

Integration Joint Board

Report By: Chief Officer (Designate)
Contact: John Dearden, Head of Business Administration
Tel: 0141 287 0394

Governance & Committee Arrangements

Purpose of Report:	This is an updated paper from that submitted to the January meeting of the Shadow Board. To advise members of the future governance arrangements with the City Council and Health Board, to advise on the internal officer decision making structures established and to set out proposals for the establishment of Committees.
---------------------------	---

Recommendations:	<ol style="list-style-type: none"> 1. To note the future governance arrangements existing between the IJB and the City Council/Health Board. 2. To note the internal officer meeting structure established within the H&SCP. 3. To agree the terms of reference and membership of Committees of the IJB.
-------------------------	---

Implications for IJB:

Financial:	Financial arrangements are subject to agreement between the IJB and the Council and Health Board at least annually.
-------------------	---

Personnel:	The Health Board and the Council remain responsible for the employment of staff allocated to the functions of the IJB.
-------------------	--

Legal:	The IJB is a separate legal entity which operates within the terms of the Public Bodies (Joint Working) (Scotland) Act 2014.
---------------	--

Economic Impact:	None
-------------------------	------

Sustainability:	None
Sustainable Procurement and Article 19:	None
Equalities:	The IJB is required to comply with equalities legislation.
Implications for Glasgow City Council:	Significant functions of the City Council relating to social work and related services will be delegated to the IJB in accordance with the terms of the integration scheme.
Implications for NHS Greater Glasgow & Clyde:	Significant functions of the Health Board relating to health functions will be delegated to the IJB in accordance with the terms of the integration scheme.

1. Introduction

- 1.1 The integration scheme recently approved by the parent bodies and now approved by the Scottish Government is the main document for identifying the functions to be undertaken by the Integration Joint Board and the accountability of the Board and its Chief Officer.
- 1.2 The Act puts in place arrangements for integrating health and social care, in order to improve outcomes for patients, service users, carers and their families. The Act requires Health Boards and Councils to work together effectively to agree a model of integration to deliver quality, sustainable care services. Where, as in Greater Glasgow & Clyde, a Health Board and a Local Authority agree to put in place a body corporate model, an Integration Joint Board is established. This will see Health Boards and Local Authorities delegate a significant number of functions and resource to the Integration Joint Board, who will be responsible for the planning of integrated arrangements and onward service delivery.
- 1.3 The Integration Joint Board is responsible for the strategic planning of the functions delegated to it and for ensuring the delivery of those functions through directions issued by it under section 26 of the Act to the Health Board or Council. The Integration Joint Board will also have an operational role as described in the locally agreed operational arrangements set out within the integration scheme.
- 1.4 To fulfil its remit the Integration Joint Board will:
- Adhere to the content of any future regulations or guidance issued by Scottish Ministers
 - Ensure stakeholder engagement
 - Take into consideration national developments in policy and practice.
- 1.5 An Integration Joint Board must prepare and then review a strategic plan at least every three years. Integration Joint Boards are under a duty to have regard to integration principles when preparing a strategic plan. Integration Joint Boards are also under a duty to have regard to the National Health and Wellbeing Outcomes

(the Outcomes) when preparing a strategic plan. These Outcomes are high-level statements of what Integration Joint Boards are attempting to achieve through integration and ultimately through the pursuit of quality improvement across health and social care.

- 1.6 Integration Joint Boards are required to issue directions to Health Boards and Councils as to how integration functions are to be carried out. Integration Joint Boards are required to prepare an annual performance report.
- 1.7 An annual financial statement must be published setting out the total resources included in the plan for that year.

2. Relationship with the Council and Health Board

- 2.1 Whilst a separate legal entity, the Integrated Joint Board retains accountability to the parent bodies in a number of respects:-

Chief Officer

- 2.2 The Chief Officer is a joint appointment and is accountable both to the Integration Joint Board and the Chief Executives of the Council and Health Board. He/she is expected to participate as a full member in the Corporate Management Team of the Council and in the Chief Executive/Chief Officers Group at the Health Board.

