



Induction Pack

Glasgow City Integration Joint Board

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1. Introduction to Glasgow City Integration Joint Board (GCIJB)

1.1 Integration Scheme

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(the Act\)](#) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services. They can also choose to integrate planning and delivery of other services – additional adult health and social care services, such as Homelessness and Criminal Justice, beyond the minimum prescribed by Ministers, and children’s health and social care services. The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved.

The integration scheme is a legally binding agreement between Councils and Health Boards who are known as 'the parties' in the Integration Scheme. It sets out the key arrangements for how Health and Social Care Integration is to be planned, delivered and monitored within their local area, and includes information on:

- the model of integration chosen
- the scope of functions and services that are to be delegated
- the clinical and care governance arrangements
- financial management
- operational arrangements, and
- a number of other key agreements.

The [Glasgow City Integration Joint Board Integration Scheme](#) can be found on the HSCP website.

1.2 Integration Joint Boards

Integration Joint Boards are responsible for the strategic planning of the functions delegated to it and or ensuring the delivery of those functions through the directions issued by it under section 25 of the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(the Act\)](#).

“The Act” places duties on Integration Joint Boards, which include:

- Develop a strategic plan for integrated functions and budgets
- Establish a strategic planning group to support the strategic planning process
- Have regard to the [National Health and Wellbeing Outcomes](#) when preparing a strategic plan
- Review its strategic plan at least every three years
- Publish an annual financial statement setting out the total resources included in the strategic plan for that year
- Prepare an annual performance report

The Integration Joint Board will also have an operational role as described in the locally agreed operational arrangements set out within their integration scheme.

Integration Joint Boards are public bodies, and as such are subject to a range of other requirements, including:

- the development and implementation of a records management plan,
- answering data access requests in relation to any data for which they are the Data Controller,
- respond to information requests in line with Freedom of Information legislation,
- implement a complaints process that follows the structure, principles, and timescales of the Scottish Public Services Ombudsman (SPSO) model,
- comply with the public sector equality duty set out in the Equality Act 2010, which places an obligation on public bodies to take action to eradicate discrimination and pro-actively promote equality of opportunity.

Although the responsibility of compliance sits with an Integration Joint Board; Integration Joint Boards may choose to draw on the experience of and/or request support from their constituent Health Board and/or Local Authority to aid it in complying with the legislative requirements set out below. In such circumstances the Health Board and/or Local Authority would be expected to provide the support requested.

Further information on roles, responsibilities and membership of Integration Joint Boards can be found on the [Scottish Government's website](#).

The Standards Commission Scotland have also published Advice Notes for members which can found at their [website](#):

[Advice Note for Members of Health and Social Care Integration Joint Boards](#)

[Advice Note for Members on distinguishing between their strategic role and operational work](#)

1.3 Membership

[The Public Bodies \(Joint Working\) \(Membership and Procedures of Integration Joint Boards\) \(Scotland\) Order 2014 \("the Order"\)](#) sets out requirements about the membership of an Integration Joint Board (IJB). This includes minimum required membership, and provision for additional members to be appointed.

The Integration Joint Board is created as a new legal entity that binds the Health Board and the Local Authority together in a joint arrangement. The membership of an Integration Joint Board reflects equal participation by the Health Board and Local Authority to ensure that there is joint decision making and accountability.

The Order requires that the Local Authority and Health Board put forward a minimum of three nominees each. This number may be increased by local agreement, but the same number must be nominated by each party. Local Authorities can insist on nominating a maximum of 10% of their full number of Councillors. The Health Board and Local Authority may also agree that they will each nominate a larger number than this.

In addition to Health Board and Local Authority representatives, the Integration Joint Board membership must also include:

- The Chief Social Work Officer of the constituent Local Authority
- A General Practitioner representative, appointed by the Health Board
- A Secondary Medical Care Practitioner representative, employed by the Health Board
- A Nurse representative, employed by the Health Board
- A staff-side representative
- A third sector representative
- A carer representative
- A service user representative
- The Chief Officer of the Integration Joint Board
- The Section 95 Officer of the Integration Joint Board

The Chief Social Work Officer will be appointed by the Local Authority and the health professionals will be appointed by the Health Board because of the role they fulfil. The Chief Officer must be appointed by the Integration Joint Board and will provide a single point of accountability for integrated health and social care services. The Integration Joint Board must also appoint the Section 95 Officer who will be the responsible officer for the financial arrangements of the Integration Joint Board.

Glasgow City Integration Joint Board is made up of 8 Elected Members appointed by the Council, 8 Non-Executive Directors of the Health Board and a range of professional advisors and stakeholder members.

