Notice of Meeting and Agenda
Renfrewshire Health & Social Care Integration Joint Board

Date	Time	Venue
Friday, 18 September 2015	09:30	Tweedie Hall, Ardlamont Square, Linwood, PA3 3DE

KENNETH GRAHAM
Head of Corporate Governance

Membership
Councillor Iain McMillan: Councillor Derek Bibby: Councillor Jacqueline Henry: Councillor Michael Holmes: Donny Lyons: John Brown: Donald Sime: Morag Brown: Karen Jarvis: Stephen McLaughlin: Alex Thom: Liz Snodgrass: David Wylie: Alan McNiven: Helen McAleer: Stephen Cruickshank: John Boylan: Graham Capstick: David Leese: Sarah Lavers: Peter Macleod.

Further Information
This is a meeting which is open to members of the public.

A copy of the agenda and reports for this meeting will be available for inspection prior to the meeting at the Customer Service Centre, Renfrewshire House, Cotton Street, Paisley and online at www.renfrewshire.gov.uk/agendas.

For further information, please either email democratic-services@renfrewshire.gov.uk or telephone 0141 618 7112.

Members of the Press and Public
Members of the press and public wishing to attend the meeting should report to the reception desk where they will be met and directed to the meeting.

Apologies
Apologies from members.

Declarations of Interest
Members are asked to declare an interest in any item(s) on the agenda and to provide a brief explanation of the nature of the interest.

Appointment of Chair

Appointment of Vice Chair

16 **Strategic Plan Proposals** **191 - 202**

Report by Chief Officer Designate, Renfrewshire Health & Social Care Partnership.

17 **Renfrewshire HSCP performance management arrangements** **203 - 214**

Report by Chief Officer Designate, Renfrewshire Health & Social Care Partnership.

18 **Date of next meeting**

Note that the next meeting of the Integration Joint Board will be held at 9.30 am on 20 November, 2015.

Minute of Meeting
Shadow Renfrewshire Health and Social Care Integration Joint Board

Date	Time	Venue
Friday, 19 June 2015	09:30	Conference Room, Renfrew Health & Social Work Centre, 10 Ferry Road, Renfrew PA4 8RU.,

PRESENT

Councillors Derek Bibby, Jacqueline Henry, Michael Holmes and Iain McMillan (Renfrewshire Council) John Brown, Morag Brown and Donald Sime (Greater Glasgow & Clyde Health Board).

CHAIR

Councillor I McMillan, Convener, presided.

IN ATTENDANCE

David Leese, Chief Officer Designate to Renfrewshire Health & Social Care Partnership; Sandra Black, Chief Executive; Peter Macleod, Director of Children's Services; Ken Graham, Head of Corporate Governance; Alastair MacArthur, Acting Head of Finance and Resources; Anne McMillan Head of Resources; Frances Burns, Health and Social Care Integration Project Manager; Lynn Mitchell, Managing Solicitor; Dave Low, Senior Committee Services Officer and Elaine Currie, Committee Services Officer (all Renfrewshire Council); and Sarah Lavers, Chief Finance Officer Renfrewshire, Stephen McLaughlin, Clinical Director and Jean Still and Fiona McKay, Heads of Service (all Renfrewshire Health & Social Care Partnership(RHSCP)).

APOLOGIES

Councillor Jacqueline Henry for lateness and Donny Lyons.

DECLARATIONS OF INTEREST

There were no declarations of interest intimated prior to the commencement of the meeting.

1 **WELCOME AND INTRODUCTIONS**

Councillor McMillan welcomed those attending this meeting of the Shadow Integration Joint Board (Shadow IJB) and asked that the members present introduce themselves.

2 **MINUTE**

The Minute of the meeting of the Shadow IJB held on 20th March, 2015 was submitted.

Donald Sime intimated that the Chief Officer Designate had given an assurance at the last meeting of this Board that trade unions would be included in the Shadow Strategic Planning Group and requested that the Minute be amended to reflect this. This was agreed.

DECIDED: That the Minute be approved subject to the inclusion of the Chief Officer Designate's assurance at the last meeting of this Board that trade unions would be included in the Shadow Strategic Planning Group.

SEDERUNT

Councillor Jacqueline Henry entered the meeting during the following item of business.

3 **UPDATE ON THE DEVELOPMENT OF THE INTEGRATION SCHEME**

The Chief Officer Designate submitted a report relative to an update on the development of the integration scheme for the Renfrewshire area.

The report intimated that the Integration Scheme, attached as Appendix 1 to the report, had been approved by Scottish Government officers and that the Renfrewshire Integration Joint Board (IJB) would be established on 27 June, 2015. The report outlined some of the initial tasks to be considered by the IJB at its first meeting on 18 September, 2015 and Appendix 2 summarised the strategic planning process and provided other key information on health and social care integration. Appendix 3 to the report outlined the timeline for the prescribed stages of the strategic planning process.

DECIDED: That the report be noted.

4 **FINANCIAL GOVERNANCE ARRANGEMENTS**

The Chief Officer Designate submitted a report relative to the current status and planned action in relation to the development of sound financial governance arrangements for the IJB which would underpin and provide assurance around the operational delivery and strategic planning arrangements of the IJB.

The report provided an update relative to the formal appointment of the Chief Finance

Officer for the Renfrewshire Health and Social Care Partnership; the financial assurance and due diligence process; audit requirements, both internal and external; financial regulations for the IJB; finance policies and procedures; ongoing budget scrutiny arrangements and timelines; and risk management arrangements. In relation to the risk management arrangements, the report intimated that the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) was a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland, the primary objective of which was to provide a cost-effective risk-pooling and claims-management arrangements for those organisations which it covered.

A further update report on financial governance arrangements would be submitted to the meeting of the IJB to be held on 18 September, 2015.

DECIDED:

(a) That the progress to date on putting in place sound financial governance arrangements and planned activity up to 1 April, 2016 be noted;

(b) That the IJB take up membership of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS); and

(c) That it be noted that a further report on financial governance arrangements would be submitted to the meeting of the IJB to be held on 18 September, 2015.

5 WORK PROGRAMME APPROACH FOR HEALTH AND SOCIAL CARE INTEGRATION

The Chief Officer Designate submitted a report relative to the structured programme of work which was being taken forward to assist the IJB to manage the local implementation of integrated health and social care services up to 1 April, 2016 in terms of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Health and Social Care Integration Programme, led by the Chief Officer, would run until 1 April, 2016 and would be delivered through nine specialist Workstreams, progressing the key elements of integration as set out in the Public Bodies (Joint Working) (Scotland) Act 2016: governance; consultation, communication and engagement; strategic planning; performance management; delivering for localities; workforce (HR and Organisational Development); clinical and care governance; finance; and information sharing and ICT.

Each workstream had identified Lead Officers, from each of the parent organisations, who were accountable for, and represented the interests of their workstream. The Lead Officers were working closely with service managers to ensure the programme was comprehensive in its approach and reflected the operational needs of integrated front line services.

The report advised that a Programme Board had been established to manage this overall programme of work. The Programme Board had a key role in supporting the Chief Officer in making decisions and providing both challenge and approval on issues affecting the progress of the programme. The Lead Officers sat on this Board and were responsible for updating the Chief Officer on their workstream area.

Appendix 1 provided a diagramatic overview of the programme governance and delivery

model which had been established.

A further update report would be submitted to the meeting of the IJB to be held on 18 September, 2015.

DECIDED:

(a) That the programme management arrangements that had been established be noted: and

(b) That a further update report be submitted to the meeting of the IJB to be held on 18 September, 2015.

6 ESTABLISHMENT OF THE STRATEGIC PLANNING GROUP

The Chief Officer Designate submitted a report relative to the progress being made to appoint members for the shadow Strategic Planning Group (SPG); the preferred approach for appointing members in the long term; the proposed procedures for the SPG's operation; and the proposed Terms of Reference for the SPG which were attached as an appendix to the report.

The report intimated that nominations for SPG membership had been sought from the Chief Officer, Renfrewshire Council, NHS Greater Glasgow & Clyde, health professionals, social care professionals, third sector bodies carrying out relevant activities, social care user carers, health care user carers, social care user, health care user, non-commercial provider of healthcare, commercial provider of healthcare, non-commercial provider of social care, commercial user of social care and non-commercial provider of social housing. Proposals for appointment for each membership group were detailed in the report.

DECIDED:

(a) That the progress made to appoint members of the Shadow Strategic Planning Group be noted;

(b) That the preferred approach for the long term appointment of Strategic Planning Group members as detailed in the report be agreed in principle;

(c) That the operating procedures of the Strategic Planning Group be agreed in principle;

(d) That the Strategic Planning Group Terms of Reference be agreed in principle;

(e) That the contents of the report otherwise be noted; and

(f) That it be noted that all matters agreed in principle would require to be ratified by the IJB at a future meeting once it had been legally constituted.

7 MEMBERSHIP OF RENFREWSHIRE INTEGRATION JOINT BOARD

The Chief Officer Designate submitted a report relative to the co-opting of non-voting members to the IJB and setting out the arrangements for removing and replacing these co-opted members.

The report intimated that the rules governing the number and composition of voting members of the IJB were set out in the regulations accompanying the Public Bodies (Joint Working) (Scotland) Act 2014. The same regulations also required additional non-voting members to be co-opted to the IJB from a number of categories which were detailed in the report. In addition, the report suggested that two staff/trade union members be co-opted to the IJB to represent both health and social care. The report outlined the procedures for the removal and replacement of IJB co-opted members and the proposed full membership of the IJB was detailed in the appendix to the report.

DECIDED:

(a) That the progress made in co-opting members from the stakeholder groups agreed at the meeting of 20 March, 2015 be noted;

(b) That the procedures for the removal and replacement of IJB co-opted members be noted;

(c) That it be agreed that the IJB co-opt two additional staff-side representatives, one from each constituent authority;

(d) That it be agreed that the Chief Executives of NHS Greater Glasgow and Clyde and Renfrewshire Council would have a right of attendance at the IJB; and

(e) That the recruitment of outstanding co-opted members be delegated to the Chief Officer Designate, with this to be completed before the next meeting of the IJB on 18 September, 2015.

8 DATE OF NEXT MEETING

DECIDED: It was noted that the next meeting would be held on 18 September, 2015 and that the dates of future meetings of the IJB already agreed would be recirculated to members.

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Executive of NHS Greater Glasgow and Clyde and Chief Executive of Renfrewshire Council**

Heading: **Appointment of Chief Officer**

1. Summary

1.1. The purpose of this report is to consider the appointment of the Integration Joint Board's Chief Officer.

2. Recommendation

2.1. It is recommended that the Integration Joint Board formally appoints David Leese as its Chief Officer.

3. Background

3.1. In terms of Section 10 (1) of the Public Bodies (Joint Working) (Scotland) Act 2014, the Integration Joint Board is required to appoint as a member of staff, a chief officer.

3.2. The Chief Officer's role is to provide a point of joint accountability to the Integration Joint Board, for the performance of the functions delegated to it and to the chief executives of NHS Greater Glasgow and Clyde and Renfrewshire Council in respect of the functions delegated to the Integration Joint Board by their respective organisations.

3.3. Both Renfrewshire Council and NHS Greater Glasgow and Clyde recognised the benefit in appointing a suitably qualified and experienced person to lead the integration of health and social care in Renfrewshire ahead of the formal establishment of the Integration Joint Board. This resulted in an agreement to move forward to appoint a chief officer designate with a view to that person subsequently being recommended for appointment as Chief Officer by the Integration Joint Board at its inaugural meeting.

3.4. The post was advertised nationally and a rigorous recruitment process was followed which included collective input by the Health Board and the Council in the preparation of the job description and specification of competencies, and the establishment of recruitment panels comprising both chief executives, the Leader and Social Work Convener from the Council, the Chair of the Board of NHS Greater Glasgow and Clyde and the Chair of the Renfrewshire Community Health Partnership Committee.

3.5. The outcome of the recruitment process was that David Leese, the Director of the Renfrewshire Community Health Partnership was appointed as Chief Officer Designate pending the formal constitution of the Integration Joint Board.

3.6. The appointment of David Leese as the Chief Officer now requires to be ratified by the Integration Joint Board.

Implications of the Report

1. **Financial –** None

2. **HR & Organisational Development** – None

3. **Community Planning** - None

4. **Legal –** None.

5. **Property/Assets –** None

6. **Information Technology –** None

7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement** – None

10. **Risk** – None

11. **Privacy Impact** – None

List of Background Papers – none

Author: Ken Graham, Head of Corporate Governance, 0141 618 7360

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Appointment of the Chief Finance Officer**

1. Summary

1.1. The purpose of this report is to consider the appointment of the Chief Finance Officer of the Integration Joint Board.

2. Recommendation

2.1. It is recommended that the Integration Joint Board formally appoints Sarah Lavers as its Chief Finance Officer.

3. Background

3.1. The Regulations specifying membership of the Integration Joint Board requires that one of its members is "the proper officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973."

3.2. For the Renfrewshire Integration Joint Board it is proposed that a person is appointed to a newly created post of Chief Finance Officer to take on the role of the Board's proper officer under Section 95 of the 1973 Act. This is considered necessary due to the size of the budget for which the Board will be responsible and the complexity of the issues around how that budget is managed.

3.3. The role of Chief Finance Officer is therefore a statutory role to secure the proper financial administration and governance of the Integration Joint Board. The post holder will be accountable to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and for the provision of strategic financial advice and support to the Integration Joint Board and the Chief Officer.

3.4. The post of Chief Finance Officer was advertised nationally and a recruitment panel comprising the Chief Officer Designate, the Council's Director of Finance and Resources and the Health Board's Acting Director of Finance was established.

3.5. The outcome of the recruitment process was that Sarah Lavers, one of the Council's Finance Managers, who had responsibility for oversight of the social work budget, was appointed as the Interim Chief Finance Officer.

3.6. The appointment of Sarah Lavers as the Chief Finance Officer of the Renfrewshire Integration Joint Board now requires to be ratified.

Implications of the Report

1. **Financial –** None

2. **HR & Organisational Development** – None

3. **Community Planning** - None

4. **Legal –** None.

5. **Property/Assets –** None

6. **Information Technology –** None

7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement** – None

10. **Risk** – None

11. **Privacy Impact** – None

List of Background Papers – none

Author: Ken Graham, Head of Corporate Governance, 0141 618 7360

To: **Integration Joint Board**

On: **18 September, 2015**

Report by: **Chief Officer Designate and Director of Finance & Resources**

Heading: **Establishment and Membership of the Renfrewshire Integration Joint Board**

1. Summary

1.1. The purpose of the report is to confirm the formal establishment of the Renfrewshire Integration Joint Board and to confirm both the voting and non-voting membership of the Joint Board.

2. Recommendations

2.1 The Board is asked to note the terms of the Order made under the Public Bodies (Joint Working) (Scotland) Act 2014 establishing a number of integration joint boards including the Renfrewshire Integration Joint Board with effect from 27 June 2015.

2.2 The Board is also asked to note the Integration Joint Board will have eight voting members, four appointed by Renfrewshire Council and four appointed by NHS Greater Glasgow and Clyde listed in the Schedule to this report.

2.3 The Board is also asked to note the non-voting members as set out in paragraph 3.8 and the Schedule to this report.

2.4 The Board is also asked to approve the following appointments of additional non-voting members as explained in paragraphs 3.9 and 3.10 of this report:-

a) Council staff involved in service provision – Liz Snodgrass.

b) Health Board staff involved in service provision – David Wylie.

c) Third Sector representative – Alan McNiven.

d) Unpaid carer residing in Renfrewshire – Helen McAleer.

e) Service user residing in Renfrewshire – Stephen Cruikshank

f) Trade union representative for council staff – John Boylan

g) Trade union representative for health board staff – Graham Capstick

2.5 The Board is asked to note that the membership of the Board in the categories where the Board has discretion will be kept under review to ensure that all relevant stakeholder groups have the opportunity to be represented.

3. Background

3.1. The Public Bodies (Joint Working)(Scotland) Act 2014 put in place the framework for the formal integration of health and social care services. As part of the preparation for the introduction of this statutory framework, Renfrewshire Council ("the Council") and NHS Greater Glasgow and Clyde ("the Health Board") both agreed that their preferred model of governance for health and social care integration was the body corporate model referred to as the integration joint board option provided for in the 2014 Act.

3.2. It was recognised by the Council and the Health Board that the integration joint board would not be formally constituted until the Integration Scheme required by the legislation had been agreed between the Council and the Health Board and had been approved by the Scottish Ministers. Therefore, it was agreed to establish a shadow integration joint board to enable oversight of the arrangements being made to prepare for integration.

3.3. The shadow integration joint board met twice, on 20 March 2015 and on 19 June 2015 which provided members of the shadow board with the opportunity to contribute to the finalisation of the Integration Scheme, the identification of non-voting members for the integration joint board and the initial arrangements for the preparation of the required strategic plan and the creation of a strategic planning group. The Integration Scheme was submitted to the Scottish Ministers following approval by the Council and the Health Board and consideration by the shadow board in June 2015. Here is a link to the approvedIntegrationScheme.:-
http://www.renfrewshire.gov.uk/wps/wcm/connect/991738fa-9967-4903-9e88-02555950db25/sw-RenfrewshireFinalIntegrationScheme.pdf?MOD=AJPERES

3.4. The Integration Joint Board could only be formally created by Order of the Scottish Parliament. The Renfrewshire Integration Board is included in the list of bodies forming part of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) (Amendment) Order 2015 which came into force on 27 June 2015. Therefore, the Renfrewshire Joint Board is formally constituted as from that date.

3.5. Membership of the Integration Joint Board must comply with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

3.6. The voting membership of the Integration Joint Board comprises eight members, four each appointed by Renfrewshire Council and NHS Greater Glasgow and Clyde. The names of the nominated voting members are listed in Schedule 1 to this report. The voting members are to elect a chair and vice chair from among their membership.