Finance

- 2.3 The IJB is required to have a Chief Finance Officer, accountable to the Chief Officer as an officer responsible for its financial administration. The Health Board's accountable officer and the Council's Section 95 Officer discharge their responsibility, as it relates to the resources that are delegated to the Integration Joint Board, by the provisions in the Integration Scheme.
- 2.4 The Chief Financial Officer of the Integration Joint Board is responsible for the administration of the financial resources delegated to it and will discharge this duty by:
 - Establishing financial governance systems for the proper use of the delegated resources;
 - Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's financial resources; and
 - Ensuring that the directions to the Health Board and Council require that the financial resources are spent according to the allocations in the Strategic Plan.
- 2.5 The Integration Joint Board, through its Chief Finance Officer, will need to put in place systems to establish good governance arrangements, including:
 - Financial regulations (which will link with those of the Health Board and Council);
 - Risk management and insurance provision; and
 - Internal audit arrangements.
- 2.6 The Schemes of Delegation to Officers established by the Council and Health Board will require to be revised to reflect the new arrangements, including

provision for joint appointments and for officers of both organisations to approve/authorise expenditure. Work on this is well advanced. Relevant documentation is being finalised.

- 2.7 The legislation requires that the Integration Joint Board is subject to the audit and accounts regulations and legislation of a body under Section 106 of the Local Government (Scotland) Act 1973. This determines that the Integration Joint Board will produce audited accounts, that the external audit will be undertaken by auditors appointed by the Accounts Commission and that the financial statements will be prepared according to the Code of Practice in Local Authority Accounting in the UK.
- 2.8 The Council and Health Board will need to include additional disclosures in their accounts to reflect their formal relationship with the Integration Joint Board.
- 2.9 The IJB will not own property and any arrangements for the acquisition or improvement of property will be undertaken via the Council and Health Board. The IJB will link in with the appropriate capital planning arrangements of the Council and the Health Board.

Monitoring

- 2.10 Performance and financial monitoring will be the subject of report to the Council and Board as well as regular report to the IJB. Within the Council, the Health & Social Care PD Committee has hitherto undertaken a performance monitoring role in relation to social work services. In future, subject to further discussion, it is anticipated that the bulk of this role will pass to the IJB which will require to prepare performance reports under the terms of Regulations made under the Act.

Human Resources

- 2.11 Staff will continue to be employed by the parent bodies. Appropriate arrangements are being established for governance linkage with the parent bodies' human resources, staff side and health & safety procedures.

Clinical and Professional Governance

- 2.12 Each of the parent bodies will retain scrutiny of professional and clinical governance at high level to ensure consistency of application over the entirety of their organisations. The IJB has established an integrated governance group which will be the main vehicle for review of governance arrangements within the IJB and dissemination of information to the Health Board and the City Council.

3 Internal Officer Arrangements

- 3.1 Within the H&SCP a business architecture has been developed to clearly define how business is transacted and where decisions are made. The narrative at Appendix A provides relevant details. The membership of the Integrated Governance Group has been expanded to include staff side representatives.

4. Committee Structure

4.1 Within the IJB meeting arrangements, it is proposed to establish a small number of committees as detailed in Appendix B. These Committees are proposed within the rules that govern the composition of IJB Committees i.e. that:-

- (a) Committees may be established of members for the purpose of carrying out such functions as the Board may determine;
- (b) The IJB must determine the person to act as Chair of the Committee
- (c) A committee must include an equal number of voting members from the Council and the Health Board
- (d) Any decision made about carrying out of functions or integration functions must be agreed by a majority of the members who are voting members.

4.2 The Committees proposed are:-

IJB Executive Sub Committee

Finance and Audit Committee

Public Engagement Committee

Proposed membership and remits for this Committee are set out in Appendix B.

4.3 There is a requirement to have a Finance and Audit Committee. The Public Engagement Committee will have oversight of the IJB's Participation and Engagement Strategy and will undertake the role of Petitions Committee; providing opportunity for the public and groups to petition the IJB on matters of concern. Details of the procedures relating to the submission of petitions have yet to be drafted.