The current and full list of [Glasgow City Integration Joint Board Membership](#) is publicly available on the HSCP website.

Further information on roles, responsibilities and membership of Integration Joint Boards can be found on the [Scottish Government's website](#).

1.4 Meeting Schedule

Glasgow City Integration Joint Board meet six times per year, with all meeting dates and times approved in advance. The [current schedule of meetings](#) for Glasgow City Integration Joint Board is published on the HSCP website.

The meeting papers are available a minimum of one week prior to each meeting.

1.5 Development Sessions

Integration Joint Board members are also invited to attend development sessions which occur six times per year, with each session scheduled in advance of the IJB board meeting.

1.6 Agendas, Papers and Minutes

Meeting agendas and papers for Glasgow City Integration Joint Board and its supporting committees are available a minimum of one week prior to each meeting.

Current and past meeting papers and agendas can be viewed on the HSCP website using the following links:

- [Glasgow City Integration Joint Board Papers](#)
- [IJB Finance, Audit and Scrutiny Committee Papers](#)
- [IJB Public Engagement Committee Papers](#)

2. Directions from Integration Authorities to Local Authorities and Health Boards

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014 \(the Act\)](#) places a duty on Integration Joint Boards to develop a “strategic plan” (also known as a strategic commissioning plan) that sets out how they will plan and deliver services for their area over the medium term, using the integrated budgets under their control.

Integration Joint Boards require a mechanism to action their strategic plans. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of the Health Board and Local Authority.

In the case of an Integration Joint Board, a direction must be given in respect of every function that has been delegated to the Integration Joint Board. Where the lead agency model is used, the Integration Authority may issue directions or may carry out functions itself.

In either case, a direction must:

- be issued in writing
- set out a clear framework for operational delivery of the functions that have been delegated.
- clearly identify which of the integrated health and social care functions they relate to
- include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget is to be used.

The Integration Joint Board can direct the carrying out of functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

Directions issued at the start of the year should be subsequently revised during the year in response to developments. A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same function.

Glasgow City Integration Joint Board receive an annual report regarding directions, including a log of all directions issued. This is also appended to every budget monitoring report.

Further information on Directions from Integration Authorities to Health Boards and Local Authorities can be found on the [Scottish Government's website](#).

3. Finance – IJB and Partners

3.1 Sources and Funding

Funding for the Integration Joint Board (IJB) comes from three main sources: the Health Board, the Council, and funding awarded during the year.

The Council and Health Board agree the funding which will be delegated to Glasgow City IJB on an annual basis to support the delivery of services.

When funding has been agreed the IJB will:

- set a budget to support delivery of its strategic plan
- direct the Council and Health Board on what services and how services are to be delivered to meet strategic direction
- decide on level of funding delegated to the Council and Health Board to support delivery

The Council and Health Board will then implement service delivery as directed by the IJB. Funding which is awarded during the year may be prescribed for a specific purpose and come with conditions attached, such as the purpose of each element of funding and expectations around delivery.

3.2 Financial Reporting

Recording of all financial information in respect of the Integration Joint Board is in the financial ledger of the Council.

Transactions relating to operational delivery are reflected in the financial ledgers of the Council and Health Board with the information from both sources being consolidated for the purposes of reporting financial performance to the Integration Joint Board.

The Chief Officer and Chief Finance and Resources Officer of the Integration Joint Board are responsible for the preparation of the annual accounts and financial statement in line with proper accounting practice, and financial elements of the strategic plan.

Monthly financial monitoring reports will be issued to the Chief Officer by the Chief Finance and Resources Officer. Financial reports will include subjective and objective analysis of budgets and actual/projected outturn, and other such financial monitoring reports as the Integration Joint Board might require.

Current and previous [Annual Accounts and Annual Audit Report](#) for Glasgow City Integration Joint Board are publicly available on the HSCP website.

4. IJB Committees – Terms of Reference

4.1 Finance, Audit and Scrutiny Committee (FASC)

The Integration Joint Board's Finance, Audit and Scrutiny Committee is responsible for monitoring the financial and operational performance of the Glasgow City Health and Social

Care Partnership; reviewing audit and inspection reports; promoting the observance of high standards of financial propriety; and for receiving updates on and scrutinising progress with key pieces of work across the Health and Social Care system.

More information can be found in the [Finance, Audit and Scrutiny Committee \(FASC\) Terms of Reference](#).

4.2 Public Engagement Committee (PEC)

Glasgow City Integration Joint Board's Public Engagement Committee (PEC) will enable Glasgow's citizens and local Third and Independent sector organisations to have a direct route of engagement and role in the policy and service development process in relation to health and social care integrated services by raising matters of concern. It will as part of this role, approve and keep under review the IJB's [Participation and Engagement Strategy](#).

