed Membership of the Shadow IJB within this category is as follows:

- 1 staff side representative from each of the Council and the Health Board.
  For Inverclyde Council - Mr Robin Taggart, UNISON Branch Secretary
  For the Health Board - Ms Diana McCrone

- 1 representative representing third sector bodies carrying out activities relating to health and social care in the Inverclyde area.
  Mr Ian Bruce, Manager CVS and Chief Executive Inverclyde Third Sector Interface

- 1 representative representing service users residing in the Inverclyde area.
  Ms Margaret Telfer, Chair Inverclyde Health and Social Care Partnership Advisory Group

- Representative of persons providing unpaid care in the Inverclyde area.
  [Number of carer representatives and name to be confirmed]

AGENDA ITEM NO: 3

Report To:	**Shadow Integration Joint Board**	**Date:**	**28 May 2015**
Report By:	**Head of Legal & Property Services**	**Report No:**	**LP/083/15**
Contact Officer:	**Vicky Pollock**	**Contact No:**	**01475 712180**
Subject:	**Health and Social Care Integration Standing Orders for Meetings of the Shadow Integration Joint Board**		

1.0 PURPOSE

1.1 The purpose of this report is to seek approval for procedural Standing Orders to govern the conduct of meetings of the Shadow Integration Joint Board (Shadow IJB)

2.0 SUMMARY

2.1 Given the nature of the Shadow IJB, it is appropriate that it has its own Standing Orders to govern the conduct of its meetings which are more aligned to those Standing Orders which will come into operation once the Inverclyde Integration Joint Board is formally established.

2.2 The proposed Standing Orders regarding the operation of the Shadow IJB are attached at appendix 1 to this report.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Shadow Integration Joint Board approves the proposed Standing Orders detailed in appendix 1 of this report as the Standing Orders to govern the conduct of meetings of the Shadow Integration Joint Board.

Gerard Malone
Head of Legal & Property Services

4.0 BACKGROUND

4.1 At its meeting of 19 February 2015, Inverclyde Council delegated authority to the Head of Legal and Property Services, in consultation and liaison with representatives from Greater Glasgow and Clyde NHS Board to draft governance documents to regulate the procedure and business of the Shadow IJB.

4.2 The Standing Orders attached at appendix 1 to this report consist of a detailed set of rules which will govern the conduct and procedure of meetings of the Shadow IJB.

4.3 In order to prepare for full integration, the Standing Orders have been drafted to encompass as much of the substantive provisions of the relevant regulations and orders governing full integration as possible. The intention is that the Standing Orders will be able to be adopted by the Inverclyde Integration Joint Board to govern its meetings once it has been formally established with only minor amendments.

5.0 STANDING ORDERS

5.1 The main features of the Standing Orders are:-

- The membership of the Shadow IJB and period of membership are explained.
- Rules governing the appointment of the Chair and Vice Chair are explained.
- Provision is made for the appointment of named proxy voting members.
- The quorum of the Shadow IJB is one half of voting members provided both the Health Board and the Council are represented. This is a requirement of the legislation.
- Rules regarding the conduct of meetings are stated.
- It is made clear that the intention is for decisions to be made by consensus. Provisions are however made for voting.
- The Chair does not have a casting vote. This is a requirement of the legislation.
- The codes of conduct applicable to Shadow IJB members and how conflicts of interest should be dealt with are explained.
- Meetings are to be generally open to the public and provision is made for the publication of minutes and agendas.

6.0 PROPOSALS

6.1 It is proposed that the Shadow IJB approves the Standing Orders forming appendix 1 to this report.

7.0 IMPLICATIONS

Finance

7.1 None

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

Legal

7.2 The proposals within this report comply with legislation relating to the governance of both the Council and the Health Board. A common set of Standing Orders as closely aligned to the provisions which will govern full integration is required to regulate the meetings of the Shadow IJB.

Human Resources

7.3 None

Equalities

7.4 None

Repopulation

7.5 None

8.0 CONSULTATIONS

8.1 The Interim Chief Officer of the Inverclyde Health and Social Care Partnership has been consulted in the preparation of this report.

8.2 The proposed Standing Orders have been subject to consultation with representatives from Greater Glasgow and Clyde NHS Board.

9.0 LIST OF BACKGROUND PAPERS

9.1 N/A

INVERCLYDE SHADOW INTEGRATION JOINT BOARD

STANDING ORDERS FOR MEETINGS

INVERCLYDE SHADOW INTEGRATION JOINT BOARD

STANDING ORDERS FOR MEETINGS

INDEX

1. General

1.1 Inverclyde Shadow Integration Joint Board ("the Shadow IJB") comprises voting representatives from two separate legal bodies being (a) a Sub-Committee of the Greater Glasgow and Clyde NHS Board ("the Board"); and (b) Inverclyde Council ("the Council") together with non-voting advisory representatives.

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

2. Membership

2.1 Membership of the Shadow IJB shall comprise eight voting members which includes four persons nominated by the NHS Board, and four persons appointed by the Council ("Voting Members"), plus non-voting representatives drawn from health and social care professionals, employees, the third sector, service-user(s), and carer(s) ("Non-Voting Members"). For the avoidance of doubt, any reference to "Member" or "Members" throughout these Standing Orders includes both Voting Members and Non-Voting Members.

2.2 The term of office of Members of the Shadow IJB (except the Chief Officer Designate, Chief Social Work Officer and Chief Finance Officer Designate who will retain membership for as long as they hold office) shall be for a period of 3 years, which may encompass transfer of membership to the substantive Integration Joint Board, as enabled by the Public Bodies (Joint Working) (Scotland) Act 2014. The period of membership of the Shadow IJB will not count towards the period of membership of the substantive Integration Joint Board.

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

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

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

2.6 A Member of the Shadow IJB (except the Chief Officer Designate, Chief Social Work Officer and Chief Finance Officer Designate) may resign his/her membership at any time during their term of office by giving notice to both the Board's Head of Board Administration and the Council's Head of Legal and Property Services (or any successors thereof). The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.

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

(a) the absence was due to illness or other reasonable cause; and

(b) the member will be able to attend future Meetings within such period as the Shadow IJB consider reasonable.

2.8 Named Proxy Members for Voting Members of the Shadow IJB may be appointed by the constituent authority which nominated the Voting Member,. The appointment of such Proxies will be subject to the same rules and procedures for Members. Proxies shall receive papers for meetings of the Shadow IJB but shall be entitled to vote at a meeting only in the absence of the principal Member they represent. If the Chair or Vice-Chair is unable to attend a meeting of the Shadow IJB, any Proxy Member attending the meeting may not preside over that meeting.

2.9 If a Non-Voting Member is unable to attend a meeting of the Shadow IJB, that Non-Voting Member may arrange for a suitably experienced Proxy to attend the meeting.

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

3. Chair and Vice-Chair

3.1 The first Chair of the Shadow IJB shall be a Council appointee and the Vice-Chair shall be a Board appointee. The Chair and Vice-Chair posts will rotate every two years between the Board and the Council, with the Chair being from one body and the Vice-Chair from the other.

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

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

3.4 If a Proxy Member is appointed as proxy for the Chair or the Vice-Chair, the person so appointed shall have no right to assume the role of Chair or Vice-Chair.

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

The Chair shall amongst other things:-

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

(b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Legal Officer or Clerk present at the Meeting;

(c) Determine the order in which speakers can be heard;

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

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

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

3.6 The decision of the Chair on all matters within his/her jurisdiction shall be final. However, on all matters on which a vote may be taken, Standing Order 15(iii) applies. This means that where there is equality of voting the Chair does not have a second or casting vote.

3.7 Deference shall at all times be paid to the authority of the Chair. When he/she speaks, the Chair shall be heard without interruption and any Member currently speaking shall allow the Chair to speak without interruption.

3.8 Members shall address the Chair while speaking.

4. Meetings

4.1 The Shadow IJB shall meet at such place and such frequency as may be agreed by the Shadow IJB.

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

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

5. Notice of Meetings

5.1 Except in the case of urgency, all Meetings of the Shadow IJB will be called by Circular containing the Agenda of the Meeting not less than seven clear working days before the date of the Meeting.

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

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

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

6. Quorum

6.1 No business shall be transacted at a Meeting of the Shadow IJB unless there are present, and entitled to vote at least one half of the whole number of Members of the Shadow IJB entitled to vote. In addition to this, there must be a Member from each of the Council and the Board in attendance.

6.2 If, within ten minutes after the time appointed for the commencement of a meeting of the Shadow IJB, a quorum is not present, the meeting shall stand adjourned until such date and time as may be fixed. The Clerk shall minute the reason for the adjournment.

7. Codes of Conduct and Conflicts of Interest

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

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

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

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

8. Adjournment of Meetings

8.1 A Meeting of the Shadow IJB may be adjourned to another date, time or place by a motion being moved. Such a motion shall be put to the Meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the Meeting shall be adjourned to another day, time and place specified in the motion.

9. Disclosure of Information

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

- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.
- The full or any part of any document marked "not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973.
- Any information regarding proceedings of the Shadow IJB from which the Public have been excluded unless or until disclosure has been authorised by the Council or the Board or the

information has been made available to the Press or to the Public under the terms of the relevant legislation.