3.7. In relation to non- voting members, the 2014 Order requires that the following must be members of the Integration Joint Board:

- The chief social work officer of the local authority;
- The chief officer of the integration joint board;
- The chief finance officer of the integration joint board;
- A registered medical practitioner included in the list of primary medical services performers (GPs);
- A registered nurse employed by the Health Board or a body with which the Health Board has a general medical services contract; and
- A registered medical practitioner employed by the Health Board and not providing primary medical services.

The persons appointed to fill the last three categories are to be determined by the Health Board.

3.8. The 2014 Order also requires that once the IJB has been established it must appoint at least one member in respect of each of the following groups:

- Staff of each of the Council and the Health Board engaged in the provision of services under integration functions:
- Third sector bodies carrying out activities related to health or social care in the area of the local authority;
- Service users residing in the area of the local authority; and
- Persons providing unpaid care in the area of the local authority

One member has been identified for each of the above groups. They are named in the Schedule to this report and the Integration Joint Board is asked to approve their appointments.

3.9. In addition, the 2014 Order enables the Integration Joint Board to appoint such additional members as it sees fit. In this regard, it is proposed that the Integration Joint Board agrees to appoint the following two additional members:-

- A trade union representative from a trade union representing staff employed by the Council engaged in the provision of services provided under integration functions; and
- A trade union representative from a trade union representing staff employed by the Health Board engaged in the provision of services provided under integration functions.

The Integration Joint Board is asked to approve their appointments.

3.10. The Integration Joint Board will keep under review the number of members of the Board under each of the categories mentioned in paragraph 3.9 above and the number of additional members it wishes to have in terms of the legislation to enable all relevant stakeholder groups to be represented on the Board.

3.11. In the event of any of the voting or non-voting members being unable to attend a meeting of the Integrated Joint Board, they can arrange for a suitably experienced proxy to attend the meeting in their place.

Implications of the Report

1. **Financial –** None

2. **HR & Organisational Development** – None

3. **Community Planning** - None

4. **Legal –** None.

5. **Property/Assets –** None

6. **Information Technology –** None

7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be

reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement** – None

10. **Risk** – None

11. **Privacy Impact** – None

List of Background Papers – none

Author: Ken Graham, Head of Corporate Governance

Schedule

Membership of Renfrewshire Integration Joint Board
Part One- For Noting

Voting Membership

Four voting members appointed by the Council	Cllr Iain McMillan
	Cllr Derek Bibby
	Cllr Jacqueline Henry
	Cllr Michael Holmes
Four voting members appointed by the Health Board	Donny Lyons
	John Brown
	Donald Sime
	Morag Brown

Non-voting Membership

Chief Officer	David Leese
Chief Finance Officer	Sarah Lavers
Chief Social Work Officer	Peter Macleod
Registered Nurse	Karen Jarvis
Registered Medical Practitioner (GP)	Stephen McLaughlin
Registered medical Practitioner (non GP)	Alex Thom

Part Two- For Approval
Non-voting membership

Council staff member involved in service provision	Liz Snodgrass
Health Board staff member involved in service provision	David Wylie
Third sector representative	Alan McNiven
Unpaid carer residing in Renfrewshire	Helen McAleer
Service user residing in Renfrewshire	Stephen Cruikshank
Trade union representative- Council staff	John Boylan
Trade union representative- Health Board staff	Graham Capstick

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Overview of the Development of Governance Arrangements**

1. Summary

1.1. At previous meetings, Shadow IJB members have considered reports on the programme of work being progressed to ensure that all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016. At its meeting on 19 June 2015, members of the Board indicated that it would be helpful to have an overview of progress in order to provide assurance in relation to the delivery of the programme of work within the required timescales.

1.2. This report and attached Appendix outlines the current status and planned activity to develop the necessary governance arrangements for the Integration Joint Board, and operational delivery and strategic planning arrangements of the Renfrewshire Health and Social Care Partnership.

2. Recommendation

2.1. That Integration Joint Board members:

- note the planned activity and reporting dates for the key legislative and other commitments to put in place sound governance arrangements up to 1 April 2016.

3. Background

3.1 The Public Bodies (Joint Working)(Scotland) Act 2014, supporting statutory and non statutory guidance, and Integration Scheme for the

Partnership set out a number of provisions relating to good governance, proportionate to the breadth and scale of the legislative changes both operationally and financially.

3.2 In order to provide assurance to IJB members Appendix 1 to this paper provides an overview of the legal and other commitments across all the areas of work, planned activity to meet these commitments, and the anticipated dates for completion and reporting to the IJB.

3.3 In line with the plan set out in Appendix 1, the following are submitted for consideration and approval at this meeting, reflecting the change of status from a Shadow Board to a legally constituted Integration Joint Board.

3.3.1 Governance Arrangements

- Ratification of the IJB Terms of Reference and Standing Orders
- Ratification of the IJB chair and vice chair, and of the IJB voting and non–voting members
- Ratification of the appointment of the Chief Officer and Chief Finance Officer
- Formal establishment of the Strategic Planning Group
- Risk policy strategy and procedures, and strategic risks

3.3.2 Strategic Plan

- Proposals for the strategic plan in line with legislative timescales

3.3.3 Performance Management

- The 2015/16 interim performance framework, reporting arrangements, and supporting plan for the development of the 2016/17 performance framework

3.3.4 Clinical and Care Governance

- The draft Quality Clinical and Care Governance Framework and implementation plan

3.3.5 Finance

- Internal and external audit arangements
- Financial regulations
- Financial Governance Manual

3.4 Activity is well underway in relation to all of the other required elements of work and is currently on target to meet the scheduled reporting dates to the IJB, which will ensure legislative and other deadlines are met.

Implications of the Report

1. **Financial –** sound financial governance arrangements are being put in place to support the work of the Partnership

2. **HR & Organisational Development** – Clinical and Care Governance arrangements are being put in place

3. **Community Planning** - n/a

4. **Legal –** The governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

5. **Property/Assets –** property remains in the ownership of the parent bodies.

6. **Information Technology –** An agreed information sharing protocol and supporting agreements are being developed fo the Partnership

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** health and safety processes and procedures are being reviewed to in order to support safe and effective joint working

9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.

10. **Risk –** None.

11. **Privacy Impact** – n/a.

List of Background Papers – none

Author: Anne McMillan, Head of Resources 0141 618 6826

Appendix 1: Legal requirements and commitments

The tables below detail Renfrewshire's legal requirements and commitments in relation to Health and Social Care Integration as set out in the Public Bodies (Joint Working) (Scotland) Act 2014 Act and its Integration Scheme.

Requirement / commitment source:	Key
Act & supporting Regulations	Act
Renfrewshire Integration Scheme	IS
Scottish Government guidance	SG
Established governance arrangements for parent bodies	Gov

1. Governance (non-financial) arrangements				
Legal requirement /commitment	**Type**	**Legal deadline**	**Target date**	**RAG**
Integration Scheme approved, published and Integration Joint Board (IJB) legally established	Act	27/06/15	-	✔
The 1st meeting of the legally constituted IJB	Act	-	18/09/15	●
Ratify the remit and constitution of the IJB including its voting and non members, chair and vice chair.	Act	-	18/09/15	●
The Procedural Standing Orders of the IJB agreed	Act	-	18/09/15	●
IJB ratify the appointment of the Chief Officer, Chief Finance Officer and establish the Strategic Planning Group (including governance arrangements and Terms of Reference)	Act	-	18/09/15	●
Risk policy, strategy, procedures and list of key strategic risks approved by IJB	IS	27/09/15	18/09/15	●
Arrangements for Hosted Services agreed amongst the IJBs in the GG&C area.	IS	31/03/16	18/03/16	●
Health and Safety policy and procedures in place	IS	31/03/16	18/03/16	●
Complaints policy and procedures in place	IS	31/03/16	18/03/16	●
FoI policy and procedures in place and Publications Scheme in place	Act	31/03/16	18/03/16	●
Business continuity arrangements in place	IS	31/03/16	18/03/16	●
Equalities scheme and EQIAs completed for Partnership (in line with IJB requirements under the Equalities Act)	IS	31/03/16	18/03/16	●
Parent organisations agree the provision of support services for the IJB	IS	31/03/16	18/03/16	●
CO confirms all governance arrangements in place (IJB Report) for functions to be delegated from parent organisations to the IJB	IS	31/03/16	18/03/16	●
Functions delegated to IJB	Act	01/04/16	01/04/16	●

Key:	✔	Complete	●	On target	▲	Risk of delay	■	Significant Issues

2. Communication and engagement				
Legal requirement /commitment	**Type**	**Legal deadline**	**Target date**	**RAG**
IJB agrees its participation and engagement strategy	IS	27/12/15	20/11/15	✅

3. Strategic Plan (the order of Strategic Plan activities are prescribed in the Act but not specific individual deadlines for each stage)				
Legal requirement /commitment		**Legal deadline**	**Target date**	**RAG**
IJB agree its proposals for the Strategic Plan	Act	-	18/09/15	✅
SPG feedback on the proposals for the Strategic Plan content	Act	-	23/09/15	✅
IJB agree its first draft of Strategic Plan, taking account of SPG feedback	Act	-	20/11/15	✅
SPG feedback on the first draft of the Strategic Plan content	Act	-	27/11/15	✅
IJB agree its second draft of Strategic Plan, taking account of SPG feedback	Act	-	15/01/16	✅
Formal consultation with prescribed stakeholders including SPG, Health Board and Council (commences 18/01/16)	Act	-	07/02/16	✅
Update report on consultation and final draft of Strategic Plan prepared for the IJB	Act	-	15/02/16	✅
Health Board updated on the outcome of the consultation and the draft Strategic Plan	Gov	Not legal req't	16/02/16	✅
Council updated on the outcome of the consultation and the draft Strategic Plan	Gov		25/02/16	✅
IJB approve their final version of the Strategic Plan	Act	31/03/16	18/03/16	✅
Strategic Plan published along with financial statement and statement of action taken by IJB under section 33 (consultation and development of the Strategic Plan).	Act	31/03/16	31/03/16	✅

4. Performance Management				
Legal requirement /commitment		**Legal deadline**	**Target date**	**RAG**
Parties prepare a list of targets and measures in relation to delegated and non delegated functions	IS	27/06/15	27/06/15	✅
Council and Health Board develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB	IS	-	18/09/15	✅
IJB agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with the Council and Health Board	IS	-	18/09/15	✅
IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.	IS	27/06/16	27/06/16	✅

5. Delivering for Localities

Legal requirement /commitment		Legal deadline	Target date	RAG
IJB agree locality arrangements (in line with SG guidance), based on stakeholder engagement, which will be reflected in the Strategic Plan (**must align with timeline for Strategic Plan)	IS	-	20/11/15	✓

6. Workforce

Legal requirement /commitment		Legal deadline	Target date	RAG
IJB note draft Workforce plans which require to be submitted for approval by the parent organisations - a) Workforce planning and development; b) Organisational development; c) Learning and development of staff; and d) Engagement of staff and development of a healthy organisational culture.	Gov	Not legal req't	15/01/16	✓
Chief Officer implements Workforce governance arrangements between the IJB and parent organisations	IS	31/03/16	15/01/16	✓
Parent organisations formal structures established to link the Health Board's area partnership forum and the Council's joint consultative forum with any joint staff forum established by the IJB.	IS	31/03/16	15/01/16	✓
Workforce plans and agreed management / governance structures approved by Health Board	IS	31/03/16	16/02/16	✓
Workforce plans and agreed management / governance structures approved by Council	IS	31/03/16	25/02/16	✓
IJB note the approved Workforce plans and agree management / governance structures	Gov	Not legal req't	18/03/16	✓

7. Clinical and Care Governance

Legal requirement /commitment		Legal deadline	Target date	RAG
IJB approve draft Quality, Care & Professional Governance Framework and implementation plan, including approach to working with parent organisations	Gov	Not legal req't	18/09/15	✓
The Parties and the IJB implement appropriate clinical and care governance arrangements for their duties under the Act.	IS	31/3/16	18/03/16	✓
IJB Quality, Care & Professional Governance Framework in place	IS	31/03/16	18/03/16	✓
Health and Care Governance Group established	IS	31/03/16	18/03/16	✓
Chief Social Work Officer provides annual report to IJB (Section 5.15 of IS)	IS			✓

8. Finance and Audit				
Legal requirement /commitment		**Legal deadline**	**Target date**	**RAG**
IJB Audit arrangements agreed	IS	31/03/16	18/09/15	✓
Insurance arrangements (claims handling) in place	IS	31/03/16	31/12/15	✓
IJB agree procedure with other relevant integration authorities for any claims relating to Hosted Services		31/03/16	18/03/16	✓
IJB sign off financial governance arrangements as per the national guidance	IS	31/03/16	20/11/15	✓
IJB report on due diligence on delegated baseline budgets moving into 2016/17	IS	31/03/16	18/03/16	✓
Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB	IS	31/03/16	18/03/16	✓
Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process	IS	31/03/16	31/03/16	✓
Parent organisations confirm final IJB budget	IS	31/03/16	31/03/16	✓
Financial statement published with the Strategic Plan	Act	31/03/16	31/03/16	✓
Resources for delegated functions transferred to IJB from parent organisations	Act	31/03/16	31/03/16	✓
Audit Committee established with agreed Terms of Reference	IS	31/03/16	31/03/16	✓

9. Information sharing and ICT				
Legal requirement /commitment	**Type**	**Legal deadline**	**Target date**	**RAG**
Information Sharing Protocol ratified by parent organisations	IS	31/03/16	25/02/16	✓
Information Sharing Protocol shared with IJB	Gov	Not legal req't	18/03/16	✓
Appropriate Information Governance arrangements are put in place by the Chief Officer	IS	31/03/16	18/03/16	✓

In addition to these legal milestones, regular progress reports will be brought to the IJB to provide reassurance that the Renfrewshire Health and Social Care Partnership is on track to deliver on its commitments.
The legal milestones will be reviewed and, where appropriate, revised in light of further guidance which is expected to be issued by the Scottish Government.
Further to this statutory work to progress these key areas, additional work is also underway to support the establishment of the Partnership including

- Regular, and meaningful, communication and engagement with our staff and key stakeholders, in particular community partners, outwith the formal prescribed consultation on the Strategic Plan;
- Organisational development activities for our Senior Leadership Group, IJB, Strategic Planning Group and workforce during the shadow year;

- Addressing the ICT and information sharing barriers which can be tackled in the short term, and start identifying the key ICT developments which will enable more seamless integrated working in future.

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate and Director of Finance & Resources, Renfrewshire Council**

Heading: **Procedural Standing Orders for Meetings of the Integration Joint Board**

1. Summary

1.1. The purpose of this report is to seek approval for procedural standing orders to govern the arrangements for and procedure at meetings of the Integration Joint Board.

2. Recommendation

2.1. The Integration Joint Board is asked to approve the Procedural Standing Orders forming the Schedule to this report.

3. Background

3.1 The Standing Orders attached to this report comprise a detailed set of rules which it is intended will regulate the conduct of meetings of the Integration Joint Board. The Standing Orders have been adapted from those previously approved for the conduct of meetings of the Integration Joint Board. They encourage transparent and accountable decision making and ensure the smooth running of Integration Joint Board meetings.

3.2 The Standing Orders are a detailed set of rules and procedures. However, the main features of the Standing Orders are:-

(a) The membership of the Integration Joint Board and the period of membership is explained;

(b) There are rules around the procedure for the appointment of the Chair and Vice Chair and the roles of those office bearers;

(c) Provision is made for there to be at least five meetings per year and there are rules around how those meetings are called;

(d) The quorum for Board meetings is one half of the voting members provided both the Health Board and the Council are represented. This is a requirement in the legislation;

(e) Rules regarding the conduct of meetings are provided;

(f) The Standing Orders make it clear that the intention is for decisions to be made by consensus. However, voting is also provided for;

(g) In line with the relevant legislation, the Chair does not have a casting vote; where there is an equality of voting, the matters is dealt with through the dispute resolution procedure which was agreed as part of the Integration Scheme

(h) The Standing Orders explain the codes of conduct that are applicable to Joint Board members and how conflicts of interest should be dealt with;

(i) The Standing Orders provide for meetings to be generally open to the public and for the publication of minutes and agendas;

(j) The Clerk to the meetings will be the Head of Corporate Governance of Renfrewshire Council or a person authorised by him to undertake that role; and

(k) The Integration Joint Board is able to create committees as it thinks fit to deal with any subjects within its remit

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Implications of the Report

1. **Financial –** None

2. **HR & Organisational Development** – None

3. **Community Planning** - None

4. **Legal –** The Integration Joint Board must have standing orders to regulate the conduct of its meetings.

5. **Property/Assets –** None

6. **Information Technology –** None

7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement** – None

10. **Risk** – None

11. **Privacy Impact** – None

List of Background Papers

Author: Ken Graham, Head of Corporate Governance, Renfrewshire Council. (0141 618 7360).

RENFREWSHIRE INTEGRATION JOINT BOARD
STANDING ORDERS FOR MEETINGS

1 General

1.1 Renfrewshire Integration Joint Board ("the IJB") comprises of voting representatives from two separate legal bodies being NHS Greater Glasgow and Clyde ("the NHS Board") and Renfrewshire Council ("the Council"), together with non-voting advisory representatives.

1.2 These Standing Orders have been prepared by reference to and in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. Any statutory provision, regulation or direction issued by the Scottish Ministers relating to the organisation or conduct of meetings of IJBs shall have precedence if they are in conflict with the Standing Orders.

2 Membership

2.1 Membership of the IJB shall comprise eight members who are entitled to vote at meetings of the IJB, which includes four persons nominated by the NHS Board, and four persons appointed by the Council ("the Voting Members") plus non-voting representatives drawn from health and social care professionals, employees, the third sector, service-user(s), and carer(s) as permitted by the relevant legislation ("the Non-Voting Members").