More information can be found in the [Public Engagement Committee \(PEC\) Terms of Reference](#).

5. Standing Orders

Standing Orders for the conduct and proceedings of the Glasgow City Integration Joint Board and its Committees are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

The Standing Orders includes rules and regulations on, among other areas:

- membership including term of office/resignation
- appointment and role of the Chair and Vice Chair
- admission of the public and media to meetings
- conduct of meetings
- establishment of committees and
- code of conduct and declaration of interests

Further information can be found in the [Standing Orders for the Proceedings and Business of the Glasgow City Integration Joint Board](#).

6. Code of Conduct for Members

The [Ethical Standards in Public Life etc. \(Scotland \) Act 2000](#), created an ethical standards framework whereby councillors and members of devolved public bodies are required to comply with Codes of Conduct, approved by Scottish Ministers, together with Guidance issued by the [Standards Commission](#).

The Glasgow City Integration Joint Board is a public body, and as such is required to have in place a Code of Conduct that its members must comply with. The Code of Conduct includes information and guidelines on:

- key principles to Code of Conduct

- general conduct
- registration of interests
- declaration of interests and
- lobbying and access to members of public bodies

The code of conduct for Glasgow City IJB can be found at [Glasgow City IJB Code of Conduct](#).

Further information on the Code of Conduct for Glasgow City IJB members can be found in section 12 of the [Glasgow City IJB Standing Orders](#).

6.1 Role of the Standards Officer

Unlike the role of a Council's Monitoring Officer, the Standards Officer of a devolved public body has limited responsibilities.

Key responsibilities include:

- ensuring that appropriate training is given to Board Members on the Ethical Standards Framework, the Members' Code of Conduct and the guidance issued by the Standards Commission on the Model Code of Conduct.
- ensuring the IJB keeps a Register of Interests.
- ensuring the Members' Register of Gifts and Hospitality is maintained.
- principal liaison officer between the IJB and the Standards Commission.
- principal liaison officer between the IJB and the CESPLS and should assist the CESPLS whenever necessary in connection with the investigation of complaints against a Member of the body.

The Standards Officer for Glasgow City Integration Joint Board is:

Craig Cowan
Head of Business Development
Business Development
Glasgow City Health and Social Care Partnership
Email: craig.cowan@glasgow.gov.uk

7. Declarations of Interest

The Glasgow City Integration Joint Board is a public body, and as such is required to have in place a Code of Conduct that its members must comply with. As part of the Code of Conduct, all Members of the Integration Joint Board are required to make declaration of interests, which must be made publicly available.

[Declarations](#) for each Member of the Integration Joint Board are publicly available on the HSCP website.

8. Services for Members

There are governance support services for the Glasgow City Integration Joint Board. The key contact is:

Julie Kirkland (Senior Officer Governance Support)
Business Development
Glasgow City Health and Social Care Partnership
Phone 07436029640
Email glasgowcityijb@glasgow.gov.uk

9. Introduction to Glasgow City Health and Social Care Partnership (HSCP)

9.1 Vision

The [Glasgow City Integration Joint Board Strategic Plan 2023 – 26](#), sets out a vision and six key partnership priorities for Health and Social Care in Glasgow City.

The vision of the HSCP and IJB is:

“Communities will be empowered to support people to flourish and live healthier, more fulfilled lives, by having access to the right support, in the right place and at the right time.”

The partnership priorities are:

1. Prevention, early intervention and well-being
2. Supporting greater self-determination and informed choice
3. Supporting people in their communities
4. Strengthening communities to reduce harm
5. A healthy, valued and supported workforce
6. Building a sustainable future

These are further described in the [IJB's Strategic Plan](#).

9.2 Executive Leadership and Senior Management Remit

The remit of the HSCP's Executive Leadership and Senior Management Team is to lead on the planning, delivery and monitoring (including governance) of all community health and social care services within Glasgow City as directed by the Integration Joint Board in line with the Public Bodies (Joint Working) (Scotland) Act 2014 and the nine Health and Social Care Health and Wellbeing Outcomes.

The nine outcomes are:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community
3. People who use health and social care services have positive experiences of those services, and have their dignity respected

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services
5. Health and social care services contribute to reducing health inequalities
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being
7. People using health and social care services are safe from harm
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide and
9. Resources are used effectively and efficiently in the provision of health and social care services.