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

10. Recording of Proceedings

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

11. Admission of Public and Press

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

(b) Every Meeting of the Shadow IJB shall be open to the public but these provisions shall be without prejudice to the Shadow IJB's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a Meeting. The Shadow IJB may exclude or eject from a Meeting a member or members of the Public and Press whose presence or conduct is impeding the work or proceedings of the Shadow IJB.

12. Alteration, Deletion and Rescission of Decisions of the Partnership

12.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Shadow IJB will be competent within six months from the date of the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 13.

13. Suspension, Deletion or Amendment of Standing Orders

13.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such Meeting provided that two thirds of the Voting Members of the Shadow IJB present and entitled to vote shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14. Motions, Amendment and Debate

(a) It will be competent for any Member of the Shadow IJB at a Meeting of the Shadow IJB to move a motion directly arising out of the business before the Meeting.

(b) The mover of a motion or an amendment will not speak for more than ten minutes, except with the consent of the Shadow IJB. Each succeeding speaker will not speak for more than five minutes. When the mover of a motion or amendment has spoken for the allotted time he/she will be obliged to finalise speaking, otherwise the Chair will direct the Member to cease speaking and to resume his or her seat.

(b) Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any Meeting of the Shadow IJB except:-

- On a question of Order
- With the permission of the Chair
- In explanation or to clear up a misunderstanding in some material part of his/her speech.

In all of the above cases no new matter will be introduced.

(d) The mover of an amendment and thereafter the mover of the original motion will have a right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply is commenced, no other Member will speak on the subject of debate, except as provided for in Standing Order 14(c). Once these movers have replied, the discussion will be held closed and the Chair will call for the vote to be taken.

(e) Amendments must be relevant to the motions to which they relate and no Member will be permitted to move more than one amendment to any motion, unless the mover receives no votes in support of the proposed amendment.

(f) It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. A vote will be taken, and if a majority of the Voting Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

(g) Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.

(h) When a motion is under debate, no other motion or amendment will be moved except in the following circumstances: -

- to adjourn the debate in terms of Standing Order 8; or
- to close the debate in terms of Standing Order 14(f).

(i) A motion or amendment once moved cannot be altered or withdrawn unless with the consent of the majority of Voting Members.

15. Voting

(i) Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

(ii) Only the four Members nominated by the Board and the four Members appointed by the Council shall be entitled to vote. Those members drawn from health and social care professionals, staff, the third sector, users, the public and carers as advisory members shall not be entitled to vote.

(iii) Every question at a Meeting shall be determined by a majority of votes of the Voting Members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote. If the Members still wish to pursue the issue voted on the Chair may either adjourn consideration of the matter to the next meeting of the Shadow IJB or to a special meeting of the Shadow IJB to consider the matter further or refer the matter to dispute resolution as provided for in the Integration Scheme. Otherwise, the matter shall fall.

16. Minutes

(i) The names of the Members (both voting and non-voting) and others present at a Meeting shall be recorded in the Minutes of the Meeting.

(ii) The Minutes of the proceedings of a Meeting, including any decision or resolution made by that Meeting, shall be drawn up and submitted to the next ensuing Meeting for agreement by a person nominated by the interim Chief Officer, after which they will be signed by the person presiding at that Meeting. A Minute purporting to be so signed shall be received in evidence without further proof.

(iii) Minutes of the Meetings shall be submitted to the Council and the Board by the interim Chief Officer at the same time as they are circulated to Members of the Shadow IJB.

17. Suspension and Disqualification

17.1 Any Member of the Shadow IJB may on reasonable cause shown be suspended from the Shadow IJB or disqualified from taking part in any business of the Shadow IJB in circumstances specified for Board appointed nominees by the Board, and for Council appointed nominees by the Council.

18. Committees and Working Groups

18.1 The Shadow IJB may establish any Sub-Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Shadow IJB.

18.2 The Membership, Chair, remit, powers and quorum of any Sub-Committee or Working Group will be determined by the Shadow IJB.

18.3 A Sub-Committee or Working Group does not have any delegated powers to implement its findings and will prepare a Report for consideration by the Shadow IJB

18.4 Agendas for consideration at a Sub-Committee or Working Group will be issued by electronic means to all Members no later than two days (not including Saturday and Sunday) prior to the start of the Meeting.

AGENDA ITEM NO: 4

Report To:	**Shadow Integration Joint Board**	**Date:**	**28th May 2015**
Report By:	**Brian Moore Chief Officer Designate Inverclyde Health & Social Care Partnership**	**Report No:**	**SIJB/01/2015**
Contact Officer:	**Lesley Bairden**	**Contact No:**	**01475 712257**
Subject:	**FINANCIAL GOVERNANCE ARRANGEMENTS – PROGRESS REPORT**		

1.0 PURPOSE

1.1 The purpose of this report is to advise the Shadow Integration Joint Board (IJB) on progress to date in developing a financial governance and reporting framework for the IJB once operational.

2.0 SUMMARY

2.1 This report provides a high level overview on progress to date in establishing a financial governance and reporting framework to support the IJB, once operational.

2.2 The financial governance framework is informed by both the:

- Professional guidance developed by the Integrated Resources Advisory Group (IRAG), a national group established to develop guidance to support the implementation of the Public Bodies Joint Working (Scotland) Act 2014.
- Work to date from officer working groups comprising NHS and Local Authority finance professionals developing IRAG guidance into a set of procedures that will support the IJB in decision making in strategic and operational finance matters

2.3 Since the cessation of Inverclyde Community Health & Care Partnership (CHCP) on 31 March 2015, the Social Work financial performance is reported to the Council's Health & Social Care Committee and the NHS financial performance is reported to the Board. The joint reporting of the aligned financial resources during the life span of the CHCP will inform, in the main, the financial due diligence requirements for both the NHS and Council on the resources ultimately delegated to the IJB.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Shadow Integration Joint Board note the contents of this report and receive progress and implementation updates at future Board meetings.

Brian Moore
Chief Officer Designate

Lesley Bairden
Chief Financial Officer Designate

4.0 BACKGROUND

4.1 For the last 18 months the IJB Chief Financial Officer Designate along with other finance officers from NHS Greater Glasgow and Clyde and the six Councils coterminous with the Board have been working closely to ensure appropriate financial arrangements are in place to support the IJB and HSCP as part of the Technical Finance Working Group..

4.2 The Chief Financial Officer Designate was also a member of the national working group, along with the Council's Chief Financial Officer to develop the professional guidance that supports the legislation.

4.3 The outputs from the Technical Finance Working Group (TFWG), along with further operational considerations, are discussed below.

5.0 FINANCIAL GOVERNANCE

5.1 As described above the TFWG have produced and recommended a number of guidance papers, providing a high level set of principles for each partnership to follow as best practice, but also to adopt and revise to meet local requirements. To date the following papers have been agreed:

a. Governance Statement and Statement of Internal Control
b. Financial Regulations and Standing Financial Instructions
c. Risk Management, Insurance and Business Continuity
d. Managing Integrated Budgets Guiding Principles
e. Budget Setting
f. Scheme of Virement
g. Capital Planning Process
h. Managing Financial Performance

5.2 Work remains ongoing to develop papers on:

1. Financial Governance Checklist
2. Internal & External Audit Arrangements
3. Treatment of VAT (national issue)
4. Reserves Strategy
5. Annual Accounts (national issue)

5.3 The above papers will be consolidated into a final document for Inverclyde's Health & Social Care Partnership, on completion of all work including review of the final professional guidance.

6.0 OPERATIONAL CONSIDERATIONS

6.1 Upon approval of the Integration Scheme, the IJB must determine when to go fully live and consideration needs to be given to part year implications during 2015/16 as well as the sign off for the Strategic Plan. A go live commencement date of 1 April for financial responsibilities will tie in with traditional expectations from creation of new Boards (e.g. Police Scotland) and will allow for a cleaner and transparent transfer of responsibility for resources.

6.2 It is recognised that financial treatment will not be the deciding factor in a go live date and if required part year arrangements will need to be determined to ensure that neither partner is disadvantaged.

6.3 Financial reporting will broadly follow the integrated reporting previously presented to the CHCP however it will be further developed to include reporting for large hospital services

and for hosted services, with a methodology currently being developed NHSGGC wide during 2015/16.

6.4 Strategic reporting will be developed to include a longer term financial strategy, annual financial performance statements and other requirements as determined in the final professional guidance.

7.0 DUE DILIGENCE, AUDIT & SCRUTINY

7.1 In determining the resources to be delegated to the HSCP a position statement as at October 2014 on joint resources was presented to the NHS Board. At this point there were no unaddressed concerns from either partner.

7.2 An updated due diligence report will be required by the Council to ensure, prior to delegation of resources, that the Council is satisfied in the level of resources from NHS, along with other governance matters. The vice versa position will also be updated and reviewed.

7.3 Joint working is progressing to allow both NHS and Council auditors to provide an assurance report to all partners that demonstrate effective and appropriate preparatory work has been undertaken. Further reports will provide updates on progress.

7.4 Internal Audit arrangements for the IJB need to be confirmed from both a necessity and an operational perspective and any subsequent cost implications identified. There are no internal audit requirements for the Shadow IJB.

8.0 OTHER ISSUES

8.1 Discussion remains ongoing as to the insurance cover required, indeed if any, for the IJB as a Board. There is ongoing work looking at the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) as a possible solution if there is any risk not currently covered by partners. An update will follow on completion of this review.

8.2 Employment status of the Chief Officer and Chief Financial Officer remain subject to confirmation, along with associated VAT treatment. An update will be provided as required.