2.2 The term of office of Members of the IJB shall be for a period of up to three years.

2.3 The NHS Board and the Council will not be able to remove IJB Members that are drawn from each other's organisations, so the NHS Board may not remove a councillor who has been chosen to serve as a Member by the Council and the Council may not remove a non-executive director who has been chosen to serve as a Member by the NHS Board.

2.4 Where the NHS Board or the Council remove an IJB Member, they should nominate a new Member at the earliest opportunity. The ability of the NHS Board and Council to remove members includes all Members including the Chair and the Vice chair. The NHS Board and the Council are not required to provide reasons for removing a Member and can do so at any time but must provide the Member with one month's notice of the decision.

2.5 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.

2.6 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.

2.7 Any Member appointed to the IJB who ceases to fulfil the requirements for membership in an 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.

2.8 A Member of the IJB may resign his/her membership at any time during their term of office by giving notice to both the NHS Board's Head of Board Administration and the Council's Head of Corporate Governance. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified.

2.9 If a Member has not attended three consecutive ordinary meetings of the IJB, the NHS Board or the Council shall, by giving notice in writing to that Member, remove that person from office unless the NHS Board or the Council are satisfied in respect of their nominated Member that :-

(i) The absence was due to illness or other reasonable cause; and

(ii) The Member will be able to attend future Meetings within such period as the NHS Board or Council respectively consider reasonable.

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

2.11 If a Voting Member is unable to attend a meeting of the Board, the constituent authority which nominated the member is to use its best endeavours to arrange for a suitably experienced proxy, who is either a councillor or, as the case may be, a member of the NHS Board, to attend the meeting in place of the Voting Member. A proxy attending a meeting in such circumstances may vote on decisions put to that meeting.

2.12 If a member who is not a Voting Member is unable to attend a meeting, that member may arrange for a suitably experienced proxy to attend the meeting.

2.13 A proxy attending a meeting may not preside over that meeting in place of the Chair or Vice Chair.

3 Chair

3.1 The first Chair of the IJB shall be appointed at the first meeting of the IJB in accordance with the arrangements made in the approved Integration Scheme. The Chair and Vice – Chair posts shall rotate every two years between the NHS Board and 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 IJB if the Chair is absent or otherwise unable to perform his/her duties.

3.3 At every meeting of the 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, subject to Standing Order 2.13 above, be appointed from within the Voting Members present for that meeting.

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

4.1 The Chair shall amongst other things:-

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

(ii) 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 Chief Officer or other relevant officer in attendance at the Meeting;

(iii) Determine the order in which items on the agenda are considered and when speakers can be heard;

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

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

(vi) 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;

4.2 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 9.4 applies. This means that where there is equality of voting the Chair does not have a second or casting vote.

4.3 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 Members shall address the Chair while speaking.

5 Meetings

5.1 The IJB shall meet at such place and such frequency as may be agreed by the IJB, but not less frequently than five times within each financial year. The IJB will annually approve a forward schedule of meetings.

5.2 The Chair may at any time convene special meetings if it appears to him/her that there are items of urgent business to be considered. Subject to paragraph 6.1 below, such special 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 special meeting.

5.3 A request for an IJB meeting to be called may be made in the form of a requisition specifying the business to be transacted, and signed by at least two thirds of the number of Voting Members and presented to the Chair. If the Chair refuses to call a meeting of the IJB after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the whole number of 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.

5.4 The Clerk for each meeting shall be the Council's Head of Corporate Governance or such other person authorised by the Clerk to perform that function.

5.5 The Chair, in consultation with the Clerk may require that arrangements are made (for example by using video conferencing facilities) that would enable members to either attend the meeting or also to participate in the meeting despite not being present with other members in the place specified for the meeting.

6 Notice of Meeting

6.1 Before every meeting of the IJB a Notice of the meeting, specifying the date, time, place and business to be transacted, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five clear days before the meeting. Members may opt in writing addressed to the Clerk 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.

6.2 In the case of a meeting of the IJB called by Members, the Notice shall be signed by those Members who requisitioned the meeting.

6.3 At all ordinary or special meetings of the IJB, no business other than that on the Notice calling the meeting 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.

7 Quorum

7.1 No business shall be transacted at a meeting of the IJB unless there are present, and entitled to vote both Council and NHS Board representatives and at least one half of the whole number of Members of the IJB entitled to vote.

7.2 If there are insufficient voting members present after 15 minutes of the start time given in the Notice calling the meeting an adjournment will take place and no business will be transacted. The Clerk shall minute the reason for the adjournment.

8 Conduct of Business

8.1 The names of the Members present (both Voting and Non-Voting) shall be recorded. Members who intimate their apologies for their non-attendance at a Board meeting to the Clerk before the meeting shall have their apologies recorded in the minute.

8.2 Only Voting Members may propose or second a motion or amendment.

8.3 Any Member desiring to propose a motion or amendment shall state precisely the terms of his/her motion or amendment to enable the Chair to rule as to its competency or relevancy. Any motion or amendment which the Chair has ruled as incompetent or irrelevant shall not be recorded in the minutes.

8.4 Every motion or amendment is required to be moved and seconded. Before any discussion takes place a motion or amendment must be duly seconded and any motion or amendment which is not seconded shall fall and will not be recorded in the minutes. Any Voting member who seconds a motion or amendment may reserve his/her right to speak for a later time in the debate.

8.5 The Chair may require that any motion or amendment shall be put in writing.

8.6 No Member shall move or second more than one motion or amendment upon a particular issue.

8.7 After debate, the mover of the original motion shall have the right to reply. In replying he/she shall not introduce any new matter, but shall confine himself/herself strictly to answering points raised during the debate. Immediately after the mover's reply, the motion and any amendment shall be put to the vote in terms of Standing Order 9 below.

8.8 A motion or amendment contrary to a decision of the IJB shall not be competent within six months of that decision unless the chairperson is satisfied that due to a material change in circumstances that was not apparent at the time the decision was made, it would be reasonable for the original decision to be altered or superseded. Any proposed change must include an explanation setting out the material change of circumstances that has occurred.

9 Decisions of the Board

9.1 Members will endeavour to reach consensus on all matters raised at meetings.

9.2 In the event that a vote is required all questions coming or arising before the IJB shall be decided by a majority of the voting members present and entitled to vote on the question.

9.3 Voting shall be by a show of hands or, at the discretion of the Chairperson by roll call.

9.4 In the case of an equality of votes the Chairperson or any other Voting Member 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 IJB or to a special meeting of the 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.

9.5 Where there is a temporary vacancy in the voting membership of the IJB, the vote which would be exercisable by a member appointed to that vacancy may be exercised jointly by the other members nominated by the relevant constituent authority.

10 Minutes

10.1 Minutes of the proceedings of each meeting of the IJB or a committee of the IJB, including any decision made at that meeting are to be drawn up by the Clerk and submitted to the next ensuing meeting of the IJB or committee for agreement after which they must be signed by the person presiding at that meeting.

10.2 The minutes shall record the names of all Members present at the meeting and of all officers in attendance. The minutes shall also record any declarations of interest made by Members and all apologies for non attendance at the meeting that have been intimated.

11 Committees

11.1 The IJB may establish committees of its members for the purpose of carrying out such of its functions as the IJB may determine.

11.2 When the IJB establishes a committee under Paragraph 11.1, it shall appoint the person to act as the Chair of that committee and approve the membership and remit of that committee.

11.3 The IJB is required to establish a Strategic Planning Group and shall approve the membership of that Group to the extent that the membership is not prescribed by legislation.

12 Codes of Conduct and Conflicts of Interest

12.1 Voting Members of the IJB appointed by the NHS shall subscribe to and comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and those appointed by the Council shall subscribe to and comply with the Councillors Code of Conduct and Guidance made in respect thereto respectively, which are 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 relevant Code.

12.2 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.

12.3 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 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.

12.4 A Member who has an interest in service delivery may participate in the business of the IJB, except where they have a direct and significant interest in a matter, unless the IJB formally decides and records 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 IJB on such matter, the Member concerned shall absent him/herself from the Meeting.

12.5 Where the Codes require an interest, acceptance of a gift or hospitality to be registered, or an amendment to be made to an existing entry, this shall be notified to the Clerk in writing within one month of the interest, acceptance of a gift or hospitality or change arising. A declaration of any gifts or hospitality received by an IJB member is required only if it relates to their capacity as a Member of the IJB.

12.6 The Clerk (or a nominee authorised by the Chief Officer) shall be responsible for maintaining the Registers of Interests, Gifts and Hospitability and for ensuring they are available for public inspection at the principal offices of the IJB at all reasonable times. The Register shall include information on:

(i) the date of receipt of every notice;

(ii) the name of the person who gave the notice which forms the entry in the Register; and,

(iii) a statement of the information contained in the notice, or a copy of, that notice.

13 Adjournment of Meetings

13.1 A meeting of the IJB may be adjourned by a motion, which shall be moved and seconded and 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.

13.2 The Chair may adjourn a meeting for a period not exceeding ten minutes to seek advice without the need for a motion for adjournment.

14 Amendment and Suspension of Standing Orders

14.1 The Standing Orders shall be approved by the IJB. The IJB may amend, vary or revoke any of these standing orders by a simple majority of the Voting Members present and voting for that purpose, provided the agenda for the meeting at which the proposal is to be considered clearly states the extent of the proposed repeal, addition or amendment.

14.2 Any one or more of the IJB's standing orders may be suspended on a duly seconded motion, incorporating the reasons for suspension, if carried by a majority of Voting Members present and voting.

15 Disclosure of Information

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

(i) Confidential information within the meaning of Section 50A(2) of the Local Government (Scotland) Act 1973.

(ii) The full or any part of any document marked "not for publication" by virtue of the appropriate paragraph of Part I of Schedule 7A of the Local Government (Scotland) Act 1973.

(iii) Any information regarding proceedings of the IJB from which the public has been excluded unless or until disclosure has been authorised by the Council or the NHS Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

15.2 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 IJB, the Council or the NHS Board.

16 Recording or Proceedings

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

17 Admission of Press and Public

17.1 Subject to the extent of the accommodation available and subject to the terms of the Public Bodies (Admissions to Meetings) Act 1960 and Sections 50A and 50E of the Local Government (Scotland) Act 1973, meetings of the IJB shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the IJB by posting on the websites of constituent bodies not less than five clear days before the date of each meeting.

17.2 Members of the public may, at the Chair's sole discretion, be permitted to address the IJB or respond to questions for Members of the IJB, but shall not generally have a right to participate in the debate at IJB meetings.

17.3 Nothing in this Standing Order shall preclude the Chair from requiring the removal from a meeting of any person or persons who persistently disrupts the proceedings of a meeting.

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Finance Officer Designate**

Heading: **Financial Governance and Assurance Arrangements**

1. Summary

1.1. This report provides a further update on the report to the shadow Integration Joint Board voting members on 19 June 2015, regarding the development of Financial Governance and Assurance Arrangements for the Integration Joint Board (IJB).

1.2. The Financial Regulations, supported by detailed Financial Governance are 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 a GGC wide officer working group 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.

1.3. The Financial Regulations remain subject to minor revisions to reflect ongoing local and national work in the following areas:

- Treatment of VAT
- Treatment of overheads and support services
- Year end accounts

In addition, periodic updates will be reflected as the Partnership develops.

2. Recommendation

That the Integration Joint Board

a) note the progress to date to put in place sound financial governance and assurance arrangements, and the planned activity up to 1 April 2016.

b) approve the IJB financial regulations for implementation from 1 April 2016 (Appendix 2)

c) approve the IJB financial governance arrangements for implementation from 1 April 2016 (Appendix 3)

d) approve the format and dates of reporting for the financial position of the IJB from 1 April 2016 (Appendices 4 and 5)

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3. Background

3.1. As previously reported, the Public Bodies (Joint Working)(Scotland) Act 2014 and supporting statutory and non statutory guidance set out a number of provisions relating to good governance.

3.2. This paper provides an update to Board members on progress made to date with regard:

- The Financial Assurance/Due Diligence process
- Financial Regulations for the IJB
- Finance policies and procedures
- Ongoing budget scrutiny arrangements and timelines
- Insurance arrangments for the Integration Joint Board

3.3. A number of separate reports relating to financial governance arrangements have also been submitted for Integrated Joint Board consideration at this meeting, namely:

- Audit arrangements for the Integration Joint Board
- Risk Management Policy, Strategy and procedures for the Integration Joint Board

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4. Financial Assurance / Due Diligence Process

4.1. National guidance on Financial Assurance, issued by the Scottish Government's Integrated Resources Advisory Group (IRAG), states that although Integration Joint Boards will be established during

2015/16 they will not be able to formally participate in the financial assurance process until that point. However one of the most important items of business for a newly established Integration Joint Board will be to obtain assurance that its resources are adequate to allow it to carry out its functions, and, to assess the risks associated with this.

4.2. ***Appendix 1: Financial Assurance template*** provides a template setting out the key aspects of the financial assurance, due diligence and risk assessment process for delegated resources in line with national guidance. This work supports and evidences the assurance and due diligence work being undertaken in relation to the initial budget.

4.3. This work is underway with good progress and an update will be provided at each IJB meeting.

4.4. The Directors of Finance of both parent organisations are undertaking a due diligence exercise which will be reviewed by the Internal Auditor of both organisations. The outcome of this exercise will be the subject of a report to the IJB on 18 March 2016.

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5. Financial Regulations

5.1. As a separate legal entity, the Integration Joint Board requires to put in place its own set of Financial Regulations which will incorporate an appropriate set of controls. These reference but do not cover the aspects which relate to operational service deilvery as these will continue to be reflected in the Financial Regulations of the Council and the Standing Financial Instructions of the Health Board. Officers from Renfrewshire have worked with finance colleagues across the NHS Board area to develop a standard set of IJB Financial Regulations. These have now been tailored for Renfrewshire by the Chief Finance Officer, for approval by the IJB – ***Appendix 2: IJB Financial Regulations***. These regulations would apply from 1 April 2016.

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6. Finance Policies and Procedures

6.1 As with the Financial Regulations above, a series of standard financial policies and procedures, which reflect national guidance, have been developed in collaboration with colleagues across the NHS Board area. These have now been tailored by the the Chief Finance Officer for implementation in Renfrewshire as of 1 April 2016 – ***see Appendix 3: IJB financial governance manual***.

7. Budget Scrutiny Arrangements

7.1 From 1 April 2016, the Chief Officer, supported by the Chief Finance Officer, will be responsible on behalf of the IJB for managing the NHS and Council budgets for functions delegated to it. The Integration Scheme sets out reporting requirements to the IJB on these areas. The proposed future reporting timetable which brings together the partnerships respective budgets is included in **Appendix 4**. In addition, the proposed format for the financial report is included **in Appendix 5** and also as a separate report to this board.

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8. Insurance Arrangements

8.1 In terms of insurance cover specifically for the members of the IJB in the discharge of their responsibilities, as previously agreed by the Shadow Integration Joint Board, the Chief Officer is now in the process of submitting the relevant papers to the Scottish Government to become members of The Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). CNORIS is a risk transfer and financing scheme established by the NHS.

8.2 In relation to arrangements for the handling of claims in respect of the NHSGG&C services that are hosted by Renfrewshire Health and Social Care Partnership (HSCP), the arrangements that were in place for the former Community Health Partnership will continue 'business as usual.' In practice this means that any claims arising from either Renfrewshire health services or other IJB areas that relate to the service/s hosted by Renfrewshire HSCP will be passed to NHS GGC's Litigation and Risk Manager for handling in the context of NHS GGC's membership of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

Implications of the Report

1. **Financial –** the report covers the financial governance arrangements being developed to support effective joint working within allocated budgets.

2. **HR & Organisational Development** – n/a

3. **Community Planning** - n/a

4. **Legal –** The financial governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.

5. **Property/Assets –** property remains in the ownership of the parent bodies.

6. **Information Technogloy –** n/a

7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** n/a

9. **Procurement** – n/a.

10. **Risk** – effective financial governance and assurance is a key component of good risk management

11. **Privacy Impact** – n/a.

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer (Designate)

Appendix 1

Renfrewshire Health and Social Care Partnership
Financial Assurance – Due Diligence Template

The table below sets out the key aspects of the "financial assurance and risk assessment for delegated resources" element of the process in line with national guidance, as a framework to support and evidence the assurance work undertaken in relation to the assurance around the initial budget

Areas to cover		Social Work		Health	
		Reviewed	**Comments**	**Reviewed**	**Comments**
1	The budget in the financial plan for 2015/16 has been assessed against actual expenditure reported in the management accounts for the most recent three years. • the identification of that part of the former SW budget relating to the delegated services is clear • the treatment of corporate support services is clear • the identification of housing budgets to be delegated is clear • the prior year figures can be reconciled back to the council budget papers and final management accounts. • the review of prior years and into 2015/16 show adequate budget provision for the delegated functions.				
2	The assumptions used in rolling forward the budget from 2014/15 to 2015/16 plans and the associated risks				

	are fully transparent. • The unavoidable exercise for 2015/16 makes clear the assumptions in relation to anticipated pressures and planned mitigation activity at the time of drafting, and the subsequent unavoidable funding allocation reflecting variation from the initial assumptions is transparent.				
3	Material non-recurrent funding and expenditure budgets for the delegated services and related risks are transparent.				
4	The medium term financial forecast for the delegated services and associated assumptions and risks is reviewed	tbc			
5	Savings and efficiency targets and any schemes identified are clearly identified and the assumptions and risks are understood by all partners • Corporate efficiency targets are clear from Council/CMT papers • Demand management activity in relation to adult services is transparent in the unavoidable schedule				
6	Budget for 2015/16 has been set taking into account: • Cost inflation • Activity change such as demographic pressure • Cost impact of any legislative				

	changes • efficiencies				
7	The amount set aside for the IJB consumption of large hospital services is consistent with the methods recommended in the IRAG guidance on the set aside resource and that the assumptions and risks are assessed - *part of NHS due diligence exercise*.				