The Glasgow City Health and Social Care Partnership Executive Leadership and Senior Management Team includes:

- Chief Officer
- Chief Officer, Finance and Resources
- Assistant Chief Officers
- Clinical Directors, Deputy Medical Director (Mental Health and Addiction Services) and Chief Nurse
- Heads of Service (Operational and Strategic).

The Glasgow City Health and Social Care [Executive Leadership Team Profiles](#) and [Executive Management Chart](#) are available to view on the HSCP website.

9.3 Key Services

Key services that Glasgow City Health and Social Care Partnership provides include:

- social care services provided to children and families (including fostering and adoption services and child protection)
- social care services for adults and older people services (including care at home, older people residential and day care and adult protection)
- carers support services
- homelessness services
- mental health services
- alcohol and drug services
- community justice services
- welfare rights services
- district nursing services, school nursing and health visiting services
- palliative care services
- services provided by allied health professionals such as dietitians and occupational therapists
- dental services
- primary medical services (including out of hours)
- ophthalmic services
- pharmaceutical services
- sexual health services, and
- services to promote public health and improvement.

9.4 Function and Structure

The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) requires Councils and Health Boards to integrate the planning for community health and social care services. As a minimum, the legislation applies to services delivered to adults and older people, with other services permitted to be integrated by local agreement.

Within Glasgow, Glasgow City Council and NHS Greater Glasgow and Clyde have gone further than the minimum requirements of the legislation and have integrated the planning, delivery and monitoring of all community health and social care services, including services for children, adults, older people, along with homelessness and justice services. This work is led and directed the Glasgow City Integration Joint Board (IJB) and its committees, with the Council and Health Board delivering services as the 'Glasgow City Health and Social Care Partnership' (HSCP).

Glasgow City Integration Joint Board consists of 8 Elected Members appointed by the Council, 8 Non-Executive Directors of the Health Board and a range of professional advisors and stakeholder members. The [full membership list](#) is available on the HSCP website.

As a separate legal entity, the IJB has full autonomy and capacity to act on its own behalf, and it can make decisions about the exercise of its functions and responsibilities as it sees fit, without reference to or instruction from the Council or Health Board. However, it is recognised that the IJB is less likely to achieve its aims by taking a one dimensional 'directing' approach, and there has therefore been an approach of mutuality developed between the IJB, Council and Health Board in the development of strategy and policy.

The IJB is required by statute to produce a single Strategic Plan for community health and social care to deliver national outcomes. The IJB then commissions (or 'directs') the Council and Health Board to deliver services in line with the Strategic Plan, and the IJB allocates the budget for said delivery accordingly.

The Council and Health Board then deliver these services within the budget and any other parameters directed by the IJB.

The HSCP is led by an integrated Executive Leadership and Senior Management Team and it provides services through the three localities of North East, North West and South and directly provided home, residential and day care. Some services cover the wider NHS Greater Glasgow and Clyde Health Board area (for example, sexual health services).

Key functions include:

- Strategy and Operations (Children's, Adults and Older People Strategy and Operations; Public Protection and Complex Needs incl. Homelessness and Justice Services; Operational Care Services; and Primary Care and Early Intervention incl. Health Improvement and Equalities and Commissioning)
- Finance and Resources (Finance, Human Resources, Organisational Development and Business Development), and
- Clinical, Medical (Mental Health and Addiction Services) and Nursing.

9.5 Statutory Responsibilities

9.5.1 Key Legislation

Some key legislation for community health and social care services that fall within the remit of the HSCP and IJB include (not exhaustive):

- Public Bodies (Joint Working) (Scotland) Act 2014
- Adoption and Children (Scotland) Act 2007
- Adult Support and Protection (Scotland) Act 2007
- Adults with Incapacity (Scotland) Act 2000
- Children (Scotland) Act 1995
- Children and Young Person (Scotland) Act 2014
- Children's Hearings (Scotland) Act 2011
- Community Care and Health (Scotland) Act 2002
- Criminal Procedure (Scotland) Act 1995
- Disabled Persons (Services, Consultation and Representation) Act 1986
- Housing (Scotland) Act 2001 and 2006
- Management of Offenders etc. (Scotland) Act 2005
- Mental Health (Care and Treatment) (Scotland) Act 2003
- National Assistance Act 1948
- National Health Service (Scotland) Act 1978
- Social Care (Self-directed Support) (Scotland) Act 2013 and
- Social Work (Scotland) Act 1968.