8.3 As Inverclyde already has an integrated management structure there are no cost implications or savings opportunities resulting from this legislative change. However the costs of servicing the IJB will require to be identified and funded.

9.0 IMPLICATIONS

9.1 **Finance**

There are no direct financial implications within this report. It should be noted that there will be costs associated with facilitating the IJB and ensuring appropriate governance. As the position is clarified all one off and recurring cost implications will be reported.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

Legal

9.2 There are no specific legal implications arising from this report.

Human Resources

9.3 There are no specific human resources implications arising from this report.

Equalities

9.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

9.5 There are no repopulation issues within this report.

10.0 CONSULTATION

10.1 The Council's Chief Financial Officer and Director of Finance NHSGGC have been consulted.

11.0 BACKGROUND PAPERS

11.1 There are no background papers for this report.

AGENDA ITEM NO: 5

Report To:	**Shadow Integration Joint Board**	**Date:**	**28th May 2015**
Report By:	**Brian Moore Chief Officer Designate, Inverclyde Health & Social Care Partnership**	**Report No:**	**SIJB/02/2015/HW**
Contact Officer:	**Helen Watson Head of Service Planning, Health Improvement & Commissioning**	**Contact No:**	**01475 715285**
Subject:	**Health and Social Care Partnership Integration Update**		

1.0 PURPOSE

1.1 The purpose of this report is to update members on the preparation and submission of the Inverclyde HSCP Integration Scheme to the Scottish Government for approval, to set out the intentions and preparations for local implementation of the Public Bodies (Joint Working) (Scotland) Act 2014, and to present a draft outline for our Strategic Plan for approval.

2.0 SUMMARY

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

2.2 The version of the Scheme that was submitted is not substantially different to the version approved by the Council on 29th January 2015. However some minor adjustments had been made to some of the wording where legal compliance with the detail of the legislation was questioned as part of informal feedback. The Integration Scheme is designed to cover the requirements of the Act and demonstrate legislative compliance, while any further detail needed can be written into the operating instructions and Standing Orders, to be agreed and approved by the Integration Joint Board (IJB). The Scheme was submitted for approval on 31st March 2015, and has since been returned to officers with some further modifications required before Ministerial approval can be granted.

2.3 The Health and Social Care Partnership is also required to develop a Strategic Plan during the first year of its establishment, and a draft outline of what this plan might include is offered to members for consideration and approval (annex 2).

3.0 RECOMMENDATIONS

3.1 It is recommended that Members note that the Integration Scheme, which was submitted to the Scottish Government on 31st March for approval, has been returned for further work. This is currently being undertaken by officers with the understanding that any changes should not alter the substantive content or meaning of the Scheme approved by the Council and the NHS Board.

3.2 It is recommended that members approve the draft outline for the Inverclyde Strategic Plan.

4.0 BACKGROUND

4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed on April 1st 2014. Secondary legislation is being continuously developed to underpin the Act.

4.2 The Regulations and Orders were laid in the Scottish Parliament in October and November 2014 and the Affirmative Regulations came into force on 28th November 2014.

4.3 Guidance was issued to support integrated budgets in April 2014, along with a finance implementation checklist to help Health Boards and Local Authorities and shadow Integration Joint Boards to prepare for financial and governance arrangements under integration. Guidance for Integration Financial Assurance to support robust identification of integrated budget by Health Boards and Local Authorities has also been issued, as has guidance on Clinical and Care Governance and strategic commissioning.

4.4 The latest guidance, issued on 23rd March 2015, relates to the requirement for each IJB area to have at least two localities, and describes to some extent how these localities should inform strategic planning.

5.0 OVERVIEW OF THE DRAFT SCHEME

5.1 The preamble to the Scheme (sections 1 and 2) is designed to set the context and purpose of integration from an Inverclyde perspective. This is not formally part of the scheme.

5.2 Section 1 sets the general context in terms of the legislative requirements and the future status of the HSCP and IJB, and section 2 describes the aims and outcomes, and in particular specifies the national outcomes as prescribed by the Scottish Government. These have been included in the preamble to safeguard against any future changes or additions to the outcomes. As part of the preamble, adjustments would be minimal and would then not bring about the need to re-submit an amended Scheme to Scottish Ministers.

5.3 Section 3 marks the start of the proposed Scheme as a legal document, and from that point onwards must be fully compliant with the guidance.

5.4 The Scheme highlights that Inverclyde will be a body corporate integrated authority with delegated legal authority from both the Council and Health Board to plan, manage and deliver services on behalf of the two contributing partners.

5.5 Throughout the Scheme we have focused on including the minimum required to meet compliance standards. It should be noted that keeping our narrative to the minimum is not indicative of any wish to minimise our level of integration, but rather, to future-proof the Scheme so that it can accommodate any future improvements without having to re-submit to the Scottish Government for re-approval. Governance will remain tight through our Standing Orders and Financial Instruments. Although the Scheme has been returned for further work, this is generally in terms of the wording rather than the content.

5.6 <u>Integration Joint Board Membership</u>
Our Scheme specifies that voting membership will comprise four Councillors and four NHS non-executive director members, and that the first IJB Chair will be an Inverclyde Councillor, with the Vice Chair being an NHS non-executive director. After a two year term, this will switch to the Chair being an NHS non-executive director and the Vice Chair being a Councillor. There will be no casting vote, but rather, in cases where agreement cannot be reached, the Chief Officer will be required to re-draft the proposal to one that is acceptable to both Parties.

5.7 The minimum requirements for non-voting membership are outlined in the Guidance, but Partnerships are free to have additional members over and above the minimum, at their own

discretion. In Inverclyde, we anticipate that non-voting membership will comprise the following:-

- Chief Officer/Chief Social Work Officer
- Clinical Director
- Nurse Advisor
- Medical Lead from IRH
- Joint Finance Officer
- Carer Representative
- Service User Representative
- Third Sector Representative
- Two staff-side representatives (one from NHS and one from local authority)

We also anticipate that any other non-voting members deemed to have a locus within the business of the IJB will be invited to attend as and when required.

5.8 Strategic Plan

We are required by the legislation to have an overarching Strategic Plan, developed and implemented by a Strategic Planning Group. Minimum membership of the Strategic Planning Group is prescribed by the Regulations, and annex 1 highlights a proposal for how the Group should be populated, and how it should be governed by and inform the business of the IJB. This is important because the IJB will be required to approve the plan and to oversee and scrutinise its implementation. We also need to demonstrate how we will ensure the active engagement of the IJB with the business of the HSCP. The chart at annex 1 attempts to do this, and the outline plan at annex 2 proposes the suggested structure and content of the plan.

5.9 The Inverclyde HSCP will not have managerial responsibility for hospital services, however it will be involved in their planning, particularly with regard to the pathways between hospital and community services, and ensuring a person-centred and outcome-focused approach to the patient or service-user experience. NHS GGC hospital services span the whole NHS Board area, albeit the Inverclyde Royal Hospital is predominantly used by Inverclyde people. However it should also be noted that Inverclyde people also use other hospitals, and the IRH is used to a substantial degree by people from Argyll & Bute. We cannot therefore consider the IRH as a standalone resource. The interface between hospital and community, and the planning role of HSCPs will therefore need to be considered across all six IJBs within the NHSGGC catchment. On that basis, this dimension should be coordinated and held by the Health Board hospital sector and guided by the outputs of the Clinical Services Review. Work is ongoing locally to build on the successes of recent interface planning between primary and secondary care and community services to develop a shared understanding of need, demand and delivery. It is intended that this work will be further developed within the Strategic Plan. The outline for the plan structure builds on the existing array of plans and strategies which can be drawn on to provide the level of detail required by the IJB to take the Strategic Plan forward.

Members should note that the Strategic Plan outline will be populated using existing agreed plans as its foundation. This will ensure continuity between the current CHCP arrangements and the new HSCP arrangements. Members should also note that the Strategic Planning Group needs to include membership from the list prescribed by Regulations as a minimum, and that it needs to have explicit oversight by the IJB (see annex 1).

5.10 Performance Management

The legislation requires that the Health Board and the local authority set out the process by which the list of targets and measures that relate to the delegated functions will be developed and the extent to which responsibility will lie with the IJB. The CHCP has an integrated performance management framework in place which works well and has been developed to reflect the SHANARRI outcomes. This will need to be refined and take account of the national health and wellbeing outcomes (noted at 2.1 in the Scheme) and integration principles, but we are in a strong position to take this forward due to our existing outcomes-

focused approach. Work is also required at locality level to determine what performance reporting will be needed to the Integration Joint Board, and how this is derived from operational management intelligence.

Members should note that there is a potential mismatch between the indicators that we currently have and the intelligence required to demonstrate progress in achieving the national outcomes. The Information and Statistics Division of the NHS National Services (ISDScotland) is currently working on a new dataset, definitions, recording guidance and file specifications to support the requirements of the legislation. NHSGGC still requires data in respect of HEAT targets and standards, and the Scottish Government Social Work Performance Indicators are still extant. This means that we could be working in an extremely onerous reporting framework, with indicators that report on contradictory objectives (patient/ client/ carer outcomes versus systems outputs and throughputs), and that are not necessarily aligned to the Strategic Plan.