Appendix 2

Renfrewshire
Health & Social Care Partnership

Renfrewshire Health and Social Care Partnership
IJB
Financial Regulations

Financial Regulations - Index

The IJB promotes the principles of sound corporate governance; these Financial Regulations provide an essential component of the corporate governance of the IJB.

Section A: Introduction and General Issues

1. What the Regulations Cover

1.1 Both NHS Greater Glasgow & Clyde (NHSGG&C) and Renfrewshire Council operate under Financial Regulations/Standing Orders for the operational delivery of services. As this service delivery will continue to be carried out within NHSGG&C and Renfrewshire Council, these Financial Regulations relate specifically to the affairs of the IJB, and, therefore are more limited and focused in scope. All operational and transactional finance matters for the delivery of Renfrewshire Health and Social Care Partnership will comply with Renfrewshire Council Financial Regulations and NHSGG&C Standing Financial Instructions.

1.2 Renfrewshire Health and Social Care Partnership is governed by the Renfrewshire **IJB (IJB)** established by Scottish Ministers as a consequence of the Integration Scheme approved by Renfrewshire Council and NHSGG&C in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. Renfrewshire Council and NHSGG&C have delegated functions and resources to the IJB. The IJB will direct the Council and the Health Board on how resources will be spent in line with the approved Strategic plan, and allocate resources back to them in accordance with this direction. The IJB will retain responsibility for oversight and management of expenditure within the allocated budgets.

1.3 Under the Scottish Government Regulations, for all IJB's in Scotland, the Chief Officer, supported by the Chief Financial Officer must ensure that there are adequate systems and controls in place for the proper management of its financial affairs.

1.4 These Financial Regulations detail the responsibilities of the IJB for its own financial affairs.

1.5 The Chief Officer and the Chief Financial Officer will follow these Regulations at all times in relation to the conduct of the IJB's own financial affairs.

1.6 All actions that affect the IJB's finances should only be carried out by properly authorised employees. The Chief Officer will establish a clear and effective framework of authorisation for the IJB.

1.7 The Chief Officer and the Chief Financial Officer will ensure that the IJB only commits to expenditure that it is legally able to commit to and is within scope of the approved Integration Scheme and Strategic Plan. Where this is not clear, the Chief Finance Officer will consult the Accountable Officer of NHSGG&C and and/or the Section 95 Officer of Renfrewshire Council.

1.8 If it is believed that anyone has broken, or may break, these Regulations, this must be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer to determine what action should be taken.

1.9 The Chief Officer and other authorised persons will ensure that all expenditure within the Integration budget meets proper accounting standards.

1.10 The Chief Financial Officer will interpret the regulations and put them into practice in a way which takes account of the obligations in the IJB's standing orders relating to contracts, if and when applicable.

1.11 The IJB will consider and approve any alterations to these Financial Regulations on an ad hoc basis as required for specific issues. The Financial Regulations will be the subject of regular review and/ or updated with any relevant legislative changes.

1.12 These Financial Regulations are supported by detailed policies within the accompanying Financial Governance Manual.

2. Corporate Governance

2.1 Corporate governance is about the structures and processes for decision-making, accountability, controls and behaviour throughout the IJB. The basic principles of corporate governance are as follows.

Openness Anyone with an interest in the affairs of the IJB should have confidence in: the decision-making; management processes, and, individuals involved in them. This confidence is gained through openness in its affairs and by providing full, accurate and clear information which leads to effective and timely action and scrutiny.

Integrity There should be honesty, selflessness, objectivity and high standards of conduct in how the IJB's funds and affairs are managed. Integrity depends on the effectiveness of the control framework and on the personal standards and professionalism of members and officers involved in the running of its affairs.

Accountability There needs to be a clear understanding by everyone involved in the IJB's affairs of their roles and responsibilities. There should also be a process which provides appropriate independent examination of the decisions and actions of those involved, including how the IJB's funds and performance are managed.

2.2 These financial regulations are an essential part of the corporate governance of the IJB.

2.3 Members of the IJB are required to follow any formally agreed national codes of conduct.

3. Responsibilities under these Financial Regulations

3.1 The IJB will continuously work to secure best value for money, economy, efficiency and effectiveness in how the organisation directs its resources.

3.2 The Chief Financial Officer (in consultation with the Chief Officer) will advise the IJB on the financial implications of the IJB's activities. The Chief Financial Officer will

ensure that budget holders receive impartial advice, guidance and support and appropriate information to enable them to effect control over expenditure and income.

Strategic Plan and Integrated Budget

3.3 The IJB will approve a Strategic Plan which sets out arrangements for planning and directing the functions delegated to it by Renfrewshire Council and NHSGG&C. The Strategic Plan will cover a three-year period and will determine the budgets allocated to each operational partner for operational service delivery in line with the Plan, recognising that these may need to be indicative. The IJB will publish its Strategic Plan as soon as practicable after finalisation of the plan.

3.4 The Chief Officer and the Chief Financial Officer will prepare the integrated budget based on the Strategic Plan and present it to Renfrewshire Council and NHSGG&C for consideration, and, agreement as part of the annual budget setting process. (Regulations 11 and 12 provide further guidance).

Budget Management

3.5 Budget holders within Renfrewshire Council and NHSGG&C will be accountable for all budgets within their control as directed by the IJB in line with the Strategic Plan. The IJB will ensure appropriate arrangements are in place to support good financial management and planning. The IJB must follow the agreed policies, set out in the supporting Financial Governance Manual (FGM), in relation to:

- Management of Integrated Budgets – Guiding Principles (FGM Section 1)
- Budget Setting (FGM Section 2)
- Scheme of Virement (FGM Section 3)
- Capital Planning (FGM Section 4)
- Managing Financial Performance (FGM Section 5)
- Reserves policy and strategy (FGM Section 6)

3.6 Renfrewshire Council's Section 95 Officer and NHSGG&C's Director of Finance, will provide the Chief Financial Officer with management accounts and forecasts to allow the IJB to monitor the overall financial performance of the IJB's functions, in relation to the approved Revenue Budgets.

3.7 The Chief Financial Officer will provide each meeting of the IJB with budget monitoring reports along with explanations for any significant variations from budget and the actions planned to deal with them.

4. The Framework for Financial Administration

4.1 Throughout the Financial Regulations, the responsibilities of Board Members, the Chief Officer and the Chief Financial Officer are detailed within the context of each area.

4.2 The Chief Financial Officer will monitor how the Financial Regulations operate within the IJB, and will provide the IJB with a written framework which governs its financial affairs.

5. Reviewing the Financial Regulations

5.1 The IJB will consider and approve any alterations to these Financial Regulations. The IJB may also withdraw these financial regulations. If so, this will come into force from the first working day after the end of the IJB meeting at which the change or withdrawal was approved.

6. Legal Advice

6.1 Renfrewshire Council and NHSGG&C will provide legal advice regarding these Financial Regulations as required in relation to the functions delegated to the IJB.

Section B: Specific Areas

7. Financial Reporting

Introduction

This Financial Regulation gives advice on the IJB's requirements for accounting procedures and records, production and publication of Annual Accounts, maintenance of a joint property register and the presentation of External Audit reports to the Board.

Preparing Procedures, Records and Accounts

7.1 The Chief Financial Officer will prepare the Annual Accounts in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (The CODE), reporting the IJB's financial performance for the year to 31 March to the IJB. The approved Accounts must also be forwarded to the Controller of Audit no later than the 30th June of the same year, or such date as decided by the Controller of Audit.

7.2 The accounts of the IJB will be hosted by Renfrewshire Council.

7.3 The Chief Financial Officer must provide any information necessary for the closure of the Accounts and within prescribed timescales. Details of the information required and procedures to be followed will be issued annually by the Chief Financial Officer. The format of the Accounts and the relevant notes to the Accounts of the Health Board and the Council will be in line with national CIPFA and / or LASSAAC guidance.

Presenting External Audit Reports

7.4 The Chief Financial Officer will ensure the presentation of all External Audit reports including reports on the audited Annual Accounts to the IJB and make such reports available to NHSGG&C and Renfrewshire Council.

7.5 In consultation with Renfrewshire Council, which hosts the annual accounts, the Chief Financial Officer will make appropriate arrangements for the public inspection of the IJB's Accounts.

8 Capital Planning

Introduction

This Financial Regulation details the IJB's requirements in relation to its three year Capital Plan. However, it should be noted that no property assets will transfer to the IJB and will remain in the ownership of the parent body.

8.1 The Chief Officer annually, in consultation with Renfrewshire Council and NHSGG&C, will prepare a Capital Plan to make best use of existing resources and identify the asset requirements to support the Strategic Plan.

8.2 The Capital Plan will be submitted to the IJB for approval.

8.3 Business Cases will be prepared by the Chief Officer and Chief Finance Officer and submitted to Renfrewshire Council's Capital Planning Group or NHSGG&C's Capital Planning Group for approval.

8.4 The Chief Officer will be a member of both partners' Capital Planning Groups.

8.5 Where new capital investment is required to deliver the Strategic Plan both partners should consider the Business Plan.

9. Control of Capital Expenditure

Introduction

This Financial Regulation details the IJB's requirements for monitoring Capital Expenditure in relation to the approved Capital Plan.

9.1 The IJB does not receive a capital funding allocation. Capital projects are funded by either Renfrewshire Council, or, NHSGG&C, and, expenditure will be controlled in accordance with their financial regulations.

9.2 The IJB will receive financial monitoring reports from both partners which will include information on capital expenditure against approved schemes relevant to the services delegated to the IJB.

9.3 In matters relating to capital planning and expenditure, the Capital Planning Guidance developed for the partnerships in NHSGG&C should be followed.

10. Strategic Plan and Financial Plan

Introduction

This Financial Regulation details the IJB's requirements for the preparation of a Strategic Plan covering the next three financial years.

10.1 The format of the Strategic Plan will be determined by the Chief Officer taking into account legislative requirements in terms of consultation and approval processes and national guidance in terms of content.

10.2 The Chief Officer will each year update the Strategic Plan which will incorporate an indicative financial plan for the resources within the scope of the IJB. The Strategic Plan will set out the level of capacity required in each year for three years in all areas of the HSCP's responsibility and the notional allocation of resources within the scope of the plan across these areas. The Chief Officer will prepare the Integration Budget based on the Strategic Plan for approval by the IJB.

11. Control of Revenue Expenditure

Introduction

This Financial Regulation sets out the principles of the IJB's requirements for budget monitoring, variance reporting and virement to control revenue expenditure. Detailed

policies support these principles in the FGM as identified at 3.5 above.

12. Internal Audit

Introduction

NHSGG&C and Renfrewshire Council shall decide upon the internal audit service to review internal control systems operated within the IJB and decide upon which Chief Internal Auditor and internal audit team from either NHSGG&C or Renfrewshire Council shall be the incumbent. Internal audit shall independently and objectively examine, evaluate and report on the adequacy of internal control, governance and risk management arrangements within the IJB. The guidance developed on Internal Audit for the partnerships across the Board area should be followed.

13. Board Members' Expenses

Introduction

This Financial Regulation details the IJB's requirements for the payment of Board Members' expenses and provides guidance on claims procedures.

13.1 Payment of voting Board Members' allowances will be the responsibility of the Members' individual Council or Health Board, and will be made in accordance with their own Schemes.

13.2 Members are entitled to payment of travel and subsistence expenses relating to approved duties. Members are required to submit claims on the IJB's agreed expenses claim form and as far as practicable to provide receipts in support of any expenses claimed.

13.3 Non-voting members of the IJB will be entitled to payment of travel expenses. Non-voting members are required to submit claims on the IJB's agreed expenses claim form and as far as practicable to provide receipts in support of any expenses claimed. The costs relating to expenses incurred by the non-voting members of the IJB will be shared equally by NHSGG&C and Renfrewshire Council.

13.4 The Chief Financial Officer will ensure that a record of all expenses paid under the Scheme, detailing name, amount and nature of payment.

Renfrewshire
Health & Social Care Partnership

Renfrewshire Health and Social Care Partnership
Integration Joint Board
Financial Governance Manual

Financial Governance Index

Section 1: Management of Integrated Budgets - Guiding Principle

1. Introduction

1.1 The purpose of this section is to detail a set of guiding principles for the management of budgets for the HSCP. These are in line with National Finance Guidance produced by the Scottish Government's Integrated Resources Advisory Group (IRAG).

2. Background

2.1 Renfrewshire IJB will be responsible for managing NHSGG&C and Renfrewshire Council service budgets and will be accountable to each agency for their management. The majority of these service budgets are from general funding allocations and are therefore governed by the Standing Financial Instructions/Financial Regulations of each partner agency, however, some require to be managed separately as detailed in section 3.

2.2 This section establishes a set of principles which will guide budget holders in the exercise of their budget management responsibility. These principles should be applied within the context of the established budget and service planning process currently operated by Renfrewshire Council and NHSGG&C, which will take into account the IJB joint strategic plan. The IJB must make arrangements for the proper administration of its financial affairs and has appointed an officer with this responsibility (the Chief Financial Officer). The Chief Financial Officer (CFO) is the Accountable Officer for financial management and administration of the IJB. The Chief Officer has all other accountable officer responsibilities. The Chief Financial Officer's responsibility includes assuring probity and sound corporate governance and responsibility for achieving Best Value. **(Appendix 1 details the role of the CFO)**.

2.2.1 A number of considerations were key in establishing these guiding principles:

- Budget responsibility should where possible, follow the ability to commit resources/control expenditure. The CFO will have a key responsibility in ensuring that budget holders are fully aware of their responsibilities.
- The requirement for policies and procedures in respect of control, routine monitoring and reporting of performance in line with IJB and partner expectations. Financial performance will be a standing item on the IJB agenda.
- The need to achieve delegation of responsibility to an appropriate level, recognising the statutory responsibilities of Renfrewshire Council and NHSGG&C to manage their budgets.
- The need to provide for budget flexibility in the event of changes in demand.
- Where ring-fencing restrictions are in place, there may be limited scope for virement of these resources. Further detail is provided in section 3.
- The need to have clear and proportionate arrangements which support effective service delivery within the budget available.

- The need to manage the business of the IJB and the implementation of its strategic plan ensuring best value in the use of its resources and safeguarding its assets.
- The Standing Financial Instructions and / or Financial Regulations of each partner organisation and those of the IJB will cover virement within and across agency boundaries. Further detail is provided in section 3.

3. Budget Categories

3.1 A range of budget categories are allocated to the IJB. Renfrewshire IJB will have full responsibility for delegated budgets as of 1 April 2016.

These are as follows:

3.2 Category 1 - Directly Managed (DM)

Budgets where NHSGG&C and/or Renfrewshire Council have allocated budget management responsibility to the IJB, and, where there are no specific conditions attached due to the nature of the funding source.

3.3 Category 2 - Directly Managed Ring fenced (DMR)

Budgets where NHSGG&C and/or Renfrewshire Council have allocated budget management responsibility to the IJB, but where there are specific conditions attached. The nature of the funding source and the conditions attached dictate that the use of funding is ring fenced for specific purposes.

3.4 Category 3 – Managed on Behalf (MOB)

Budgets where NHSGG&C and/or Renfrewshire Council have allocated budget management responsibility to the IJB, but where one Joint Board is responsible for managing the service on behalf of one or more other Joint Boards**.** Where this arrangement applies, the responsible IJB will be expected to manage overall service expenditure within available funds. An example of a budget which is managed within Renfrewshire HSCP under a hosted arrangement is podiatry.

3.5 Category 4 - Centrally Managed, with Spend/Consumption Targets (CMT)

Budgets which at present remain centrally managed by NHSGG&C, but where the HSCP will participate in the process of service/expenditure management through the allocation of either spend targets or consumption targets. It is anticipated that over time, a range of service budgets within this category may pass to the direct management responsibility of the HSCP.

3.6 Category 5 - Centrally Managed (CM)

Budgets which will continue to be managed centrally due to type and/or scale.

3.7 Category 6 – Set Aside (Acute) (SA)

The notional budget should include the resources for in scope hospital services used by the partnership population for NHSGG&C. ***The method for determining the amount set aside for hospital services is still to be agreed***.

3.8 Category 7 - Other NHS Notional Budgets, outwith Acute (ON)

Budgets where HSCP's are unable to influence expenditure levels, but, have a monitoring role, these are regarded as notional allocations (eg. General Dental Services).

4. Risk Sharing Arrangement – Prescribing Budget

4.1 NHSGG&C HSCP's have agreed to the adoption of a risk sharing arrangement to the management of the Primary Care Prescribing Budget which will work as follows:

(i) Individual HSCP underspends and overspends will be pooled to arrive at a net overall position relative to overall budget.

(ii) If (i) produces an overall overspend, this will be offset against a joint general contingency established by the HSCP's pre integration, which is held centrally by NHSGG&C. If this leaves a residual overspend, each HSCP will establish the scope for containing this within the totality of its service budget, before approaching NHSGG&C as a last resort, to explore the scope for release of further funding on a recurrent or non recurrent basis as appropriate.

(iii) if (i) or (ii) produces an overall underspend, this will be available for distribution to each HSCP on a pro rata basis, based on the proportion of its primary care prescribing budget to the overall consolidated total of HSCP primary care prescribing budgets.

5. Non Recurring Funding

5.1 HSCP's may receive non recurring funding in any one year from either parent body which will relate to a specific activity and must account for such funding as required. It must not be utilised for purposes other than the basis of the funding, nor should HSCP's plan for any recurrence of such funding. Typical examples include:

- Contribution towards cost pressures resulting from the resource allocation model (RAM)
- Project funding, including any invest to save initiatives
- One-off allocations to assist with specific cost pressures such as the impact of winter pressures, specific utility or fuel cost spikes

6. General Information

6.1 The Chief Officer will engage with NHSGG&C and Renfrewshire Council at appropriate points in the annual strategic and financial planning process.