4.4 As discussed at the last meeting, the Executive Sub Committee will have a limited role to take decisions between meetings of the IJB where there is urgency to take a decision. This is one part of the role of this Committee. The concerns of members expressed at the last meeting have been considered and the Scheme of Delegation to be circulated separately seeks to reiterate that decisions shall only be taken where there is a need for urgency or speed and that there will be full reporting of decisions taken to the IJB. The Sub Committee may also be used to sound out members on issues before they are discussed at the IJB. It will also keep under review the governance arrangements of the IJB, including any review of performance of the Board as discussed at the last meeting.

4.5 It is proposed that these Committees will meet initially before 1st April. Decisions will need to be taken on the appointment of members to these Committees. Each Committee requires to have an equal number of voting members from the Council and the Health Board. There is also opportunity to have non-voting stakeholder members on Committees.

4.6 There are 16 voting members and 7 non-voting stakeholder representatives on the Board. It is suggested that the number of members on each committee could

be increased from that originally suggested to allow a greater involvement of Members in Committees. The following distribution is suggested for consideration:-

Committee	Voting Council	Voting Health	Non-Voting	Total
Executive Sub	3*	3*	2	8
Finance & Audit	3	3	2	8
Public Engagement	3*	3*	3	9
Total	9	9	7	25

* To include Chair and Vice Chair

4.7 This would give all Members the opportunity to serve on at least one Committee. It is proposed that the Council Members and Health Board Members decide amongst each group who sits on which Committee. Similarly for the non-voting Members this could be agreed amongst that group.

4.8 As discussed in reviewing the Standing Orders, meetings of Committee will routinely be open to the public and media.

5. Strategic Planning Group

5.1 Under the legislation the IJB is required to form a Strategic Planning Group to lead the development of the IJB's Strategic Plan. Within Glasgow due to the complexity and scale of integrated health and social care, the shadow IJB has previously been advised that this function will be undertaken by a series of planning groups comprising relevant stakeholder groups as set out in the legislation.

5.2 It is proposed that a Strategic Planning Forum established by the Integration Joint Board is made up of all members of the existing client group specific Strategic Planning Groups, along with other key stakeholders. This city-wide Strategic Planning Forum will meet twice per year, around May and November, to review the Strategic Plan and make recommendations to the Integration Joint Board via the Senior Management Team as to how the Strategic Plan may be further developed or enhanced. Reporting to the IJB would be as required when there was a need to consider changes to the content of the Strategic Plan.

Internal Business Architecture

Executive Group		
Membership	<ul style="list-style-type: none"> • Chief Officer # • Chief Finance & Resources Officer # • Chief Officer Planning & Strategy and CSWO # • Chief Officer Operations # • Clinical Director * • Nurse Director * • Lead Associate Medical Director – Mental Health * <p># Substitute to attend if relevant Chief Officer unable to attend.</p> <p>* Open invitation to attend, but not required to attend every meeting.</p>	
Timing	Weekly @ 13:00 to 14.00 each Tuesday	
Function	<ul style="list-style-type: none"> • Information Sharing between Executive Group • Noting the listing of delegated decisions taken • Critical issues for discussion • Business Planning for the Board, Committees • Receives monthly output from <ul style="list-style-type: none"> ○ Performance Review ○ Financial Scrutiny ○ Quality, Care & Professional Governance ○ Senior Management Team 	
Admin Support	From Business Administration	

Senior Management Team		
Membership	<ul style="list-style-type: none"> • Executive Group • All direct reports to Chief Officers • Staff side representation (health) social work declined invitation <p>Substitutes for the above to attend in their absence.</p>	

Timing	Monthly on a Wednesday at 9.00 am
Function	<p>Takes decisions or reviews performance in relation to:-</p> <ul style="list-style-type: none"> • Activity Reports • Strategic Plan Development/Review • City-wide Performance data • City-wide Financial data • Audit Reports • Service Reviews and External Scrutiny Reports • Risk Registers (Quarterly) • ICT Development approvals • Agreement in principle to capital and significant revenue projects per delegation scheme (to be determined) • Clinical & Care Governance • Service Modernisation • Organisation Development • Workforce Planning • Complaints Review (Quarterly) • Communications Strategy • Feedback from GG&C Chief Officers Group, and GCC (E)CMT
Admin Support	From Business Administration