5.11 Clinical and Care Governance

In respect of effective Clinical and Care Governance, it is recognised that as well as ensuring appropriate arrangements for directly provided health and social care services, we need to co-ordinate action across a range of services and providers, including the third and independent sector. The Inverclyde Integration Scheme sets out our approach to Clinical and Care Governance, building on the foundations that we have established over four years as a fully integrated CHCP, and noting the intention to strengthen the approaches we have for the oversight of both internal services and those commissioned from the third and independent sector, including the monitoring of care standards and professional obligations via practice and staff governance.

The Regulations require the appointment of professional staff to the non-voting membership of the Integration Joint Board (as noted at 5.7), and these members will support the Clinical Director and Chief Social Work Officer in governance matters regarding practice, registration and development of professional staff as well as advising on clinical and care governance aspects of the Strategic Plan.

5.12 Localities

Members should note that it is a requirement of the Act that each HSCP area is split into a minimum of two localities. The latest draft guidance issued by the Scottish Government in March 2015 stipulates that "*Locality areas should be based on clusters of GP practices and should relate to natural communities in ways that make sense to the people living and working in them*." Whilst officers have noted a contradiction in this requirement (inasmuch as our clusters of GP practices do not always relate geographically to the communities in which their premises are located), the most pragmatic approach seems to be that we identify two localities within Inverclyde. It is proposed that these should be:

- Inverclyde East
- Inverclyde West.

By nominating these localities we can then get on with the business of working out how we ensure locality level participation but retain an Inverclyde-wide strategic overview. Within the two formal localities it is likely that we will have sub-localities or neighbourhoods based on the localities identified through the Inverclyde Alliance Programme Board structures. Whatever mechanisms are developed to achieve this, there will be a need to support local communities to influence the services they receive without fragmenting current structures and thereby bringing a need for additional capacity for management, reporting and recording etc.

5.13 Workforce Planning

It is recognised that successful delivery of integrated services will be dependent on an engaged workforce and this will be achieved through effective leadership, management, support, learning and development. To deliver this we intend to build on the successes we have had in relation to integrated staff and practice development as a CHCP.

Members should note that the Scheme commits to the development of an integrated Workforce Development Plan, building on the rolling joint training plan we have had in place for four years.

5.14 Information Sharing

The sharing of information between Health Boards and the Council will be essential to planning and delivering improved care based on the patient or client journey through services. Inverclyde Council and NHSGGC already have an agreed information sharing protocol that has served us well over the past four years. Any future development will be undertaken in tandem with the Council's Records Management Plan arrangements.

5.15 Complaints

The legislation also requires that we outline our approach to complaints handling. We have therefore taken the opportunity to set out a picture of how complaints will be managed and integrated from the perspective of service users. Our Integration Scheme sets out the intended process for handling of complaints, based on the recent review and revision of procedures that were undertaken under the guidance of the Council's Chief Internal Auditor.

5.16 Risk Management

The guidance requires that the Parties describe the process they will follow in order to develop a shared risk management strategy. The Scheme sets out the approach we will take to develop a shared risk management strategy. Members should note that the Scheme commits to six-monthly reviews of the risk register by the IJB.

6.0 IMPLICATIONS

Finance

6.1 None at this time.

Financial Implications:

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

6.2 **Legal**

6.3 To be completed by colleagues in Legal Services, but will include drafting of Standing Orders.

Human Resources

6.4 It is not intended that in a body corporate integration arrangement there is any change to employment and/ or terms and conditions of HSCP staff, therefore no HR implications identified at this stage.

Equalities

6.5 None at this time, although recognition will be given to the wider and associate equalities agenda.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO - This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

6.6 N/A.

7.0 CONSULTATIONS

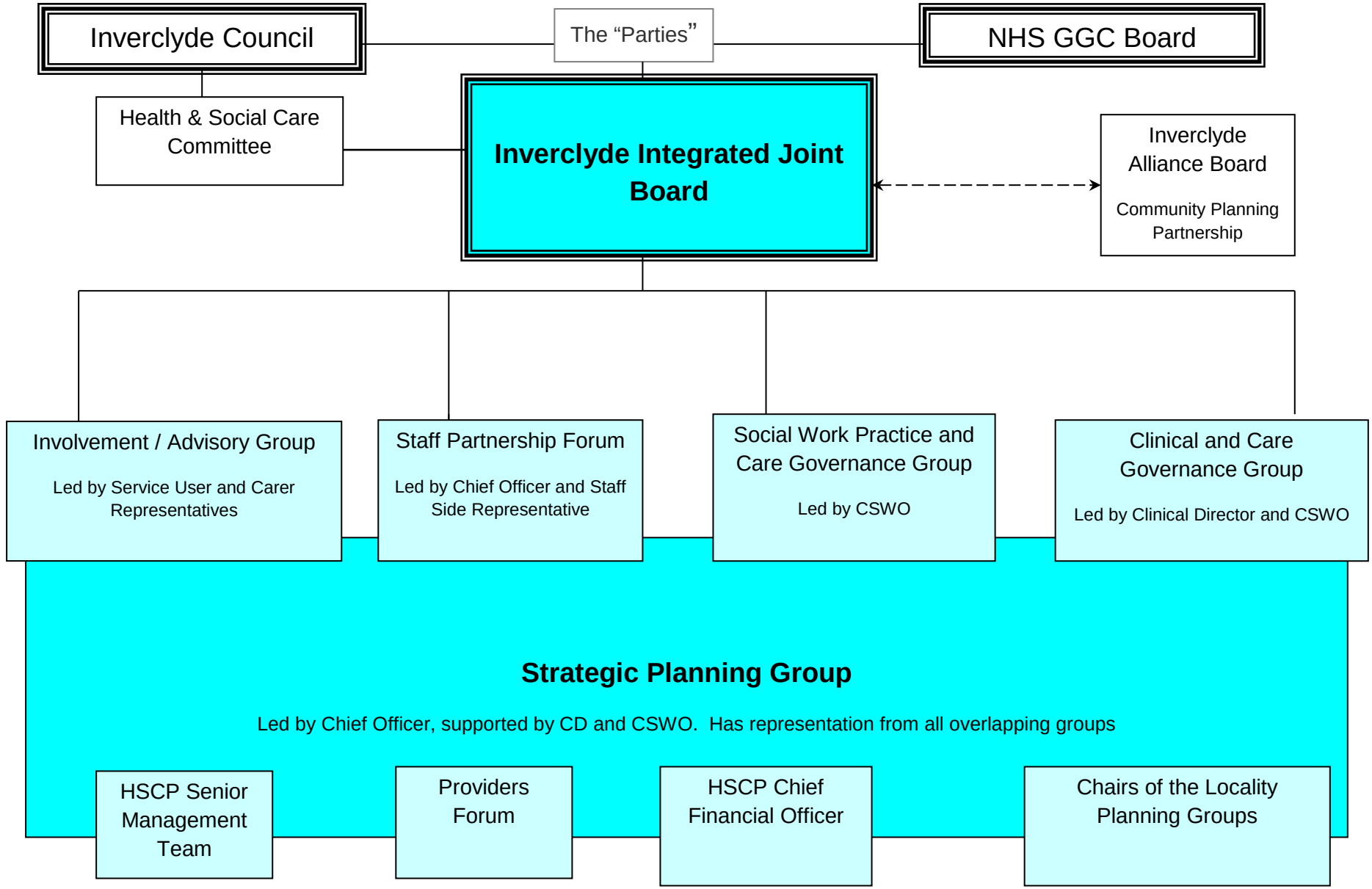
7.1 Consultation is ongoing with the statutory consultees and with officers in each Party.

8.0 LIST OF BACKGROUND PAPERS

8.1 Inverclyde draft Integration Scheme.

8.2 Public Bodies (Joint Working) (Scotland) Act 2014 and its associated Regulations.

Annex 1: Integration Structure



Inverclyde Health & Social Care Partnership

Draft Outline for the Strategic Plan

2015 – 2018

Version 1 – 7th May 2015

Chief Officer Statement

Very brief précis of why we are changing - legislative requirements, but that it fits with our journey so far; the motivation for change (key drivers of health & social inequalities; building on what has been achieved so far etc.). Highlight the success of the CHCP and the improvements that it has brought, and how it is a robust foundation for our HSCP arrangements and our aspirations for the future.

Vision

CHCP vision - "Improving Lives", underpinned the values that:

- We put people first;
- We work better together;
- We strive to do better;
- We are accountable.

To realise our vision we need to take a strategic approach to how we look at our services, alongside the needs and aspirations of Inverclyde people, and look to a future that focuses on better outcomes – improving lives – and ensuring that we have the best possible arrangements and choices in place to achieve that, and all within the limited public purse that funds us.

Structure of the HSCP

- IJB make-up and purpose. Voting and non-voting membership.
- Outline map of the IJB and the key groups that sit below it, and line of sight to parent organisations (Council and NHS Board).
- Brief comment about the function of each group, and how it all comes together to give us clear accountability back to communities and localities.
- High level summary of HSCP responsibilities.

Functions Delegated to the Integration Joint Board

This section will include the final list of functions that are delegated to the IJB from both the Health Board and the Council. This section will have to be approved by the IJB at its first meeting in order that the formal delegation can proceed and the IJB can assume responsibility for service delivery and performance against the national outcomes.