6.2 At the start of each financial year, in parallel with establishing HSCP service expenditure budgets, a financial template will be prepared, identifying the sources of funding which combine to finance the HSCP's annual expenditure budget.

Section 2: Budget Setting

1. Introduction

1.1 The legislation requires that the IJB produces a Strategic Plan which sets out the services for Renfrewshire over the medium term (3 years). This Strategic Plan should incorporate a medium term financial plan (3 years) for the resources within the scope of the Strategic Plan, which will comprise both the Integrated Budget and the notional budget, i.e. the amount set aside by NHSGG&C for large hospital services used by the IJB population.

2. Determination of Budgets

The method for determining allocations to the IJB is contingent on the respective financial planning and budget setting processes of Renfrewshire Council and NHSGG&C. While the IRAG guidance advises that partners should aim to give indicative three year allocations to the IJB, in reality this will not be possible. Both Local Authority and Health Board budgets are determined by funding, which will only be notified on an annual basis. Any indication of future allocations to the IJB should therefore be considered as broad planning assumptions.

The Chief Officer, and the Chief Financial Officer should the Integrated Budget based on the Strategic Plan and present it to Renfrewshire Council and NHSGG&C for consideration and agreement as part of the annual budget setting process. This should be evidenced based with full transparency on its assumptions taking account of:

- **Activity Changes**. The impact on resources in respect of increased demand (eg. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;
- **Cost inflation**. Pay and supplies & services cost increases. Pay increases will largely be determined by national agreements. Some supplies & services cost increases will be influenced by contractual arrangements regarding uplifts;
- **Efficiencies**. All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the IJB and its partner organisations as part of the annual rolling financial planning process to ensure transparency;
- **Performance on outcomes**. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by either partner organisation;
- **Legal requirements**. Legislation may entail expenditure commitments that should be taken into account in adjusting the payment;
- **Transfers to/from the set aside budget for hospital services** set out in the Strategic Plan;
- **Adjustments to address equity**. Renfrewshire Council and NHSGG&C may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by ISD and ASD;

- **Resource Transfer**. Some Social Work expenditure budgets will be funded by resource transfer payments. It is recommended that NHSGG&C continue paying resource transfer to Renfrewshire Council and exclude it from its payment to the IJB. Renfrewshire Council would include in its payment to the IJB the social work services funded by the resource transfer. It is assumed that an annual inflationary uplift will continue to be applied to resource transfer by NHSGG&C.

Renfrewshire Council and NHSGG&C will evaluate the case for the Integrated Budget against their other priorities and are expected to negotiate their respective contributions accordingly. The allocations will be a negotiated process based on priority and need and it should not be assumed that they will be the same as the historic or national allocations to Renfrewshire Council and NHSGG&C.

The allocations made from the IJB to Renfrewshire Council and NHSGG&C for operational delivery of services will be approved by the IJB. The value of the payments will be those set out in the Strategic Plan approved by the IJB.

The legislation requires that this direction should be in writing and must include information on:

- The integrated function/(s) that are being directed and how they are to be delivered; and
- The amount of and method of determining the payment to carry out the delegated functions.
- A direction from the IJB should take the form of a letter from the Chief Officer to the NHSGG&C or Renfrewshire Council referring to the arrangements for delivery set out in the Strategic Plan and/or other documentation. Once issued they can be amended or varied by a subsequent direction.

3. Overheads

3.1 The decision on which overheads to include and whether they are included in the Integrated Budget or as notional budgets is a matter for local decision.

4. Scottish Government guidance on set aside for Large Hospital Services and Hosted Services

4.1 The resources used by the population of an IJB for delegated services that are provided on a hosted arrangement, should be included in the respective integrated Budget of each IJB as set out in the legislation. The IJB is required to include in its strategic plan the capacity required from the hosted service by its population. The Chief Officer responsible for managing the hosted service should take the lead in coordinating the IJB's development of their strategic plans for that service.

4.2 The purpose of the guidance, produced jointly by the IRAG and the Joint Commissioning Steering Group, is to provide advice on:

- Implementing the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) and regulations in respect of the amounts to be set aside for those delegated provided in 'large hospitals',

- The treatment of hosted services included in delegated functions.

4.3 The guidance covers:

- A method for establishing the amount to be set aside for the services that are delivered in a ‘large hospital’, as defined in the Act – ie. showing consumption by partnership residents;
- A method for quantifying and reporting performance for the financial consequences of planned changes in capacity as they relate to ‘set aside’ budgets for large hospitals, which may be:

i) steady state i.e. the strategic plan results in no changes to consumption of services in scope / is designed to avoid increases in consumption.
ii) Increased consumption
iii) Decreased consumption

4.4 Both ii) and iii) above have implications for transfer to/from the set aside and the integrated budget, on completion of the change programme.

Section 3: Development of the Joint Financial Framework

Scheme of Virement – for the IJB

1. Introduction

1.1 The purpose of this section is to set out a scheme for the operation of virement arrangements within the IJB.

2. Background

2.1 The establishment of the IJB requires NHSGG&C and Renfrewshire Council managers to take responsibility for the joint planning, resourcing, and delivery of services, lead by the Chief Officer supported by the Chief Finance Officer.

2.2 The retention of existing organisational frameworks in Scotland means that NHSGG&C and Renfrewshire Council will continue to exist as separate legal entities with statutory responsibility for the management of the resources allocated to them under the agreed governance arrangements of the IJB.

2.3 To support the establishment of joint working arrangements, there is a need to provide a scheme of virement for the IJB to allow flexible use of resources across agency boundaries where this is required, in line with the joint strategic plan. The current mechanism used for resource transfer will be followed for this purpose.

2.4 The purpose of this framework is to promote the flexible use of resources in support of the achievement of service aims and objectives while maintaining overall financial stability for the IJB, Renfrewshire Council and NHSGG&C.

3. Proposed Scheme of Virement

Range of services and budgets

3.1 The services which come within the scope of this scheme of virement are: resources covered by the Strategic Plan of the IJB; (this includes the amount in respect of delegated adult social care services), the amount covered by delegated primary and community health care services; and, for those delegated hospital services and the amount set aside by NHSGG&C for services provided in large hospitals for the population of the IJB.

3.2 The IJB budget will comprise both new and existing funds. In the short term there will be limited room for manoeuvre where costs are fixed in nature (e.g. permanent staffing budgets), however, there is a need to provide for the option to use resources flexibly where the opportunity arises.

3.3 Where budgets have specific conditions attached to their use by the Scottish Government, the operation of virement arrangements will require to ensure that funding continues to be deployed in a way which satisfies these conditions.

3.4 Exercise of virement

3.4.1 Decisions regarding the deployment of new monies and the redeployment, if applicable, of existing monies including any sustained underspend(s), will typically be made in the context of the annual budget setting process with respect to the Strategic planning process. These may reflect policy decisions agreed at the Integrated Board to change the balance of care from the joint strategic plan or to re-engineer services in a more limited way.

3.4.2 The outcome may be that the IJB seek to vire resources across partners, to enable implementation of strategic plans. The payment mechanism will be the current resource transfer arrangements.

3.5 Set Aside (Acute)

3.5.1 It is recommended that partners avoid the creation of a bureaucratic process for reporting and adjusting for monthly activity and cost variances and establish a process for the Chief Officer, Chief Finance Officer and the hospital sector to jointly monitor in year actual demand and provide for virement, if required, based on practical thresholds.

3.6 Guiding principles

3.6.1 The guiding principles of this scheme are set out below:

- Budget responsibility should as far as possible, follow ability to commit resources/control expenditure.
- The need to achieve real delegation of responsibility to appropriate level, but also to recognise the statutory responsibilities of Renfrewshire Council and NHSGG&C to manage the overall envelope(s) of resources available to them.
- The need to provide for sufficient short term financial stability for services experiencing sudden changes in demand, to allow these to respond flexibly to such changes.
- The need to limit ring-fencing restrictions where possible to allow scope for genuine virement of resources where appropriate.

3.7 Procedural arrangements

3.7.1 Where the decision to vire may have an impact on service provision by another HSCP, virement proposals will require the support and commitment of the head of that service along with the relevant Chief Finance Officers as a necessary precondition of submission. It is important that all parties are agreed to what is being proposed. Commitment of all parties, evidenced by authorised signatures, will be necessary before virement proposals are submitted for processing.

3.7.2 Any proposal impacting on the balance of funding between the partner organisations will require approval of the IJB, the Section 95 Officer of Renfrewshire Council and the Director of Finance NHSGGC.

3.8 Overspends/underspends

3.8.1 Where resources have been vired from one partner to another, and an overspend arises in relation to the resources transferred, it is the responsibility of the IJB's Chief Officer and Chief Financial Officer to manage this within the context of the IJB's overall services budget and advise each partner, as appropriate, regarding how this overspend will be managed or contained.

3.8.2 Where resources have been vired from one partner to another and an underspend arises in relation to resources transferred, it is the responsibility of the IJB's Chief Officer and Chief Financial Officer to manage this within the context of the IJB's overall services budget and advise each partner, as appropriate, regarding how this underspend will be managed taking into account the reserves policy in place for the IJB.

3.8.3 All virement proposals should take cognisance of existing contractual arrangements and any other conditions attached to funding.

Section 4: Capital Planning Process

1. Introduction

1.1 The Strategic Plan considers all of the resources available to deliver the objectives approved within the Integration Scheme, including assets owned by the Health Board on behalf of Scottish Ministers, and local authority. The purpose of this section is to describe the arrangements for making effective use of these assets.

2. Background

2.1 The (IRAG) professional guidance for integration arrangements indicates that as the IJB will not directly own any property or assets, nor receive any capital allocations, grants or have the power to borrow or invest in capital expenditure, the Chief Officer of the IJB is recommended to consult with the local authority and Health Board partners to make best use of existing resources and develop capital programmes.

2.2 This policy acknowledges that in the short term at least, current arrangements within each partner organisation will continue to apply, but that in the longer term the Chief Officer may wish to consider alternative arrangements in the discharge of the IJB business.

2.3 The IRAG states that in developing the Strategic Plan, the Chief Officer of the IJB is advised to consider the CIPFA guidance on place based asset management.

2.4 Where the Chief Officer identifies the need for new investment within the Strategic Plan, a business case should be developed for the proposal for both partners to consider. Options may include one or both of the partners approving the project from its capital budget or where appropriate using the hub initiative as the procurement route to deliver the capital investment. This is a matter for local agreement.

3. Proposal for management of the Capital Plan

3.1 The HSCP will prepare a capital plan in tandem with the rolling annual capital planning process operated within each partner organisation. This will be the outcome of a strategic review of HSCP service priorities, and should take the form of an itemised list of proposed capital spending, set out in priority order. A brief summary should be provided for each scheme and this should include the following items: title of scheme, brief overview, timing, intended benefits, funding plan, net funding requirement, revenue funding consequences.

3.2 The HSCP will be expected to update and formally approve its capital plan on an annual basis.

3.3 Along with an annual update of its capital plan, the HSCP should review its premises needs, including existing owned and leased clinical and office premises. The output of this review should be a premises plan identifying: **(a)** requests for new/upgraded

accommodation **(b)** planned disposal/vacation of premises no longer required, over the forthcoming period. Major requirements for new/upgraded accommodation should be included in the HSCPs capital plan with minor schemes being set out in a supplementary listing.

3.4 For NHSGG&C capital funding there will be an annual process by the lead Chief Financial Officer involving all HSCP Chief Officers or designated representatives to reach agreement on an allocation of formula capital funding to each individual HSCP in respect of minor works and minor equipment. This is in accordance with current arrangements which are in place within the NHS Scheme of Delegation.

3.5 It is proposed that the HSCP's Capital Plan be developed within a Joint Capital Planning Group (JCPG). Together with the supplementary listing of planned minor premises schemes, the HSCPs Capital Plan would be submitted for approval by the HSCP Management Team, and thereafter to the IJB.

4. Joint Capital Planning Group

4.1 A local JCPG should be established within the HSCP. This group will be responsible for taking an overall strategic overview of the HSCP's capital plans with a view to assessing potential sources of finance and also assessing opportunities for joint proposals across more than one HSCP, and providing advice on how best to take forward capital proposals within NHSGG&C and /or Renfrewshire Council's capital planning processes. Responsibility for prioritising capital projects will continue to be exercised by the partner bodies within their already established capital planning/capital bidding processes.

4.2 Following review by JCPG, HSCP capital plans will be taken forward within NHSGG&C and Renfrewshire Council's capital planning process as appropriate.

4.3 A joint operational capital sub group will also be established within the HSCP at a local level, comprising of officers with appropriate skills and experience.

4.4 The joint operational capital sub group will take responsibility for:

- maintenance of a register identifying all Renfrewshire Council and NHSGG&C Community based properties, utilising information provided by partners. This will be used as a reference point when considering draft HSCP capital plans.
- maintenance of a register of jointly occupied premises, recording details of joint funding agreements related to such jointly occupied premises and ensuring that this is kept up to date. This work will be co-ordinated by Renfrewshire Council and NHSGG&C Capital planners, who will be accountable to the Chief Officer in this regard on a regular basis.

5. Rolling Capital Planning Process

5.1 Both NHSGG&C and Renfrewshire Council operate a rolling capital programme.

6. Business Case Preparation and Guidance

Existing documented procedures for developing business cases to source capital funding should be utilised. Where a project is funded via NHSGG&C, their documentation and process will be followed. Where a project is funded via Renfrewshire Council their documentation and process will be followed. Where joint bids are being made, the approval of both partners through their respective processes will be required. Approval levels with the partner organisations will be determined by the appropriate Schemes of Delegation.

Section 5: Managing Financial Performance

1. Introduction

1.1 The purpose of this section is to outline provisions for managing the in-year financial performance of the Integrated Budget, as directed in the IRAG guidance. This includes the requirement that the Chief Officer receives financial performance information for their operational role in NHSGG&C and Renfrewshire Council as well as their strategic role in the IJB.

2. Budget monitoring

2.1 The NHSGG&C Director of Finance, Renfrewshire Council Section 95 Officer, and, the IJB CO and CFO will establish a process of regular in-year reporting and forecasting to provide the Chief Officer with management accounts for both arms of the operational budget and for the IJB as a whole.

2.2 Whilst NHSGG&C and Renfrewshire Council will each continue with their own schedule of in-year financial reporting and forecasting requirements, reporting to the IJB will be in line with the schedule of IJB meetings.

2.3 NHSGG&C and Renfrewshire Council will agree a consistent basis for the preparation of management accounts reported to the IJB. This should initially reflect the current reporting arrangements for each organisation.

3. Budget Management

3.1 The IJB will direct the resources it receives from NHSGG&C and Renfrewshire Council in line with its Strategic Plan, ensuring that planned activity can be met from the available resources and achieve a year end breakeven position. This is essential for the financial stability of the IJB itself and for NHSGG&C and Renfrewshire Council.

3.2 The Chief Officer is responsible for the management of in-year pressures and should take remedial action to mitigate any net variances and deliver the planned outturn. Expenditure outwith the total resources available should not be incurred.

3.3 The Chief Officer can transfer resources between the two arms of the operational Integrated Budget subject to appropriate approvals. This requires in-year balancing adjustments to the allocations from the IJB to Renfrewshire Council and NHSGG&C as per the guidance in the Scheme of Virement at Section 3.

3.4 **Managing overspends**

3.4.1 If an overspend is forecast on either arm of the operational Integrated Budget, the Chief Officer and the Chief Finance Officer should agree a recovery plan to balance the overspending budget. Where appropriate, approval should be sought in line with the scheme of delegation. This plan should include clear options and target savings with named persons responsible for delivering them, which are closely monitored and controlled.

3.4.2 In addition, the IJB may increase the payment to the overspending partner, by either:

- Utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or
- Utilising the balance on the general fund, if available, of the IJB in line with the reserves policy.

3.4.3 If the recovery plan is unsuccessful and there are insufficient general fund reserves to fund a year end overspend, then the partners have the option to:

- Make additional one-off payments to the IJB;
- Provide additional resources to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and assurance that there is a plan in place to address this; or
- Reprioritise in-year expenditure subject to other governance arrangements.

3.4.4 The IJB will not ordinarily be required to contribute to the management of in-year overspends on non-integrated budgets in Renfrewshire Council or NHSGG&C. In the event of a projected in-year overspend elsewhere across Renfrewshire Council or NHSGG&C non-integrated budgets, they should contain the overspend within their respective non-integrated resources.

3.4.5 The exception to this general principle relates to exceptional circumstances as defined by local arrangements.

3.4.6 The IJB will not be required to contribute to overspends in other IJB's within NHSGG&C other than in those specific budget areas where risk sharing applies as set out in the Management of Integrated Budgets Guiding Principles document. Otherwise, the responsibility for this lies with the overspending IJB who should apply the process noted above within their own authority for in-year overspends. However, financial risk should be managed through the financial management process noted above and the use of reserves, where available.

3.5 Managing underspends

3.5.1 Any net underspends on either arm of the operational integrated budget, with the exception of ring fenced budgets should be returned to the IJB by Renfrewshire Council or NHSGG&C and carried forward through Renfrewshire Council's general fund, where the accounts of the IJB will be held.

3.5.2 The exception to this general principle relates to exceptional circumstances such as unplanned found income. Each exception will be reviewed on its individual merit.

3.5.3 In some years the IJB may plan for an underspend in order to build up reserve balances, although in practice the scope for this will be constrained given the context of financial challenge at least over the short to medium term.

4. Financial Returns

4.1 Health Boards and Local Authorities are currently required to complete the following financial/statistical returns for the Scottish Government:

- Health - routine financial performance monitoring returns are submitted to the SGHSCD and any other statutory organisation as required. Including Scottish Financial Returns (SFRs) for Annual Accounts and Cost Book SFRs.
- Local Authority – Local Financial Returns (LFRs), Provisional Outturn and Budget Estimate (POBE) and Free Personal and Nursing Care data (FPNC).