Leadership Forum	
Membership	<ul style="list-style-type: none"> • Executive Group • Senior Management Team • Other Senior Managers not included in above • Staff side (social work and health) depending on subject matter • Sometimes Board Members depending on subject matter
Timing	<p>Quarterly – timing and length dependant on subject matter</p> <p>Twice per year (May & October) to be extended to include service managers</p>
Function	<ul style="list-style-type: none"> • To bring together on a quarterly basis all senior managers of the H&SCP to achieve a common understanding of the culture and objectives of the organisation and the imperatives to be achieved. • In particular to:- <ul style="list-style-type: none"> ○ Ensure staff work collaboratively together ○ Develop wider awareness of how the H&SCP Vision will be achieved; and

	<ul style="list-style-type: none"> ○ Provide staff with an opportunity for shared learning ○ Ensure a shared understanding of the challenges for the organisation
Admin Support	From Business Administration plus OD input

Functional Management Teams x3	
Membership	<ul style="list-style-type: none"> • Those who report to each Chief Officer i.e. there will be separate Teams for <ul style="list-style-type: none"> ○ Resources ○ Planning and Strategy ○ Operations • Additional Members as agreed locally • May be some cross cutting representation
Timing	Determined by each function
Function	<ul style="list-style-type: none"> • Co-ordination of the work of relevant function • Key function is to agree arrangements and keep under review <ul style="list-style-type: none"> ○ Service planning ○ Operational performance ○ Financial performance ○ Service development
Admin Support	Provided from relevant function

Integrated Governance Group	
Membership	<p>Chief Officer of the H&SCP (Chair) Chief Officer Planning & Commissioning and Chief Social Work Officer Clinical Directors of the H&SCP Lead Associate Medical Director (Mental Health) Nurse Director Head of Equality and Health Improvement or nominee Leads (or nominees) for Allied Health Professionals within the H&SCP i.e. Psychology, Occupational Therapy, Speech & Language Therapy, Physiotherapy, Podiatry Social Work Leads from each Locality nominated by the respective Head of Locality Head of Public Protection and Quality Assurance Heads of Children's Services, Adult Services and Older People's Services (or nominated Service Manager) Nominee of the Head of NHS Clinical Governance Nominee of the NHS Pharmacy Practice Support Unit (PPSU)</p>

	<p>Staff side representatives from health and social work.</p> <p>Following a period of establishment the Group will consider the appointment of up to three service users or carer's representatives to join the Group.</p> <p>(Deputies for any member may attend on behalf of absent members, provided attendance is intimated in advance of the meeting.)</p>
Timing	Quarterly
Function	<p>The Group exists to secure on behalf of the Integrated Joint Board the effective co-ordination and direction of health and social care governance, within Glasgow City H&SCP. The Group will operate within the overall quality, care and professional governance framework agreed by the H&SCP. The Group will be instrumental in developing and advocating best practice across the organisation consistent with the policies of the City Council and Health Board.</p> <p>Reporting Arrangements</p> <p>The Integrated Governance Group acts on behalf of the Integrated Joint Board. Its decisions are reported to the H&SCP Senior Management Team and to the Integrated Joint Board to whom the Group is accountable. The following Groups will report to the Integrated Governance Group:-</p> <p>Social Work Professional Governance Sub Group Mental Health Quality & Care Governance Committee (or its replacement) Glasgow City Health Care Governance Group</p>
Remit	<ol style="list-style-type: none"> 1. To secure effective service user and carer engagement in clinical, care governance and professional social work governance issues. 2. To consider professional registration and fitness to practice issues as they affect the H&SCP. 3. To encourage the sharing of cross system learning between localities, care groups and professional groups. 4. To identify a need for and commission/approve specific care/clinical policies, guidelines and procedures ensuring consistency of organisational approach. 5. To consider the outcome from Significant Clinical incidents (SCIs), Significant Case Reviews (SCRs) and Complaints and disseminate learning/practice development issues.