Inverclyde Strategic Plan (this would be the "what")

The main purpose of our Plan is to provide strategic direction and keep us focused on the big changes we aim to deliver. [Scope of the plan - adults, children, criminal justice]. We want 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. This is a natural progression building on the aspirations and achievements of the Inverclyde Community Health and Care Partnership (CHCP) which existed from 2010 until 2015, when our HSCP arrangements replaced the CHCP. Our Plan brings together a number of plans that have already been developed in partnership with our communities and other stakeholders (see appendix 1), and is structured around the National Health and Wellbeing Outcomes, namely:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 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.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing health inequalities.
- 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.
- People using health and social care services are safe from harm.
- 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.
- Resources are used effectively in the provision of health and social care services.

Link to National Outcomes for Children and Criminal Justice:

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk

Link to National Outcomes and Standards for Social Work Services in the Criminal Justice System:

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

Engagement - How and who?

Inverclyde CHCP has an established record of engaging with communities, through mature and well-connected networks. We want to build on that and shift the emphasis by:

- getting communities engaged at an even earlier stage;
- finding ways to include the views of groups who have traditionally been less likely to participate;
- building on the assets that are already inherent in our communities.

Challenges (this would be the "why")

Outline of key challenges around inequalities, demographics etc. – take from the most recent CSWO Annual report. A balance though between the challenges and the progress that has been made so far. Stress the importance of the positive dimensions of Inverclyde.

Key Workstreams and Actions (this would be the "how")

(Actions framed in the context of the strategic priorities)
Our strategic priorities are based on the national outcomes and will provide a framework to improve services and describe how we will achieve our vision. ***Where we can, link back to existing strategies and plans that have already been agreed through robust engagement processes***

1. People are able to look after and improve their own health and wellbeing and live in good health for longer - ***What we plan to do to shift the balance of care. Core commissioning work and building on other workstreams e.g. RCOP***
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. ***Redesign work referencing back to extant plans and/or strategies***
3. People who use health and social care services have positive experiences of those services, and have their dignity respected. ***Involving People work, plus continued work with the Advisory Network. Emphasis on building on existing foundations.***
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. ***Shifting to a stronger outcomes focus, SDS work***
5. Health and social care services contribute to reducing health inequalities. ***All our plans and strategies as a CHCP had a clear focus on reducing health inequalities – a commitment to continue this, and link back to our vision and values. Financial inclusion and employability work***
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. ***Co-produced Carer Strategies***
7. People using health and social care services are safe from harm. ***Patient safety programme; clinical and care governance; quality assurance***
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. ***Staff Governance Standard; QA linked closely to training and practice development***
9. Resources are used effectively in the provision of health and social care services. ***All savings proposals are subject to impact assessments***

Where our strategic priorities will take us (includes measuring performance)

Targets; milestones etc. but clearly linked back to the national outcomes.

- Performance and Improvement
- Clinical and care governance, including the providers that we commission from
- Financial governance
- Managing risk

Making the most of our resources

Financial and workforce planning.

- Getting the most from the resources we have – both cash and people.
- How we streamline. How we remove duplication.
- Wider resources, e.g. carers; volunteers etc.
- Early intervention and prevention – anticipating need and planning
- What we will do with our resources, why is this different and what will it achieve?

How the elements of the plan come together to deliver the vision – shifting from top-down to bottom-up.

Traditionally our planning has been based on achieving the high level targets, measured through service outputs (top-down approach). Real change can come about if we move away from these high level targets towards focusing on outcomes and what makes a real difference to the lives of individuals, families and communities. Strategic needs assessment, taken from the wealth of information we already have, will help us to understand the health and social care needs of the people of Inverclyde, and consider how resources can be organised to meet those needs in the best possible way, with the explicit aim of improving lives.

Outcome focused assessment (bottom-up approach) informs commissioning at the individual level (includes SDS). Aggregating individual commissioning will in turn inform strategic commissioning, and the Strategic Planning Group will:

- Oversee service/client group commissioning.
- Identify commissioning commonalities across services/client groups.
- Identify opportunities for collaboration across services or across providers.
- Identify priorities for investment and disinvestment.

How will we stay on track?

The Strategic Planning Group will develop the key actions that need to be included in this plan, including timescales and how we will measure if we are achieving our ambitions.

- Initial discussions indicate the need for a **Strategic Needs Assessment**, drawing on the information held by the CHCP and the Community Planning Partnership. We need to scope what we currently deliver and consider the drivers for that delivery. Which arrangements have been put in place to deliver targets, and are these still valid? Do they deliver or contribute to the outcomes? Is there a better way? What do our communities really need?

- Change will be delivered through the right commissioning choices, based on outcome-focused assessment. We already have a **Commissioning Strategy,** but does this need to be reviewed?

- The overarching **Commissioning Strategy** provides strategic direction and is underpinned by a number of service or client group Commissioning Plans that have been developed in collaboration with service users, families and communities. We need to consider if there are any gaps in our commissioning plans, but this will be informed by the Strategic Needs Assessment and outcome-focused assessment.

- We will need to develop a **Performance Reporting Framework** that lets us know if what we are commissioning is delivering what has been indicated through the Strategic Needs Assessment. Our performance reporting through the former CHCP has started the shift towards outcomes by mapping what we report to the SHANARRI outcomes rather than simply focusing on targets, so we have a good foundation to build on.

- The **Strategic Plan** will be developed by the Strategic Planning Group but will be approved, overseen and scrutinised by the Integration Joint Board. This will ensure that there is strong governance around delivering the commitments of the plan, and a mechanism to inform future plans.

AGENDA ITEM NO: 6

Report To:	**The Shadow Integration Joint Board**	**Date:**	**28 May 2015**
Report By:	**Brian Moore, Chief Officer Designate, Inverclyde Health & Social Care Partnership**	**Report No:**	**SIJB/05/2015/ BM**
Contact Officer:	**Brian Moore**	**Contact No:**	**01475 712722**
Subject:	**Health & Social Care Integration First Meeting of Inverclyde Integration Joint Board**		

1.0 PURPOSE

1.1 The purpose of this report is to provide members of the Shadow Integration Joint Board (Shadow IJB) with details of the business that will likely be required to be transacted at the first meeting of the Inverclyde Integration Joint Board (IIJB) once it has been formally established.

2.0 SUMMARY

2.1 Details of the business which is likely to require to be considered at the first meeting of the IIJB, once it has been established by Order of the Scottish Ministers, are summarised in Appendix 1.

3.0 RECOMMENDATION

3.1 It is recommended that the Shadow Integration Joint Board notes the contents of this report.

Brian Moore
Chief Officer Designate, Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 Inverclyde's Integration Scheme was submitted to the Scottish Government on 31 March 2015 and an update on progress in this respect will be presented to the Shadow IJB in a separate report.

4.2 Once the Integration Scheme has been approved, the IIJB will be established by Order of the Scottish Ministers.

4.3 There are a number of formal processes that require to be completed prior to the establishment of the IIJB and these will be dealt with at the first meeting of the IIJB. The proposed items of business which will be on the agenda for this first meeting can be seen in Appendix 1 to this report.

5.0 PROPOSALS

5.1 It is proposed that the Shadow IJB notes the proposed items of business to be considered at the first meeting of the IIJB.

6.0 IMPLICATIONS

6.1 **Financial**

One off Costs:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
n/a	n/a	n/a	n/a	n/a	n/a

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £'000	Virement From (If Applicable)	Other Comments
n/a	n/a	n/a	n/a	n/a	n/a

There is no direct financial implication in respect of the proposals.

6.2 **Legal**

Consideration of the proposed items of business at the first meeting of the IIJB, as listed at Appendix 1, will ensure that the IIJB will be formed in accordance with the Integration Scheme and relevant legislation.

6.3 **Human Resources**

None.

6.4 **Equalities**

None.

6.5 **Repopulation**

There are no direct implications in respect of repopulation.

7.0 CONSULTATIONS

7.1 There has been no consultation directly on the contents of this report but the matters contained within the items of business stated at Appendix 1 are subject to ongoing discussion with the Greater Glasgow & Clyde NHS Board.

8.0 BACKGROUND PAPERS

8.1 None.

APPENDIX 1

PROPOSED AGENDA ITEMS FOR FIRST MEETING OF INVERCLYDE INTEGRATION JOINT BOARD

1. Membership of the Integration Joint Board
2. Appointment of Chief Officer
3. Integration Scheme, Order and NHS Scheme of Delegation
4. Appointment of Chief Financial Officer
5. Membership of the Strategic Planning Group
6. Standing Orders
7. Scheme of Administration to IJB and Scheme of Delegation
8. Strategic Plan
9. Financial Regulations
10. Due Diligence and Budget
11. CNORIS (Clinical Negligence and Other Risks Indemnity Scheme)
12. Information Sharing
13. Code of Conduct
14. Access to Meetings and Meeting Documents
15. Proposed Dates of Future Meetings

AGENDA ITEM NO: 7

Report To:	**The Shadow Integration Joint Board**	**Date:**	**28 May 2015**
Report By:	**Head of Legal & Property Services**	**Report No:**	**SL/LP/087/15**
Contact Officer:	**Sharon Lang**	**Contact No:**	**01475 712112**
Subject:	**Shadow Integration Joint Board – Proposed Dates of Future Meetings**		

1.0 PURPOSE

1.1 The purpose of this report is to request the Shadow Integration Joint Board to consider its timetable of future dates based on five meetings per year.

1.2 The suggested dates are set out below, with meetings being held on Tuesdays (except for the first meeting), commencing at 3pm.