9.5.2 Key Responsibilities

Key responsibilities for the Health and Social Care Partnership include:

- provide care and protection for looked after children and vulnerable adults
- assist in the management of acceptable risk to all individuals within the community
- maintain and develop services for children and young people at risk or in trouble
- provide services for children and adults with learning or physical disabilities
- ensure care, support and protection for older people and adults with dementia, mental health problems and addictions
- provide community health services supporting GPs and other primary care contractors – for example, district nursing, health visiting, primary care mental health teams, physiotherapy, podiatry, dietetics, school nursing and continence services
- tackle and prevent homelessness and sustain service users within their communities
- support carers and families

9.5.3 Budget Setting

The Council and Health Board make available a defined level of financial resources, which together make up the Integration Joint Board's budget. The IJB then allocates these resources as it sees fit when making directions to the Council and Health Board.

Further information relating to Finance can be found in [section 3 'Finance – IJB and Partners'](#) above.

9.5.4 Operational Responsibility

The Council and Health Board continue to employ staff and operationally manage those services delivered under direction of the Integrated Joint Board (IJB).

The IJB places the Chief Officer at the disposal of both the Council and Health Board to manage these employees and services – the Chief Officer is a member of both corporate management teams.

The IJB retains strategic responsibility and ‘operational oversight’ but not operational responsibility.

The Chief Officer has officer-level responsibility for all strategy, resources and most operations, with some local exceptions as outlined in the [Integration Scheme](#) – the agreement between the Council and Health Board for integrated arrangements within Glasgow City.

9.5.5 Role of Elected Members

Decision making/strategic planning for delegated functions is a matter for the Integration Joint Board (IJB) rather than a role of the Council and its Members. However, this does not mean that the Council has no role to play in improving the health and wellbeing of the city’s people or addressing issues of health and social inequalities.

From a Council perspective, the Elected Members from the Council on the IJB have a decision-making role on the provision of community health and social care for Glasgow City as voting members. However, the other democratically elected councillors need to be engaged. Elected Members continue to be able to contact the Members Liaison Unit and the Health and Social Care Partnership’s Chief Officer on behalf of constituents, including in relation to community health provision.

9.6 Current Performance and Future Requirements

Routine performance management arrangements are in place within the Health and Social Care Partnership (HSCP), with quarterly performance reports produced for internal scrutiny by the HSCP’s management teams, as well as by the Integration Joint Board (IJB) and its Finance, Audit and Scrutiny Committee (FASC).

These performance reports cover the full range of community health and social care services provided by the HSCP and include sections on older people’s services; children’s services; alcohol and drugs; mental health; primary care; unscheduled care; carers; homelessness; justice services; health improvement; human resources and business processes. All indicators within the reports have been aligned to the nine National Health and Wellbeing Outcomes, in order to be able to demonstrate impact.

In addition to presenting performance trends against targets, these quarterly performance reports also include details of the actions that are being taken forward to improve performance, along with the anticipated timescales for improvement that have been identified by service leads, when performance is below target.

A requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 is that HSCPs/IJBs also produce an annual performance report outlining progress towards delivery of the nine National

Health and Wellbeing Outcomes. This Annual Performance Report is required to be published within four months of the end of each reporting year.

Performance reports are available at the following web link:
<https://glasgowcity.hscp.scot/performance-and-demographics>.

10 Links to Key Policy and Other Documents

10.1 Glasgow City IJB Policy and Documents

Glasgow City IJB Strategic Plan:
<https://glasgowcity.hscp.scot/strategic-and-locality-plans>

Glasgow City IJB Participation and Engagement Strategy:
<https://glasgowcity.hscp.scot/participation-and-engagement-strategy>

Glasgow City IJB Equalities Mainstreaming and Outcomes Plan:
<https://glasgowcity.hscp.scot/equalities-mainstreaming-and-outcomes-plan>

Glasgow City IJB Annual Accounts and Annual Audit Plan:
<https://glasgowcity.hscp.scot/publication/annual-accounts-2022>

Glasgow City IJB Members Induction Webpage:
<https://glasgowcity.hscp.scot/internal-section/ijb-new-member-induction>

10.2 National Policy and Legislation

Public Bodies (Joint Working) (Scotland) Act 2014:
<https://www.legislation.gov.uk/asp/2014/9/contents/enacted>

Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014:
<https://www.legislation.gov.uk/ssi/2014/285/contents/made>

National Health and Wellbeing Outcomes Framework:
<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

Ethical Standards in Public Life etc. (Scotland) Act 2000:
<https://www.legislation.gov.uk/asp/2000/7/contents>

Standards Commission Advice on Relations Between Members and Employees of Devolved Public Bodies:
<https://www.standardscommissionscotland.org.uk/uploads/files/1452184352151218AdviceonRelationsbetweenMembersandEmployeesofDPBs.pdf>