	<ol style="list-style-type: none"> 6. To review external scrutiny reports and internal investigations and agree the organisational response (subject to any required further review by the IJB). 7. To review the impact of assessments and learning from external published works. 8. To review achievement against the Scottish Patient Safety Programme. 9. To review research and audit relevant to the organisation. 10. To approve the implementation of clinical and care pathways within the H&SCP. 11. To review operation of the effectiveness of the group annually.
Admin Support	Provided by Business Administration

IJB Proposed Committees

Overall governance for the H&SCP rests with the Integration Joint Board. The following Committees are recommended for appointment:-

(a) IJB Executive Sub Committee –

Composition: 6 voting members (3:3) of the Board – Chair/Vice Chair to alternate each year. Non-voting members 2.

Frequency – Bi-Monthly

Attendance: Members of the Executive Team and other officers as required

Purpose:

This would be a small group who are authorised to take decisions between meetings of the IJB on urgent matters and where required, day to day business in order to avoid unnecessary delay to the delivery of health and social care in the city. Committee will also provide the opportunity for the Chief Officer to test opinion from the IJB in advance of any significant decisions being taken. It could also be the vehicle through which the Integration Joint Board's and Members' compliance with Standards of Business Conduct is subject to scrutiny. It is anticipated that this committee would meet on a bi-monthly basis.

Remit:

- To discharge the Integration Joint Board's functions as required in cases of urgency between meetings of the Board
- To provide a sounding board for discussion on issues of significance before they are raised at the Integration Board
- To keep under review the governance arrangements for the Integration Joint Board
- To review compliance by the Integration Joint Board and its Members with the Standards of Business Conduct.

(b) Audit and Finance Committee

Composition: 6 voting Members of the Board (3:3) plus 2 non-voting members – Chaired by Non-Executive member or Councillor who is not Chair or Vice Chair of the Board

Frequency – quarterly and additionally as required to meet audit timetable

Attendance: Members of the Executive Team and other officers as required

Purpose:

Committee would recommend the approval of the budget for the IJB and agree with parent bodies the capital plans to support the IJB role. Committee will receive the outcome of findings of internal and external audit; be a vehicle for approving the annual internal audit plan and for approving the year end accounts. Committee will also look at risk management and operation of financial controls.

Remit:

The Audit and Finance Committee is responsible for monitoring the financial performance of the Glasgow Health and Social Care Partnership; reviewing audit and inspection reports; and for promoting the observance high standards of financial propriety. Specific remit to include:-

- Monitoring internal financial control, ensuring that appropriate financial controls are in place
- Ensuring that performance is monitored against budget and that the budget plan is clearly linked to the strategic plan
- Endorsement of capital schemes promoted by the parent bodies
- Approval of the annual audit plan
- Initiating and undertaking specific audits and/or reviews of any matters falling within the remit of the committee or requested by the Integration Joint Board
- Receiving and considering summaries of internal and external audit reports which relate to any issue falling within the remit of the Integration Joint Board
- Promoting value for money studies and best value
- Taking an overview of the Integration Joint Board's Service Reform programme
- Review of Risk Registers
- Referring back to the Integration Joint Board for its consideration any Service/Financial performance issue which might have implications for policy development coming within the remit of the Integration Joint Board
- Approval of the Annual Accounts and Annual Governance Statement prior to presentation to the Integration Joint Board
- To consider the external auditor's annual letter and associated reports and to report on these to the IJB
- To advise on the effectiveness of relationships between external and internal audit and other inspection agencies

(c) Public Engagement Committee

Composition: 6 Non-Executive Members (3:3) plus 3 non-voting members – Chair and Vice Chair alternate each year

Frequency – quarterly – more often if required

Attendance: Members of the Executive Team and other officers as required

Purpose:

The Committee will enable Glasgow's citizens and local Third and Independent sector organisations to have a direct route of engagement and role in the policy 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 Board's Participation and Engagement Strategy.

Remit:

- To consider petitions and representation on matters falling within the competence of the Integration Joint Board and recommend to the Integrated Joint Board the appropriate action to be taken
- To monitor and review the development and implementation of the Integration Joint Board's Participation and Engagement Strategy
- To carry out any and all functions conferred on the Committee by the Integration Joint Board in keeping with the Participation and Engagement Strategy

(d) Additionally there with be

- Linkage into Council and Health Staff Grievance and Discipline Appeals Systems/Committees
- Social Care Complaints Appeals Committees.

Glasgow City IJB Committee Structure and Relationships