10 August 2015
10 November 2015
26 January 2016
15 March 2016
10 May 2016

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

2.0 RECOMMENDATION

2.1 It is recommended that the Shadow Integration Joint Board consider and agree its timetable of future meeting dates.

Gerard Malone
Head of Legal & Property Services

3.0 FINANCIAL IMPLICATIONS

3.1 **Financial**

One off Costs:

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments
n/a	n/a	n/a	n/a	n/a	n/a

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £'000	Virement From (If Applicable)	Other Comments
n/a	n/a	n/a	n/a	n/a	n/a

There is no direct financial implication in respect of the proposals.

Legal

3.2 None.

Human Resources

3.3 None.

Equalities

3.4 None.

Repopulation

3.5 There are no direct implications in respect of repopulation.

4.0 CONSULTATIONS

4.1 The proposed dates have been included in the annual report on the cycle of Council, Committee, Sub-Committee and Board meetings submitted to the Inverclyde Council for its meeting on 4 June 2015.

5.0 BACKGROUND PAPERS

5.1 None.

AGENDA ITEM NO: 8

Report To:	**Shadow Integration Joint Board**	**Date:**	**28th May 2015**
Report By:	**Brian Moore Chief Officer Designate Inverclyde Health & Social Care Partnership**	**Report No:**	**SIJB/03/2015/BC**
Contact Officer:	**Beth Culshaw Head of Health & Community Care**	**Contact No:**	**01475 715283**
Subject:	**Update on Delayed Discharge Performance**		

1.0 PURPOSE

1.1 The purpose of this report is to update the Shadow Integration Joint Board on progress towards achieving the target for Delayed Discharge from April 1st 2015.

2.0 SUMMARY

2.1 The Delayed Discharge target reduced from 4 weeks to 2 weeks on 1st April 2015, reflecting the ongoing strategic commitment to Shifting the Balance of Care.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Shadow Integration Joint Board note the progress towards achieving the delayed discharge target and the ongoing work to maintain performance.

Brian Moore
Chief Officer
Inverclyde Health & Social Care Partnership

4.0 BACKGROUND

4.1 For some time it has been recognised that consistently achieving safe, timely and person centred discharge from hospital to home is a key indicator of quality and a measure of effective and integrated care.

4.2 From April 2015 the current target which has been in place since 2013 decreased from 4 weeks to 2 weeks. In addition to the target, for some time scrutiny has also surrounded the number of bed days occupied by delayed discharges to provide a more complete picture of the impact of hospital delays. Going forward, it is suggested that we also focus and measure the proportion of patients discharged within 72 hours of being ready for discharge and the associated bed days.

4.3 Performance towards the new delayed discharge target continues to be challenging however we have recently seen a reduction in the number of acute bed days lost particularly for those over 65 years of age (chart 1) and in both the number of delayed discharges and the length of time which individuals are delayed (chart 2).

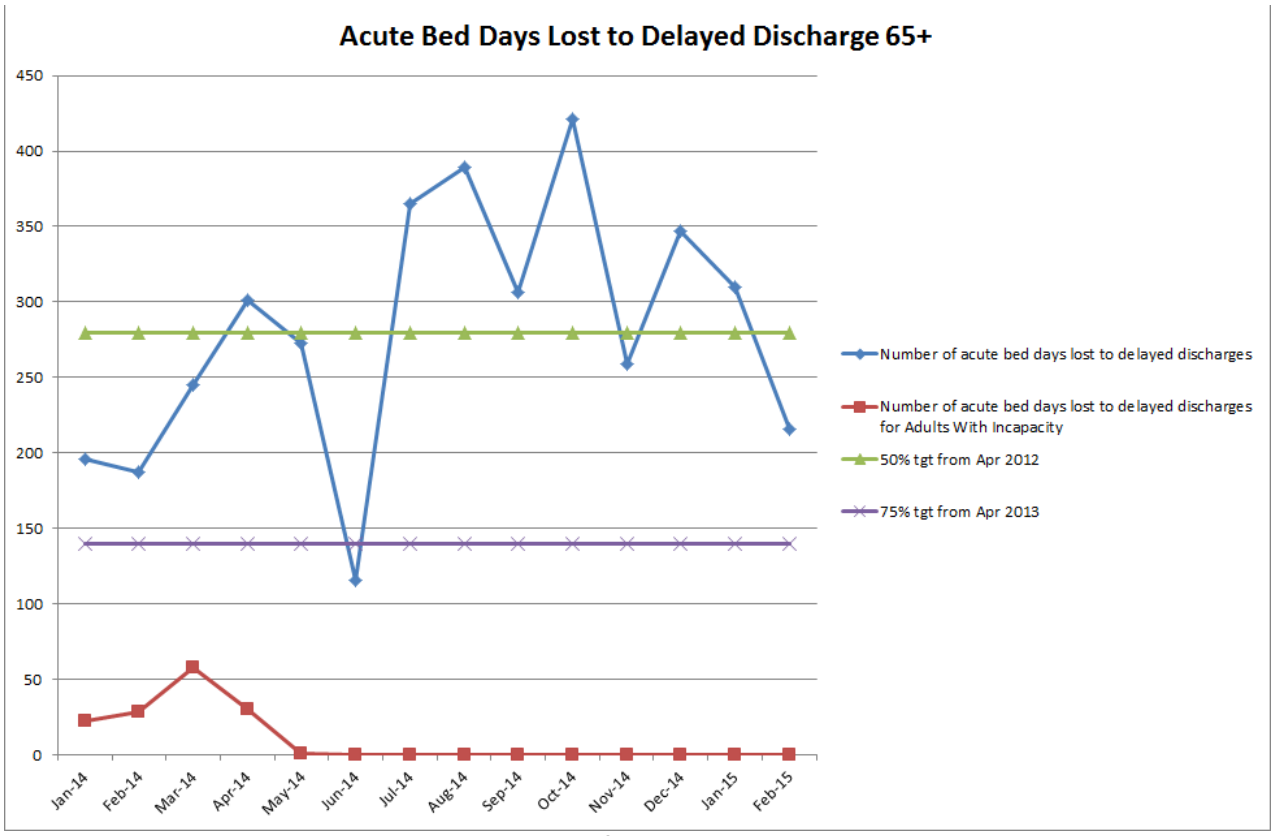


Chart 1

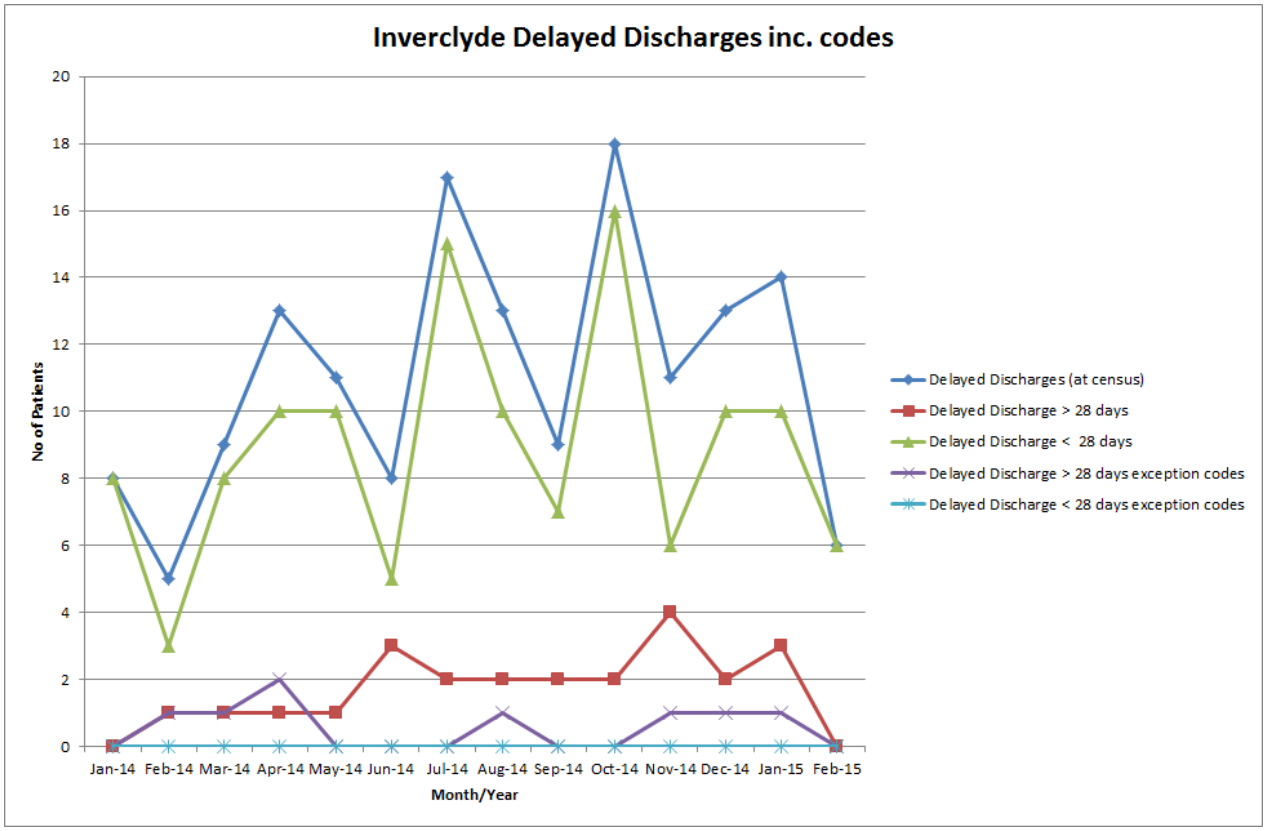


Chart 2

4.4 Delayed Discharge Census data reported for April 2015 shows five delays; all of these were delayed for less than two weeks. Whilst it is possible to evidence reduced bed days associated with admissions, we continue to see a rise in emergency admissions for those over 65.