4.2 Proposals will be developed by the Scottish Government to revise these returns to reflect the integration arrangements. Information on the revised arrangements for the LFR3 (Social Work return) will be issued by the Scottish Government. Guidance on the SFR will continue to be provided in the Unified Board Accounts Manual.

5. Statutory Performance Indicators

5.1 All Local Authorities are required to report annually on a set of operational and financial performance indicators known as Statutory Performance Indicators (SPIs) as specified by Audit Scotland. Of those specified for Social Work, none relate specifically to finance.

5.2 From 2013/14, all Local Authorities were also required to participate in the Local Government Benchmarking Framework (LGBF) used by Audit Scotland to compare their performance against a suite of indicators. Of the 8 listed for Social Work Services, 4 relate specifically to financial measures. Details can be found at: http://www.improvementservice.org.uk/benchmarking/index.html

5.3 Health Boards are required to report on a range of performance measures including: HEAT targets and standards; targets identified at Health Board level; and other local performance indicators. The specific HEAT target for financial performance sets out that NHS Boards are required to operate within their agreed revenue resource limit; operate within their capital resource limit and meet their cash requirement. NHS Boards have an obligation to operate within their allocated funds and ensure value for money.

5.4 There is therefore a requirement to continue reporting on these indicators.

6. Role of budget holders

6.1 The Chief Financial Officer will ensure that budget holders receive impartial advice, guidance and support and are provided with accurate, timeous and appropriate information to enable them to effect control over expenditure and income.

6.2 Budget holders are ultimately responsible for the budgets assigned to them and will be held accountable for all such budgets within their control.

6.3 The IJB will ensure arrangements are put in place to hold budget holders to account, particularly where financial problems or potential overspends have been identified.

This should consist of formal meetings held on a regular basis chaired by the Chief Officer and/or Chief Financial Officer, where the Budget Holder will be expected to report on areas of concern and propose corrective actions.

6.4 Budget holders have a responsibility to formally report any major financial problems identified within the service to the Chief Financial Officer who can instruct appropriate action and report to the IJB if required.

6.5 Budget holders should alert and consult the Chief Financial Officer where no budget is available but where expenditure is essential to the discharge of the functions of the IJB.

6.6 Budget holders should at all times comply with Renfrewshire Council and NHSGG&C's: Financial regulations; standing orders; schemes of delegation SFIs etc.

Section 6: Reserves Policy

1. Legislation

1.1 Section 106 of the Local Government (Scotland) Act 1973 as amended, empowers the IJB to hold reserves which must be accounted for in the financial accounts and records of the Partnership Board.

1.2 The IJB will develop a reserves policy and a strategy which will include the level of reserves required and their purpose. This will be agreed as part of the annual budget setting process and will be reflected in the Strategic Plan and subject to ongoing review dependent on the financial position of the partnership.

Section 7: VAT

1. VAT

1.1 This section will be added once all VAT implications have been clarified.

Appendix 1

The Role of the CFO

The Chief Financial Officer in a public service organisation:

- is a key member of the Leadership Team, helping it to develop and implement strategy and to resource and deliver the authority's strategic objectives sustainably and in the public interest;
- must be actively involved in, and able to bring influence to bear on, all material business decisions to ensure immediate and longer term implications, opportunities and risks are fully considered, and alignment with the authority's financial strategy; and
- must lead the promotion and delivery by the whole authority of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively.

To deliver these responsibilities the Chief Financial Officer:

- must have access to appropriate financial information and analysis.

Core CFO responsibilities:

Developing and implementing organisational strategy :

- Contributing to the effective leadership of the authority, maintaining focus on its purpose and vision through rigorous analysis and challenge.
- Contributing to the effective corporate management of the authority, including strategy implementation, cross organisational issues, integrated business and resource planning, risk management and performance management.
- Supporting the effective governance of the authority through development of corporate governance arrangements, risk management and reporting framework; and
- Leading development of a medium term financial strategy and the annual budgeting process for the Integration Joint Board to ensure financial balance and a monitoring process to ensure its delivery.

Responsibility for financial strategy:

- Agreeing the financial framework with sponsoring organisations and planning delivery against the defined strategic and operational criteria.
- Maintaining a long term financial strategy to underpin the authority's financial viability within the agreed performance framework.
- Implementing financial management policies to underpin sustainable long-term financial health and reviewing performance against them.
- Co-ordinating the planning and budgeting processes.

Influencing decision making:

- Ensuring that opportunities and risks are fully considered, decisions are aligned with the overall financial strategy and appropriate briefings are provided to the Integration Joint Board.
- Providing professional advice and objective financial analysis enabling decision makers to take timely and informed business decisions. (This will require a strong working relationship with Directors of Finance and related Chief Financial Officers).
- Ensuring that clear, timely, accurate advice is provided to the Chief Officer/Integration Joint Board in setting the funding plan/budget.
- Ensuring that advice is provided to the scrutiny function in considering the funding plan/budget.

Financial information for decision makers:

- Monitoring and reporting on financial performance that is linked to related performance information and strategic objectives that identifies any necessary corrective decisions.
- Responsibility for the consolidation of appropriate management accounts information received from Health Board and Local Authority.
- Ensuring the reporting envelope reflects partnerships and other arrangements to give an overall picture.

Value for money:

- Challenging and supporting decision makers, especially on affordability and Best Value, by ensuring policy and operational proposals with financial implications are signed off by the finance function.
- Reporting to the IJB on the efficiency programmes being delivered within the Operational Units
- Co-ordinating appropriate Benchmarking Exercises.

Safeguarding public money:

- Implementing effective systems of internal control that include standing financial instructions.
- Ensuring that the authority has put in place effective arrangements for internal audit of the control environment and systems of internal control as required by professional standards and in line with CIPFA's Code of Practice.
- Ensuring that delegated financial authorities are respected.
- Promoting arrangements to identify and manage key business risks, risk mitigation and insurance.
- Implementing appropriate measures to prevent and detect fraud and corruption.
- Ensuring that any partnership arrangements are underpinned by clear and well documented internal controls.

Assurance and scrutiny:

- Reporting performance of both the authority and its partnerships to the board and other parties as required.
- Ensuring that financial and performance information presented to members of the public, the community and the media covering resources, financial strategy, service plans, targets and performance is accurate, clear, relevant, robust and objective.
- Supporting and advising the Audit Committee and relevant scrutiny groups. This now needs to include a review of the Statement of Internal Controls.
- Ensuring that clear, timely, accurate advice is provided to the Chief Officer/ Integration Joint Board and the scrutiny functions on what considerations can legitimately influence decisions on the allocation of resources, and what cannot.
- Ensuring that the financial statements are prepared on a timely basis, meet the requirements of the law, financial reporting standards and professional standards as reflected in the Code of Practice on Local Authority Accounting in the United Kingdom developed by the CIPFA/LASAAC Joint Committee.
- Certifying the annual statement of accounts.
- Ensuring that arrangements are in place so that other accounts and grant claims (including those where the authority is the accountable body for community led projects) meet the requirements of the law and of other partner organisations and meet the relevant terms and conditions of schemes
- Liaising with the external auditor.

Leading and Directing the Finance Function: - arrangements will depend on local agreement

- To receive assurance from Directors of Finance that efficient and effective professional services from the finance staff in both Health and Local Authorities is being delivered.
- Identifying and equipping managers and the Leadership Team with the financial competencies and expertise needed to manage the business both currently and in the future.

Appendix 4

Future Reporting Timetable

Table 1

Renfrewshire Period End Dates 2016/17		
Period	Period End Date	Reports Available
1	29/04/2016	10/05/2016
2	27/05/2016	07/06/2016
3	24/06/2016	05/07/2016
4	22/07/2016	02/08/2016
5	19/08/2016	30/08/2016
6	16/09/2016	27/09/2016
7	14/10/2016	25/10/2016
8	11/11/2016	22/11/2016
9	09/12/2016	20/12/2016
10	06/01/2017	17/01/2017
11	03/02/2017	14/02/2017
12	03/03/2017	14/03/2017
13	31/03/2017	11/04/2017

Table 2

NHS Month End Dates 2016/17		
Month	Month Ending	Reports Available
1	30/04/2016	N/A
2	31/05/2016	c 16/06/2016
3	30/06/2016	c 16/07/2016
4	31/07/2016	c 18/08/2016
5	31/08/2016	c 16/09/2016
6	30/09/2016	c 16/10/2016
7	31/10/2016	c 17/11/2016
8	30/11/2016	c 16/12/2016
9	31/12/2016	c 19/01/2017
10	31/01/2017	c 16/02/2017
11	28/02/2017	c 16/03/2017
12	31/03/2017	c 19/04/2017

Table 3

Proposed IJB Reporting Dates		
IJB Board Meeting Dates (TBC)	SW	NHS
13 May 2016	Final Position 15/16	Final Position 15/16
15 July 2016	07/06/2016 (P2)	16/06/2016 (M2)
16 September 2016	30/08/2016 (P5)	18/08/2016 (M4)
18 November 2016	25/10/2016 (P7)	17/11/2016 (M7)
13 January 2017	22/11/2016 (P8)	16/12/2016 (M8)
17 March 2017	14/02/2017 (P11)	16/02/2017 (M10)

Appendix 5

To: **Renfrewshire Integration Joint Board**

Subject: **Financial Report 1st April to 30th June 2015**

On: **18 September 2015**

Report by: **Chief Finance Officer Designate**

1. Purpose

1.1. The purpose of this report is to advise the Shadow Integration Joint board (IJB) of the Revenue and Capital Budget current year position as at the 26th (Social Work) and 30th June 2015 (Health).

2. Recommendation

That the Integration Joint Board:

- are requested to note the financial position to date.
- and note that the financial planning process for 2016/17 is now underway.

3. Summary

3.1 The overall revenue position for the HSCP at 30th June is an underspend of £12k as detailed in the table below (and appendices 1 and 2).

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	breakeven	n/a
Renfrewshire Health Services	£13k underspend	n/a
Total Renfrewshire HSCP	**£13k underspend**	**n/a**

3.2. The key pressures are highlighted in section 4 and 5.

4. Social Work – Adult Services

Current Position: **Breakeven**
Previously Reported: **n/a**

4.1 Older People

Current Position: Net overspend of £39k
Previously Reported: n/a

The overspend within Older People services reflects significant pressures within the care at home service due to the shift in the balance of care to support people remaining safely at home for as long as possible, along with the council's commitment to reducing bed days lost to delayed discharges from hospital.

This pressure is partially mitigated by an underspend in the external care home placement budget.

In addition to the pressures within the care at home service there is also an under recovery of income from the Council's residential Care Homes due to the current levels of under occupancy.

4.2 **Physical Disabilities**

Current Position: Net overspend of £14k
Previously Reported: n/a

This overspend is due to increases in the purchase of equipment to support service users to stay in their own homes reflecting the shift in the balance of care to the community and their associated needs.

4.3 **Learning Disabilities**

Current Position: Net underspend of £112k
Previously Reported: n/a

This underspend is mainly due to the time taken to recruit to new posts within the Learning Disability day services.

4.4 **Mental Health**

Current Position: Net overspend of £28k
Previously Reported: n/a

This overspend is mainly due to higher than anticipated payroll costs.

4.5 **Addictions**

Current Position: Net overspend of £31k
Previously Reported: n/a

This overspend is mainly due to higher than anticipated payroll cost.

5. <u>Renfrewshire Health Services</u>

Current Position: **£13k Underspend**
Previously Reported: **n/a**

5.1 **Addictions**
Current Position: Net underspend of £57k
Previously Reported: n/a

This underspend is mainly due to lower than anticipated payroll costs reflecting the position staff are currently placed on the pay scale.

5.2 **Adult Community Services**
Current Position: Net overspend of £82k
Previously Reported: n/a

This overspend reflects continued pressure on the community equipment budget (EQUIPU), along with an overspend on the salaries within RES (Rehabilitation and Enablement Service). Pressure is also emerging board wide on costs associated with 'Enternal Feeding' which will be closely monitored over the next few months.

5.3 **Children's Services**
Current Position: Net underspend of £51k
Previously Reported: n/a

Overall, Children's services are reporting an underspend of £51k. This is mainly due to general nursing underspends within Specialist services, and CAMHS (Children and Adolescent Mental Health Services) due to ongoing recruitment issues for psychologists.

5.4 **Hosted Services**
Current Position: Net underspend of £84k
Previously Reported: n/a

This underspend reflects historical underspends within the service due to vacant administrative and special project posts.

5.5 **Mental Health**
Current Position: Net overspend of £60k
Previously Reported: n/a

Overall, Mental Health services are reporting an overspend of £60k. This overspend is due to a number of contributing factors within both in-patient and elderly services. This is offset by an underspend within the adult community budget due to vacancies within the service which are due to be filled.

The main overspends within the in-patient service relate to the Recovery Unit and costs relating to special observations. The overspend within the elderly service is due to a combination of agency and special observation costs.

These areas will be subject to ongoing monitoring and review.

5.6 **Other Services**

Current Position: Net overspend of £25k
Previously Reported: n/a

The overspends within other services are mainly in relation to the impact of the 15/16 workforce planning savings which have yet to be reallocated across other divisions of service.
Other services relates to the costs associated with running premises occupied by the HSCP eg administration costs; hotel services and property related costs including rates and rental costs.

5.7 **Prescribing**

Current Position: Breakeven
Previously Reported: n/a

Currently, the GP prescribing position shows a breakeven position. However, as GP prescribing is extremely volatile, there continues to be an element of financial risk and this will therefore continue to be subject to close scrutiny and monitoring throughout 2015/16.

6. 2015/16 Capital Programme

Description	Budget	Spend to Date	Still to Spend
Anchor Centre Roof Replacement	£400k	£0k	£400k
Total SW	**£400k**	**£0k**	**£400k**

The programme to replace the Anchor Centre roof and it is anticipated that it will be completed in 2015/16.

7. Financial Planning 2016/17

The budget strategy for 2016/17 has now commenced for both partners. In line with existing arrangements for both the Council and Health Board, the partnership has been asked to submit detailed proposals for service based savings along with identifying future demand / pressures and potential corresponding mitigation. It is anticipated that the Council process will be finalised towards the end of the Calendar Year and the Health Board slightly later. A summary of the agreed proposals will be brought back to the IJB for information.

Implications of the Report

1. **Financial –** the report covers the financial governance arrangements being developed to support effective joint working within allocated budgets.
2. **HR & Organisational Development** – n/a
3. **Community Planning** - n/a
4. **Legal –** The financial governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technogloy –** n/a
7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.
8. **Health & Safety –** n/a
9. **Procurement** – n/a.
10. **Privacy Impact** – n/a.

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer (Designate)

Social Work Revenue Budget Position
1st April 2015 to 26th June 2015

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	23,751	4,582	4,700	(118)	-2.6%	overspend
Property Costs	1,081	112	115	(3)	-2.7%	overspend
Supplies and Services	1,431	190	201	(11)	-5.8%	overspend
Contractors	45,277	8,799	8,683	116	1.3%	underspend
Transport	722	114	109	5	4.4%	underspend
Administrative Costs	251	75	64	11	14.7%	underspend
Payments to Other Bodies	4,277	(68)	(68)	-	0.0%	breakeven
Capital Charges	1,404	-	-	-	0.0%	breakeven
Gross Expenditure	**78,194**	**13,804**	**13,804**	**-**	**0.0%**	**breakeven**
Income	**(22,615)**	**(2,788)**	**(2,788)**	-	0.0%	breakeven
NET EXPENDITURE	**55,579**	**11,016**	**11,016**	**-**	**0.00%**	**breakeven**

Position to 26th June is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Older People	35,950	6,493	6,532	(39)	-0.6%	overspend
Physical or Sensory Difficulties	5,102	805	819	(14)	-1.7%	overspend
Learning Difficulties	12,654	2,656	2,544	112	4.2%	underspend
Mental Health Needs	921	564	592	(28)	-5.0%	overspend
Addiction Services	952	209	240	(31)	-14.8%	overspend
Integrated Care Fund	-	289	289	-	0.0%	breakeven
NET EXPENDITURE	**55,579**	**11,016**	**11,016**	**-**	**0.00%**	**breakeven**

Position to 26th June is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Health Revenue Budget Position
1st April 2015 to 30th June 2015

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	42,080	10,513	10,438	75	0.7%	underspend
Property Costs	781	143	120	23	16.1%	underspend
Supplies and Services	10,008	1,539	1,547	(8)	-0.5%	overspend
Purchase of Healthcare	44	11	16	(5)	-45.5%	overspend
Resource Transfer	16,590	4,148	4,148	-	0.0%	breakeven
Family Health Services	77,562	18,916	18,913	3	0.0%	underspend
Savings	(298)	(75)	-	(75)	100.0%	overspend
Capital Charges	1,573	393	393	-	0.0%	breakeven
Gross Expenditure	**148,340**	**35,588**	**35,575**	**13**	**0.0%**	**underspend**
Income	**(4,348)**	**(1,455)**	**(1,455)**	-	0.0%	breakeven
NET EXPENDITURE	**143,992**	**34,133**	**34,120**	**13**	**0.04%**	**underspend**

Position to 30th June is an underspend of **£13k** **0.04%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Addiction Services	2,662	582	525	57	9.8%	underspend
Adult Community Services	13,997	3,114	3,196	(82)	-2.6%	overspend
Children's Services	5,061	1,288	1,237	51	4.0%	underspend
Learning Disabilites	952	241	254	(13)	-5.4%	overspend
Mental Health	18,528	4,601	4,661	(60)	-1.3%	overspend
Hosted Services	3,381	838	754	84	10.0%	underspend
Prescribing	32,985	8,208	8,208	-	0.0%	breakeven
GMS	22,584	5,628	5,628	-	0.0%	breakeven
Other	19,897	4,539	4,539	-	0.0%	breakeven
Planning and Health Improvement	1,247	304	303	1	0.3%	underspend
Other Services	2,742	571	596	(25)	-4.4%	overspend
Resource Transfer	16,590	4,148	4,148	-	0.0%	breakeven
Integrated Care Fund	3,267	72	72	-	0.0%	breakeven
NET EXPENDITURE	**143,893**	**34,134**	**34,121**	**13**	**0.04%**	**underspend**

Position to 30th June is an underspend of **£13k** **0.04%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

To: **Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Finance Officer Designate**

Heading: **Financial Report 1st April to 30th June 2015**

1. Summary

1.1. The purpose of this report is to advise the Integration Joint Board (IJB) of the Revenue and Capital Budget current year position as at the 26th (Social Work) and 30th June 2015 (Health).