4.5 Within Inverclyde we continue to work in a variety of ways, across organisational boundaries, to support the vision of Shifting the Balance of Care, to prepare to achieve the 14 day delayed discharge target and to increase the number of patients discharged within 72 hours of becoming fit, and critically to avoid admission to hospital in the first place.

4.6 We have taken time to fully assess our requirement for the use of Intermediate Care beds. Ongoing reflection of Delayed Discharges does not indicate the use of 'step down' beds as a mechanism to reduce delays in Inverclyde but rather for many individuals this adds a further unnecessary step in the discharge process. Of much more significance locally is the development of 'step up' beds which can offer an alternative to hospital admission for those not requiring acute medical care.

4.7 Inverclyde has in recent years been a relatively high user of care home beds with an average length of stay for residents of 2.9 years, reflecting the second longest length of stay in Scotland. More recently we can evidence that residents are being admitted when they are older and staying for a shorter period of time, reflecting the shifting balance of care in sustaining people in their own homes for longer.

4.8 Recent reductions in the number of purchased care home placements (chart 3) are having an impact on the number of vacancies currently in Inverclyde Care Homes. There are 746 care home beds in the Inverclyde area and currently there are 57 vacant beds. Inverclyde has 553 placements, the remaining beds are occupied by self-funding individuals (37) or placements made by other local authorities. We have 41 Long Term Care placements outwith the Inverclyde area which is complying with the service user's choice over where they wish to live.

This does offer the opportunity to commission care home beds differently, allowing the development of intermediate care beds. We are currently working on the service specification to allow dialogue with independent providers to take place with beds planned to be available during summer 2015.

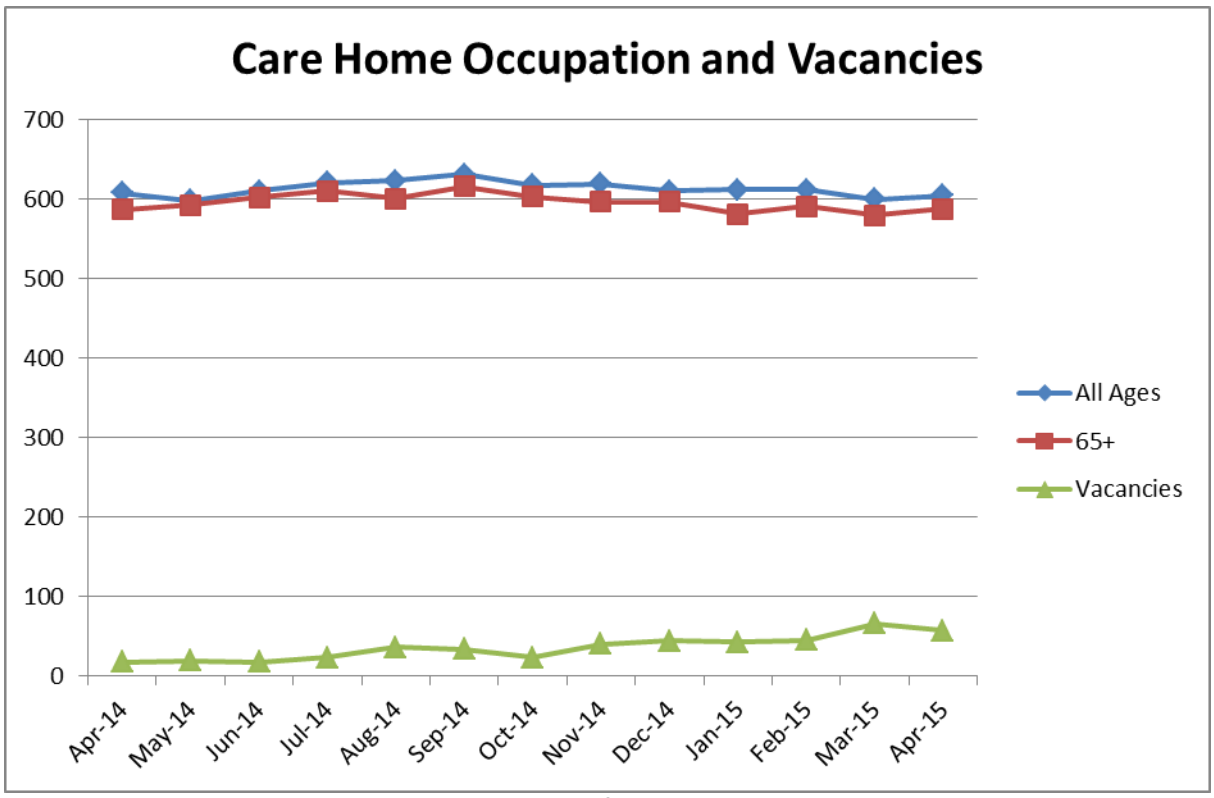


Chart 3

4.9 Most people discharged from hospital to their own home will receive support from the Home Care Reablement service. This service continues to deliver positive outcomes with 30% of service users regaining full independence (chart 4) and of those service users transferring to mainstream care at home, a reduction of 33% in packages of care is seen.

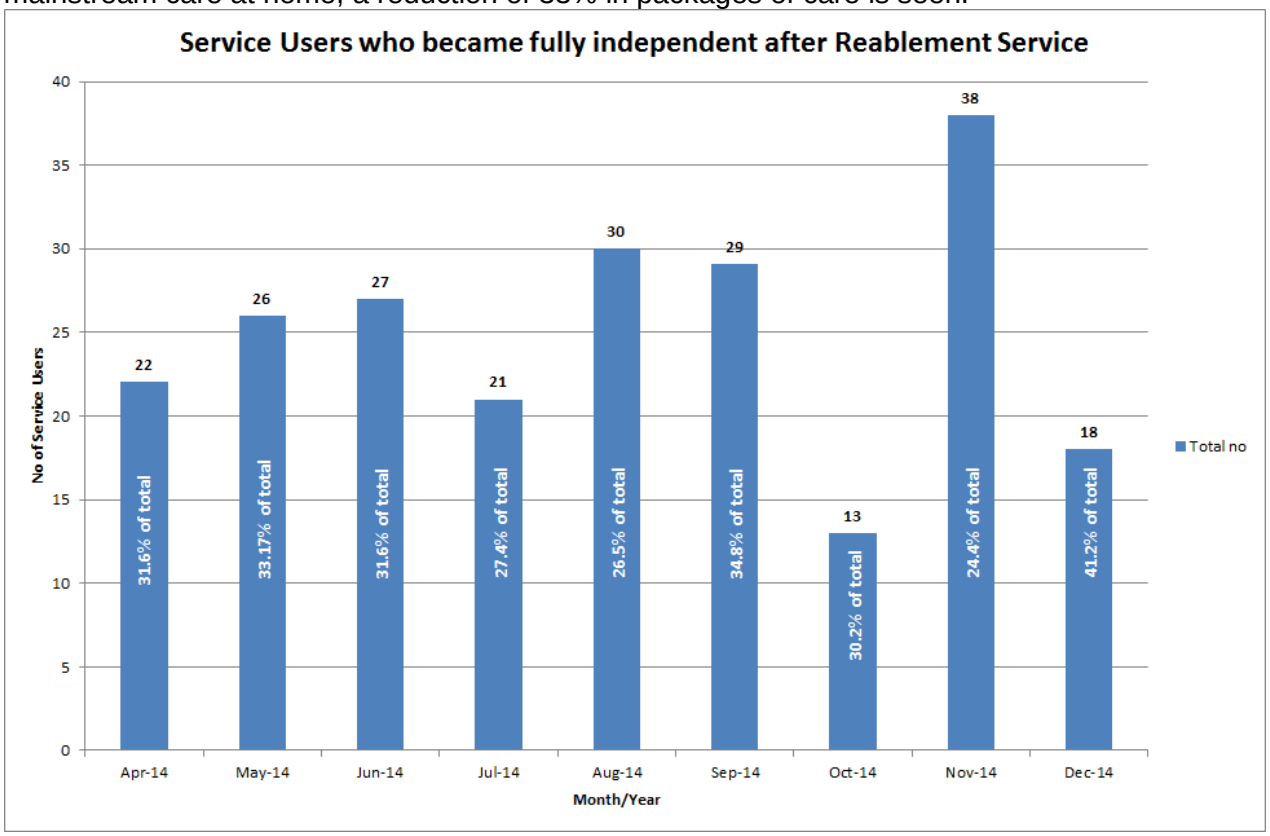


Chart 4

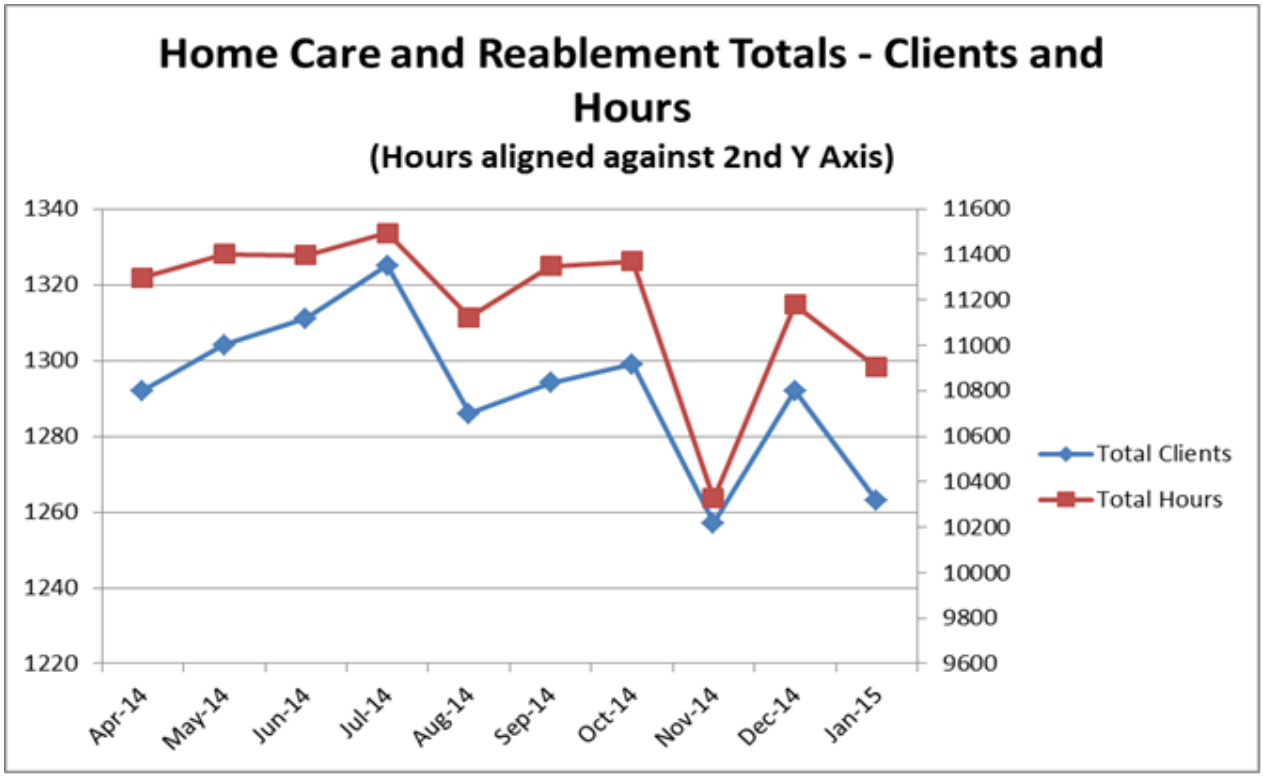


Chart 5

4.10 The re-organised and dedicated Assessment and Care Management Team within the hospital is now able to demonstrate commencement of assessments at an earlier stage of the patients stay in hospital and in turn, earlier decision making around the care needs following discharge. This has impacted positively on both those returning home and those transferring to long term care settings in that, key decisions are taken in a timelier manner. There is no longer a time lag for decision making around placement and funding of long term care which is evidenced through our monitoring of all discharges which require social care support.

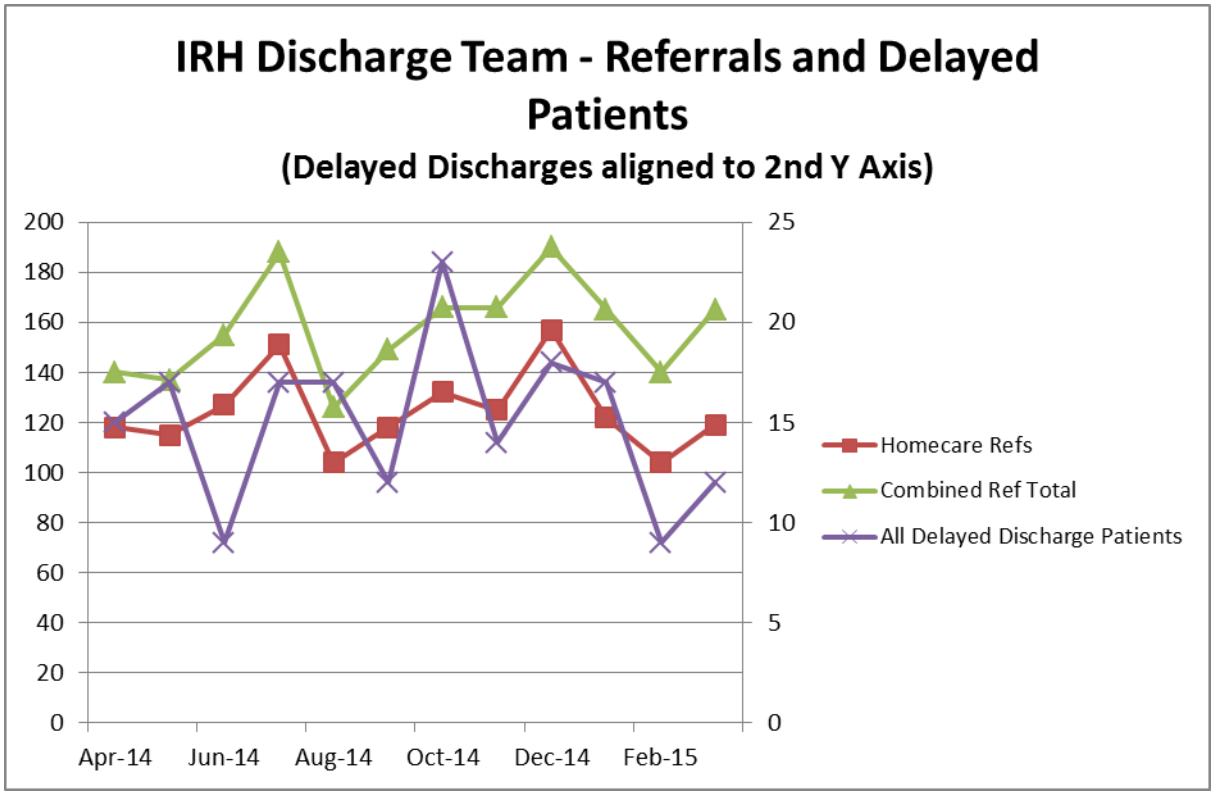


Chart 6

We will continue to report on delayed discharges and bed days lost but will also set this in the context of the workload of the Discharge Team and Home Care. This Graph (chart 6) shows the

number of patients who were discharged with a social care and support plan. It demonstrates an increase in the number of referrals each month compared to the overall reduction in number of patients who were noted as delays. This demonstrates the effectiveness of the new approach to discharge without an increase in overall costs.

4.11 This report notes the success in shifting the balance of care which is more people returning home from hospital earlier and maintaining people in their own home for longer. This will undoubtedly lead to a further increase in demand for our Home Care Services despite the success of the reablement approach. In part this is due to the increasing number of older people in Inverclyde with support needs.

A particular area of interest is when patients' discharge is delayed due the lack of necessary powers to move patients who do not have capacity to take decisions around their welfare. This can lead to lengthy delays whilst a Guardianship Order is sought. In Inverclyde we have had only one delay in the last 12 months which was a result of this. Greater Glasgow and Clyde are considering an alternative approach to current arrangements and we report on any implications for Inverclyde when these proposals are published.

5.0 PROPOSALS

5.1 Home First – Ten Actions to Transform Discharge

The Joint Improvement Team and the Scottish Government have recently convened a Discharge Task Force to consider short and medium term actions that partners need to take to enable local improvement. JIT's Home First document describes 10 actions that partnerships can take now to transform discharge

5.2 We have recently started to embed the ethos of *'Home First'* across both the HSCP and within the acute hospital. It is widely recognised that assessing for long term care placement is best done outside the acute hospital environment, and although we acknowledge that this is not always possible for every patient, we wish to see an increase in this practice.

5.3 This means that for the purpose of discharge planning, it should be assumed that each patient will return to their own home at discharge with a package of care and support which ensures they can live as independently as possible. Decisions on permanent care should only be made by the collective multi- disciplinary team following full assessment by the social worker and informed discussion with the individual, family or carer.

5.4 The Rehabilitation & Assessment Team alongside Care Management and District Nursing will support this approach in an integrated process. The increased provision of through the night care allows the opportunity for further assessment and monitoring at home in order to establish the ability to remain in one's own home. We will monitor and report on the effectiveness of this service in future reports.

5.5 We will also look to measure performance by tracking the patient's journey from admission to discharge measuring timescales and outcomes for the individual service users. This will include measuring the number of prevented hospital admissions and associated bed days saved.

5.6 Following a workshop held on February 18th which assessed our discharge processes within the context of 'Home First' we have updated our strategic action plan and will continue to monitor this via the fortnightly Strategic Discharge meeting attended by senior managers of the HSCP and the Acute Hospital.

6.0 IMPLICATIONS

Finance

6.1 There are no specific financial implications from this report. All activity will be contained within

existing budgets.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

Legal

6.2 None.

Human Resources

6.3 There are no Human Resource implications at this time.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
√	NO -

Repopulation

6.5 None.

7.0 CONSULTATIONS

7.1 The Inverclyde Delayed Discharge Plan is jointly developed alongside our partners in NHS Greater Glasgow and Clyde.

8.0 LIST OF BACKGROUND PAPERS

8.1 None.