2. Recommendation

2.1 That the Integration Joint Board:

- are requested to note the financial position to date.
- and note that the financial planning process for 2016/17 is now underway.

3. Background

3.1 The overall revenue position for the HSCP at 30th June is an underspend of £12k as detailed in the table below (and appendices 1 and 2).

Division	Current Reported Position	Previously Reported Position
Social Work – Adult Services	breakeven	n/a
Renfrewshire Health Services	£13k underspend	n/a
Total Renfrewshire HSCP	**£13k underspend**	**n/a**

3.2. The key pressures are highlighted in section 4 and 5.

4. Social Work – Adult Services

Current Position: **Breakeven**
Previously Reported: **n/a**

4.1 **Older People**

Current Position: Net overspend of £39k
Previously Reported: n/a

The overspend within Older People services reflects significant pressures within the care at home service due to the shift in the balance of care to support people remaining safely at home for as long as possible, along with the council's commitment to reducing bed days lost to delayed discharges from hospital.

This pressure is partially mitigated by an underspend in the external care home placement budget.

In addition to the pressures within the care at home service there is also an under recovery of income from the Council's residential Care Homes due to the current levels of under occupancy.

4.2 **Physical Disabilities**

Current Position: Net overspend of £14k
Previously Reported: n/a

This overspend is due to increases in the purchase of equipment to support service users to stay in their own homes reflecting the shift in the balance of care to the community and their associated needs.

4.3 **Learning Disabilities**

Current Position: Net underspend of £112k
Previously Reported: n/a

This underspend is mainly due to the time taken to recruit to new posts within the Learning Disability day services.

4.4 **Mental Health**

Current Position: Net overspend of £28k
Previously Reported: n/a

This overspend is mainly due to higher than anticipated payroll costs.

4.5 **Addictions**

Current Position: Net overspend of £31k
Previously Reported: n/a

This overspend is mainly due to higher than anticipated payroll cost.

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5. Renfrewshire Health Services

Current Position: £13k Underspend
Previously Reported: n/a

5.1 **Addictions**

Current Position: Net underspend of £57k
Previously Reported: n/a

This underspend is mainly due to lower than anticipated payroll costs reflecting the position staff are currently placed on the pay scale.

5.2 **Adult Community Services**

Current Position: Net overspend of £82k
Previously Reported: n/a

This overspend reflects continued pressure on the community equipment budget (EQUIPU), along with an overspend on the salaries within RES (Rehabilitation and Enablement Service). Pressure is also emerging board wide on costs associated with 'Enternal Feeding' which will be closely monitored over the next few months.

5.3 **Children's Services**

Current Position: Net underspend of £51k
Previously Reported: n/a

Overall, Children's services are reporting an underspend of £51k. This is mainly due to general nursing underspends within Specialist services, and CAMHS (Children and Adolescent Mental Health Services) due to ongoing recruitment issues for psychologists.

5.4 **Hosted Services**

Current Position: Net underspend of £84k
Previously Reported: n/a

This underspend reflects historical underspends within the service due to vacant administrative and special project posts.

5.5 **Mental Health**

Current Position: Net overspend of £60k
Previously Reported: n/a

Overall, Mental Health services are reporting an overspend of £60k. This overspend is due to a number of contributing factors within both in-patient and elderly services. This is offset by an underspend within the adult community budget due to vacancies within the service which are due to be filled.

The main overspends within the in-patient service relate to the Recovery Unit and costs relating to special observations. The overspend within the elderly service is due to a combination of agency and special observation costs.

These areas will be subject to ongoing monitoring and review.

5.6 **Other Services**

Current Position: Net overspend of £25k
Previously Reported: n/a

The overspends within other services are mainly in relation to the impact of the 15/16 workforce planning savings which have yet to be reallocated across other divisions of service.
Other services relates to the costs associated with running premises occupied by the HSCP eg administration costs; hotel services and property related costs including rates and rental costs.

5.7 **Prescribing**

Current Position: Breakeven
Previously Reported: n/a

Currently, the GP prescribing position shows a breakeven position. However, as GP prescribing is extremely volatile, there continues to be an element of financial risk and this will therefore continue to be subject to close scrutiny and monitoring throughout 2015/16.

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6. 2015/16 Capital Programme

Description	Budget	Spend to Date	Still to Spend
Anchor Centre Roof Replacement	£400k	£0k	£400k
Total SW	**£400k**	**£0k**	**£400k**

The programme to replace the Anchor Centre roof and it is anticipated that it will be completed in 2015/16.

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7. Financial Planning 2016/17

The budget strategy for 2016/17 has now commenced for both partners. In line with existing arrangements for both the Council and Health Board, the partnership has been asked to submit detailed proposals for service based savings along with identifying future demand / pressures and potential corresponding mitigation. It is anticipated that the Council process will be finalised towards the end of the Calendar Year and the Health Board slightly later. A summary of the agreed proposals will be brought back to the IJB for information.

Implications of the Report

1. **Financial –** the report covers the financial governance arrangements being developed to support effective joint working within allocated budgets.
2. **HR & Organisational Development** – n/a
3. **Community Planning** - n/a
4. **Legal –** The financial governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014.
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technogloy –** n/a
7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.
8. **Health & Safety –** n/a
9. **Procurement** – n/a.
10. **Risk –** n/a.
11. **Privacy Impact** – n/a.

List of Background Papers – none

Author: Sarah Lavers, Chief Finance Officer (Designate)

Social Work Revenue Budget Position
1st April 2015 to 26th June 2015

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	23,751	4,582	4,700	(118)	-2.6%	overspend
Property Costs	1,081	112	115	(3)	-2.7%	overspend
Supplies and Services	1,431	190	201	(11)	-5.8%	overspend
Contractors	45,277	8,799	8,683	116	1.3%	underspend
Transport	722	114	109	5	4.4%	underspend
Administrative Costs	251	75	64	11	14.7%	underspend
Payments to Other Bodies	4,277	(68)	(68)	-	0.0%	breakeven
Capital Charges	1,404	-	-	-	0.0%	breakeven
Gross Expenditure	**78,194**	**13,804**	**13,804**	**-**	**0.0%**	**breakeven**
Income	**(22,615)**	**(2,788)**	**(2,788)**	-	0.0%	breakeven
NET EXPENDITURE	**55,579**	**11,016**	**11,016**	**-**	**0.00%**	**breakeven**

Position to 26th June is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Client Group	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Older People	35,950	6,493	6,532	(39)	-0.6%	overspend
Physical or Sensory Difficulties	5,102	805	819	(14)	-1.7%	overspend
Learning Difficulties	12,654	2,656	2,544	112	4.2%	underspend
Mental Health Needs	921	564	592	(28)	-5.0%	overspend
Addiction Services	952	209	240	(31)	-14.8%	overspend
Integrated Care Fund	-	289	289	-	0.0%	breakeven
NET EXPENDITURE	**55,579**	**11,016**	**11,016**	**-**	**0.00%**	**breakeven**

Position to 26th June is a breakeven of **£0** **0.00%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

Health Revenue Budget Position
1st April 2015 to 30th June 2015

Subjective Heading	Annual Budget	Year to Date Budget	Actual to Date	Variance		
	£000's	£000's	£000's	£000's	%	
Employee Costs	42,080	10,513	10,438	75	0.7%	underspend
Property Costs	781	143	120	23	16.1%	underspend
Supplies and Services	10,008	1,539	1,547	(8)	-0.5%	overspend
Purchase of Healthcare	44	11	16	(5)	-45.5%	overspend
Resource Transfer	16,590	4,148	4,148	-	0.0%	breakeven
Family Health Services	77,562	18,916	18,913	3	0.0%	underspend
Savings	(298)	(75)	-	(75)	100.0%	overspend
Capital Charges	1,573	393	393	-	0.0%	breakeven
Gross Expenditure	**148,340**	**35,588**	**35,575**	**13**	**0.0%**	**underspend**
Income	**(4,348)**	**(1,455)**	**(1,455)**	-	0.0%	breakeven
NET EXPENDITURE	**143,992**	**34,133**	**34,120**	**13**	**0.04%**	**underspend**

Position to 30th June is an underspend of **£13k** **0.04%**
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Position to 30th June is an underspend of **£13k** **0.04%**
Anticipated Year End Budget Position is a breakeven of **£0** **0.00%**

To: **Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Senior Management Structure for Renfrewshire's Health and Social Care Partnership**

1. Summary

1.1. The purpose of this report is to seek approval to implement a senior management structure (as detailed in Appendix 1: Proposed RHSCP Senior Management Structure) for the new Renfrewshire Health and Social Care Partnership (RHSCP). The structure will provide the required arrangements for the effective and proper delivery of the Integration Joint Board's delegated functions, in line with the The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act).

2. Recommendation

Members of the Integration Joint Board are asked to:

2.1. approve the proposed RHSCP senior management structure as detailed at Appendix 1: Proposed RHSCP Senior Management Structure, and agree to the Chief Officer implementing the new structures in consultation with the Chair of the Integrated Joint Board by 1 April 2016.

2.2. note that the proposed Clinical and Care Governance arrangements will ensure sufficient professional oversight for services provided through the proposed RHSCP management structure.

2.3. note that a review of the proposed structure will be carried out after the first year of operation to review its effectiveness and any further changes will be reported to the Integration Joint Board, as necessary, by the Chief Officer.

2.4. note the Chief Officer Designate's planned interim management arrangements until the RHSCP structure is in place.

3. Background

Remit of Chief Officer Designate

3.1. In Early 2015, Renfrewshire Council and NHS Greater Glasgow and Clyde appointed a Chief Officer Designate, ahead of the formal creation of the Integration Joint Board, with a view to this appointment being ratified by the Integration Joint Board at its inaugural meeting.

3.2. In January 2015, David Leese, the former Director of the Renfrewshire Community Health Partnership (CHP), was appointed Chief Officer Designate.

3.3. The Chief Officer Designate has delegated responsibility to progress the following areas on behalf of the parent organisations:

3.3.1. prepare for the practical development and implementation of integrated working arrangements including the development and approval of Renfrewshire's Integration Scheme; the establishment of the Integration Joint Board (IJB) and to oversee the work required to meet the key legislative requirements set out in the Act and Renfrewshire's Integration Scheme

3.3.2. establish a shadow RHSCP with strategic and operational responsibility for both adult social work (previously part of the Council's Social Work Service) and all health services (previously within the Renfrewshire CHP).

3.3.3. develop, in consultation with the Chief Executives of the parent organisations, a proposed management structure for the RHSCP which will provide the required arrangements for the effective and proper delivery of the Integration Joint Board's delegated functions, in line with The Public Bodies (Joint Working) (Scotland) Act (the Act).

3.3.4. to work with the Chief Social Work Officer to ensure that the design of the proposed RHSCP management structure allows him, in his statutory role, to have the appropriate seniority and oversight of social work functions.

Shadow RHSCP Senior Management Arrangements

3.4. Since April 2015, the Chief Officer Designate has worked with the Chief Executives of Renfrewshire Council and NHS GGC to establish a shadow RHSCP.

3.5. The current shadow Partnership's senior mangement team comprises

- Chief Finance Officer Designate
- Head of Adult Social Work Services (Council post / 'Acting' until 30 September 2015)
- Head of Mental Health, Addictions and Learning Disabilities (NHS post)

- Head of Primary Care and Community Services (NHS post)
- Head of Planning, Performance and Health Improvement (NHS post)
- Head of NHS Adminstration (NHS post)
- Clinical Director (NHS post)
- Senior Professional Nurse Advisor (NHS post / one year temporary position running from 5 October 2015)

3.6. In addition to a Chief Officer, the legislation requires the Integration Joint Board to appoint a Chief Finance Officer. In May 2015, Sarah Lavers, former Social Work Finance Manager was appointed as Chief Finance Officer Designate. As with the Chief Officer position, as it is legally established, the Integration Joint Board is being asked to ratify this appointment at this meeting, and this is subject to a separate report. As Chief Finance Officer Designate, Sarah has been delegated responsibility by the parent organisations to support the Chief Officer Designate to put in place appropriate finance governance and assurance arrangements for the new Integration Joint Board.

3.7. The Head of Adult Social Work Services post is currently filled on an 'acting' basis until September 2015. The Chief Officer Designate is currently seeking Council approval to extend this post until March 2016 to provide sufficient time to agree and implement a new RHSCP management structure.

3.8. On establishing the shadow RHSCP, it was agreed that the Learning Disabilities service, which was previously jointly managed by the Head of Adult Social Work Service and the Head of Primary Care and Community Services, would be better aligned with Mental Health and Addictions Services. This service was added to the remit of the Head of Mental Health and Addictions Services from 1 April 2015.

3.9. The Head of Primary Care and Community Services post is due to become vacant from 31 October 2015 and a recuitment process is now underway to fill this position on an interim basis up to 31 March 2016.

3.10. A Senior Professional Nurse Advisor has been seconded on a twelve month basis from 5 October 2015. This will provide time for the Chief Officer Designate to consider how this role can best be taken forward within the new RHSCP management structure.

3.11. Additional support services resources are currently provided from both the Council and NHS GGC to assist the Chief Officer Designate and support his shadow management team. These services include:

- Strategic Communications
- Human Resources (HR)
- Organisational Development
- Legal Services
- Adminstration
- Programme Management

- Policy and Performance including Strategic Commissioning
- Procurement

3.12. Under the shadow arrangements, the Chief Social Work Officer, Peter McLeod, who is Renfrewshire Council's Director of Children's Services, continues to have a key role providing professional advice to Elected Members and the Chief Officer Designate on social work matters. He also must ensure there are robust governance arrangements in place to allow continuing oversight and involvement for the social work functions which will be delegated to the new Integration Joint Board.

Proposed Senior Management Structure for the RHSCP

3.13. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires all prescribed adult social care and health functions to be delegated to the Integration Joint Board by 1 April 2016 by NHS Greater Glasgow and Clyde and Renfrewshire Council.

3.14. Once ratified, the Chief Officer's role will be to provide a point of joint accountability to the Integration Joint Board for the performance of these functions delegated to it, and to the chief executives of NHS Greater Glasgow and Clyde and Renfrewshire Council in respect of the functions delegated by their respective organisations.

3.15. The Chief Officer Designate has been working with senior managers within the NHS and the Council to develop proposals for a management structure which will provide the required arrangements for the effective and proper delivery of all of the new Partnership's delegated functions.

3.16. The proposed management structure for the RHSCP going forward is set out in Appendix 1: Proposed RHSCP Senior Management Structure. This new joint management structure will provide leadership within sectors (i.e. geographical areas) to ensure we build and develop the relationships, collaborations and joint working between individuals, teams and services to optimise the benefits of bringing health and social care services together. The new Head of Community Service posts will work in close partnership with the Head of Mental Health, Addictions and Learning Disabilities to optimise how all our services connect and work together. The geographical focus of these new posts will also complement the future locality approach that the HSCP will develop as part of its strategic planning process and is consistent with the Scottish Government guidance on delivering for localities

Chief Finance Officer

3.17. Once ratified by the Integration Joint Board, the Chief Finance Officer will sit within the RHSCP senior management structure, working closely with the Director of Finance and Resources, Renfrewshire Council and the Director of Finance at NHS GCC. The Chief Finance Officer will act as the Section 95 Officer for the RHSCP and be the accountable officer for the financial

adminstration and performance of the services delegated to the Integration Joint Board.

Operational Management

3.18. The proposed structure will create two new Heads of Community Services

Head of Community Services – Paisley
Head of Community Services – West Renfrewshire

3.19. The new Head of Community Services posts combine responsibility for community based health and social work services focused within a geographical area, and will replace the two existing single agency management posts of Head of Adult Social Work Services and Head of Primary Care and Community Services.

3.20. This proposed change has been influenced by a number of factors including:

- an area based model for the management of community based health and social care services will facilitate building collaborative, cross functional relationships;
- provides an organistional and operational arrangement which will optimise joint and integrated working with mental health, addictions and learning diability services;
- operational alignment will complement any future locality model. The RHSCP has a requirement, in terms of legislation, to introduce at least two localities and associated locality planning;
- many health and adult social care teams are already grouped within these geographical areas;
- provides a clear basis for building joint and collaborative working with GP practices and other NHS contractor services such as community pharnacists;
- provides a clear basis for other services and activities to be better aligned within the HSCP - these include health promotion, advice and improvement activities, organisational development activities, pharmacy advice, links and joint working with housing, children's services, employment services;
- facilitates financial planning as per the Scottish Government localities guidance.

3.21. To ensure the required social care professional input, it will be essential for one of the Heads of Community Services to have experience working at a senior level within social work and have a social work qualification. Service Managers will be aligned to each of the Head of Community Service posts based on their area of responsibilities.

Head of Strategic Planning and Health Improvement

3.22. There will be a minor change to the Head of Planning, Performance and Health Improvement's job title. This post will now be titled Head of Strategic Planning and Health Improvment to reflect its key role working with the Integration Joint Board to develop to deliver its Strategic Plan.

Support Services

3.23. It is proposed that a Head of People and Change (HR) post will be established and filled to ensure the Chief Officer has appropriate advice and support on NHS human resource matters. The Council will ensure that the Chief Officer has appropriate support on HR matters relating to Council employed staff within the Partnership

3.24. It is recognised that the RHSCP will continue to rely on the provision of additional support services, such as legal, procurement, from both parent organisations. A paper setting out the proposed arrangements for these services will be submitted for consideration and approval to a future meeting of the Integration Joint Board.

Clinical and Care Clinical governance

3.25. The Act does not change the current regulatory framework within which health and social care professionals work, or the established professional accountabilities that are currently in place within the NHS and Council. As such, the Clinical Director, Lead Clinicians, service specific Professional Leads and the Senior Professional Nurse Advisor will continue to be members of the RHSCP management team with a clear role to ensure clinical, nursing and allied health professional leadership, advice and support.

3.26. In line with the Act, a RHSCP Quality, Care, and Professional Governance Framework has been drafted, which is the subject of a separate paper for Integration Joint Board's consideration and approval.

Chief Social Work Officer

3.27. The revised structure recognises that the role of the Chief Social Work Officer will not be embedded in the integrated senior management structure of the RHSCP but will provide professional governance. The Chief Social Work Officer, Peter Macleod, Director of Renfrewshire Council's Childrens Services has been consulted on the proposed structure and has agreed with the Chief Officer Designate appropriate Clinical and Care Governance arrangements to allow him sufficient professional oversight for social work services provided by the RHSCP. These governance arrangments will be set out in the aforementioned RHSCP Quality, Care, and Professional Governance Framework, which will be subject to Integration Joint Board's approval and will

be further developed, embedded and monitored as the new organsation becomes established

3.28. The professional governance links between the Chief Social Work Officer and the RHSCP are set out in Appendix 1: Proposed RHSCP Senior Management Structure.

Recuitment Process

3.29. An appointment process has been developed in line with the principles of the organisational change arrangements applicable to the parent organisations, whereby restricted competitive interviews are proposed when direct 'matching' cannot be applied.

3.30. The proposed structure has been subject to consultation and discussions with a range of stakeholders in particular staff and Trades Unions.

Implications of the Report

1. **Financial -** none

2. **HR & Organisational Development –** HR and Trade Unions consultations has taken place as referenced in the report. There will be an investment in Organisational Development to enable these structures to operate effectively.

3. **Community Planning –** the RHSCP is a key partner within the Renfrewshire Community Planning Partnership.

4. **Legal –** to be in line with The Public Bodies (Joint Working) (Scotland) Act

5. **Property/Assets -** none

6. **Information Technology –** none

7. **Equality and Human Rights -** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.

8. **Procurement Implications -** none

9. **Privacy Impact -** none

10. **Risk Implications** – all organisational operational risks will be reflected and monitored in the Integration Joint Board risk register

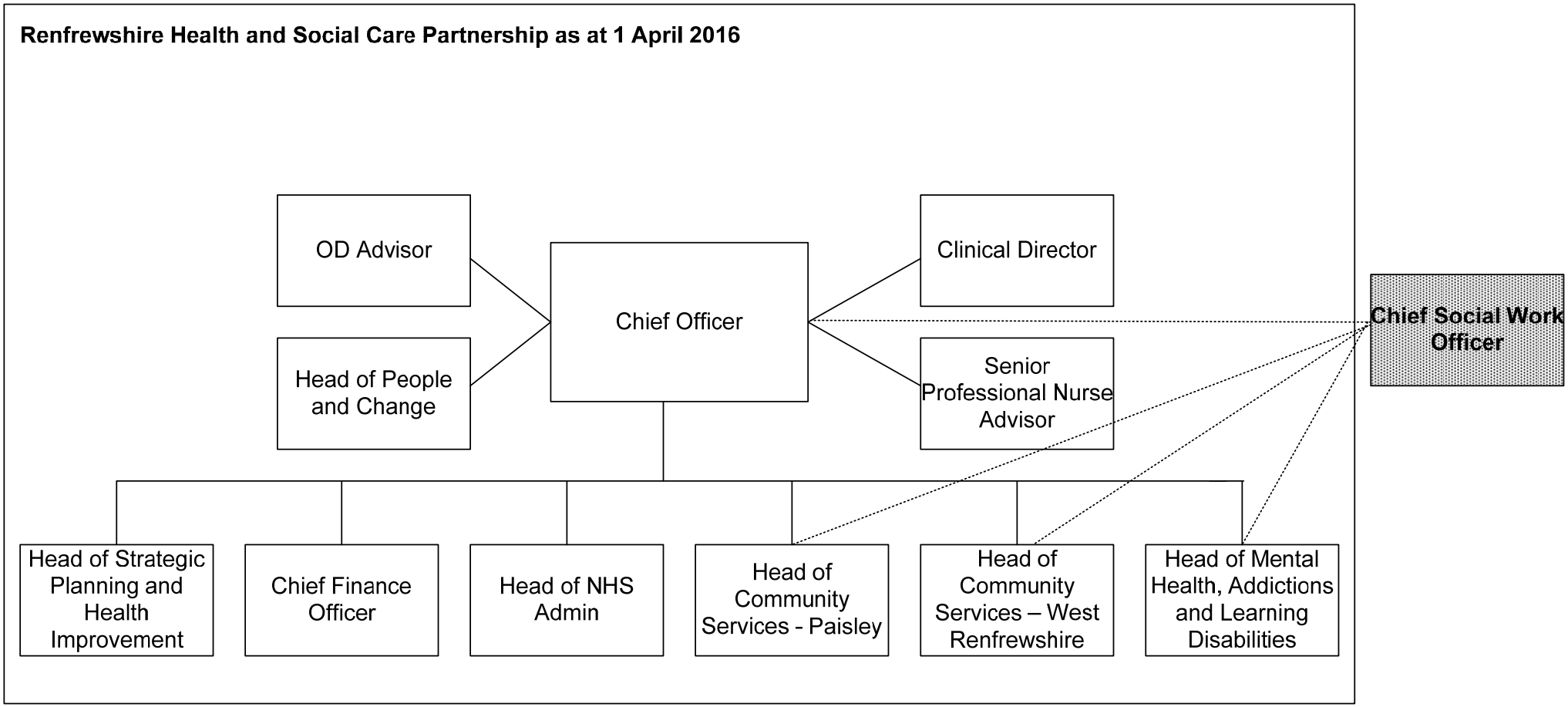
11. **Privacy Impact –** None.

List of Background Papers –

Scottish Government Localities Guidance -**http://www.gov.scot/Publications/2015/07/5055**

Author: Frances Burns, Programme Manager, Health and Social Care Integration

Appendix 1 – proposed new structure



Item 10

To: Integration Joint Board

On: 18 September, 2015

Report by: Joint Report by Chief Officer, Renfrewshire Health & Social Care Partnership and Director of Finance & Resources, Renfrewshire Council

Heading: **Access to Meetings and Meeting Documents**

1. Summary

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 received Royal Assent on 1st April 2014 and requires Health Boards and Councils to integrate certain prescribed adult health and social care services. The Council and NHS Greater Glasgow and Clyde Board have agreed the integration model for Renfrewshire shall be the delegation of functions, as of 1 April 2016, to a body corporate known as an Integration Joint Board (IJB) which will assume responsibility for the planning and delivery of integrated services.

1.2 Renfrewshire Council at its meeting held on 26th February, 2015 agreed to recommend "that the Integration Joint Board papers and agendas shall be published and circulated in 'real time' in order to inform service users, elected members and their constituents."

1.3 The IJB is not a statutory committee in terms of the Local Government (Scotland) Act 1973 and accordingly, unlike the Council, does not require to comply with the access to information requirements of that legislation. However, as a matter of good practice, it is considered appropriate that there is agreement on (a) access to and handling of information; (b) access to meetings; and (c) the availability of agendas, reports and minutes on the Council's and Health Board's websites.

1.4 In addition, IJBs have been designated as public authorities by the Freedom of Information (Scotland) Act 2002 (Scottish Public Authorities) Amendment Order 2014. The Freedom of Information

(Scotland) Act 2002 (FOISA) provides a statutory right of access to all information held by Scottish public authorities, regardless of how old this is. Effectively, this legislation provides the public with a 'right to know', although FOISA does attempt to strike a balance with the protection of information which should properly remain confidential. Anyone, anywhere, can exercise their rights under FOISA. They need not tell the public authority why they want the information.

1.5 There are some absolute exemptions from this right of access, for example concerning national security or personal information. However, the exemptions are fairly narrow. Most are not absolute, and are often subject to a harm and a public interest test.

1.6 In terms of FOISA, the IJB is required to develop a Publication Scheme, outlining classes of information which it will make publicly available. A report will be submitted to a future meeting seeking approval of the Publication Scheme

1.7 Given that information held by the IJB is subject to FOISA, it is appropriate that the same procedures which apply to access to meetings and documents of meetings of the Council and its Boards in terms of the access to information provision of the Local Government (Scotland) Act 1973, as set out in Part IIIA and Schedule 7A of the Act, are applied to the IJB Board. It should be noted that in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 the agendas and minutes of the IJB will be published on the Council's and Health Board's website five clear days prior to the meeting. This will be reflected in the Publication Scheme.

1.8 A proposed template for reports to the Joint Board is appended to this report.

1.9 It should be noted that there is no automatic freedom of information exemption for reports which are exempt under the access to information provisions of the Local Government (Scotland) Act 1973. However, a number of the exemptions are similar.

1.10 The Integration Scheme provides that the Health Board and the Council work together to agree an information sharing accord and specific procedures for the sharing of information in relation to integrated services. The accord and procedures will be developed from existing information sharing and data handling arrangements. Should it be considered that there is a requirement for specific data sharing arrangements to be put in place for members of the IJB, this will be reported to the IJB in due course.

2. Recommendations

2.1 That the same procedures, as appropriate, which apply to access to meetings and to documents of meetings of the Council and its Boards in terms of the access to information provisions of the Local Government (Scotland) Act 1973 as set out in Part IIIA and Schedule 7A of the Act, are applied to the IJB;

2.2 That it be noted that in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 the agendas and minutes of the IJB will be published on the Council's and Health Board's website five clear days prior to the meeting.

2.3 That the proposed template for reports to the Board as appended hereto be approved.

2.4 That a report be submitted to a future meeting seeking approval of a Publication Scheme for the IJB.

Implications of the Report

1. **Financial** – none.
2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – Publication of agendas and reports will ensure compliance with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers – none

Author: Lilian Belshaw, Democratic Services Manager
(tel: 0141 618 7112/email: lilian.belshaw@renfrewshire.gcsx.gov.uk)

To:

On:

Report by:

Heading:

1. Summary

1.1.

1.2.

2. Recommendation

2.1.

2.2.

3. Background

3.1.

3.2.

Implications of the Report

1. Financial -

2. HR & Organisational Development -

3. Community Planning -

4. Legal -

5. Property/Assets -

6. Information Technology -

7. **Equality & Human Rights -** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety -**

9. **Procurement -**

10. **Risk -**

11. **Privacy Impact -**

List of Background Papers –

Author

Item 11

To: **Integration Joint Board**

On: **18 September, 2015**

Report by: Joint Report by Chief Officer, Renfrewshire Health & Social Care Partnership and Director of Finance & Resources, Renfrewshire Council

Heading: **Proposed Dates of Future Meetings of the Joint Board**

1. Summary

1.1 It is proposed that the Joint Board consider its timetable of future meeting dates based on five meetings per annum.

1.2 The suggested dates are set out below, with meetings being held on Fridays and starting at 9.30 am.

20 November, 2015
15 January, 2016
18 March, 2016
17 June, 2016

1.3 A further report will be presented to the Joint Board in due course to agree meetings post June, 2016.

2 Recommendations

2.1 That the Joint Board approves its timetable of future meeting dates as detailed in paragraph 1.2; and

2.2 That a report be submitted to a future meeting with proposed dates beyond June, 2016.

Implications of the Report

1. **Financial** – none.

2. **HR & Organisational Development** – none.
3. **Community Planning** – none.
4. **Legal** – none
5. **Property/Assets** – none.
6. **Information Technology** – none.
7. **Equality & Human Rights** - The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GC&C website.
8. **Health & Safety** – none.
9. **Procurement** – none.
10. **Risk** – none.
11. **Privacy Impact** – none.

List of Background Papers – none

Author: Lilian Belshaw, Democratic Services Manager
(tel: 0141 618 7112/email: lilian.belshaw@renfrewshire.gcsx.gov.uk)

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Internal and External Audit Arrangements**

1. Summary

1.1. Previous reports to the shadow Integration Joint Board have highlighted that the national Integrated Resources Advisory Group (IRAG) was established to consider and develop professional guidance in relation to the financial implications of .formally integrating health and social care services in terms of the Public Bodies (Joint Working) Act 2014.

1.2. IRAG has made a number of key recommendations, including the requirement for each Integration Joint Board to put in place systems to establish good financial governance arrangements, including proportionate internal audit arrangements

1.3. This report sets out recommendations in relation to the practical implementation of the IRAG national guidance insofar as it relates to internal and external audit matters.

2. Recommendation

That Integration Joint Board members:

a) Agree that the Chief Internal Auditor for Renfrewshire Council will take on the role of Chief Internal Auditor for the IJB

b) Note that terms of reference and standing orders for an IJB audit committee will be brought to its meeting on 20 November 2015 for consideration.

c) Note that an internal audit plan for the IJB for 2016/17 will be brought by the chief internal auditor to the IJB for approval at a future meeting

d) Note that the Accounts Commission will appoint the external auditors to the IJB.

3. Background

Internal Audit

3.1 The national Integrated Resources Advisory Group (IRAG), bringing together a range of finance professional and other stakeholder expertise, was established by Scottish Government to develop national financial guidance to support the formal integration of health and social care services.

3.2 The IRAG guidance states that it is the responsibility of the Integration Joint Board to establish proportionate internal audit arrangements for the review of the adequacy of the arrangements for risk management, governance and control of integrated resources. This includes determining who will provide the internal audit service for the IJB and nominating a Chief Internal Auditor.

3.3 It is recommended by IRAG that the internal audit service is provided by the by one of the internal audit teams from the Health Board or Local Authority. The legal status of the IJB is a local authority body, and its financial transactions will be recorded in the financial systems of the Local Authority. It is therefore proposed that the internal audit service for the IJB is provided by Renfrewshire Council's Chief Internal Auditor. This proposal has the agreement of NHSGG&C Health Board's Director of Finance for all Partnerships within the NHS Board area.

3.4 The IRAG guidance recommends that the IJB should have a risk based internal audit plan. This should be developed by the Chief Internal Auditor and cover risks associated with the arrangements set out in para 3.2 above. This plan must be agreed by the IJB on or before the beginning of the financial year. The IRAG guidance clarifies that the operational delivery of services within the Health Board and Local Authority on behalf of the IJB will be covered by their respective internal audit arrangements as at present.

Audit Committee

3.5 The Integration Joint Board should make appropriate and proportionate arrangements for consideration of the audit provision and annual financial statements which are compliant with regulations and good practice governance standards in the public sector. There is an expectation that there will be an Audit Committee established to fulfil this role. While it had been intended to bring proposals for the local implementation of an audit committee, it is clear that there is a range of varying audit committee arrangements being put in place across the country, some of which have a

wider remit than that contained in the national guidance. For that reason, it is considered appropriate to take stock of the developing national picture and bring a report back to the next meeting of the IJB in November 2015 with a recommended approach for Renfrewshire.

External Audit

3.6 As a separate legal entity the IJB will be subject to external audit. The Accounts Commission will appoint the external auditors to the IJB. The expectation currently is that this will be Audit Scotland.

Implications of the Report

1. **Financial –** the appointment of a chief internal auditor is one of the key components of good financial governance. There are no additional costs associated with the apoointment of Renfrewshire's chief internal ausitor to this role.

2. **HR & Organisational Development** – the report recommends the that Renfrewshire Council's chief internal auditor is appointed as chief internal auditor to the IJB in addition to her substantive role.

3. **Community Planning** - n/a

4. **Legal –** These governance arrangements support the implementation of the provisions of the Public Bodies (Joint Working) (Scotland) Act 2014 and are in line with national guidance

5. **Property/Assets –** n/a

6. **Information Technology –** n/a

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** n/a

9. **Procurement** – n/a

10. **Risk** – n/a

11. **Privacy Impact** – n/a.

List of Background Papers – none

Author: Anne McMillan, Head of Resources 0141 618 6826

Item 13

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Risk Management Policy & Strategy**

1. Summary

1.1. The Integration Scheme for the Integration Joint Board (IJB) stated that the risk management policy and strategy and the list of risks to be reported would be developed during the shadow period and an initial draft submitted for consideration and approval by the IJB within three months of the IJB's establishment.

1.2. This paper presents the Risk Management Policy and Strategy to the Integration Joint Board for approval, along with the initial list of high level risks for consideration and approval.

1.3. At this time, NHS GGC is going through an approval process for its revised Risk Management Strategy (due to be completed at the end of September 2015). The IJB's Risk Management Policy and Strategy may require to be revisited to take account of any material changes in the NHS GGC document. Nevertheless the approval of the IJB's Risk Management Policy and Strategy is sought now to ensure that the IJB complies with timescales outlined in the Integration Scheme.

2. Recommendation

2.1. It is recommended that the Integration Joint Board approves the Risk Management Policy and Strategy attached in Appendix 1.

2.2. It is recommended that the Integration Joint Board agrees the initial high level risks identified with regards to the establishment and implementation of the Integration Joint Board (Appendix 2).

3. Background

3.1. As reported to the IJB in June 2015, a template or 'specimen' Risk Management Policy and Strategy had been developed in collaboration with Health and Local Authority colleagues across the NHS Board area that would be tailored to reflect circumstances in each Partnership.

3.2. The work to tailor the risk management arrangements for Renfrewshire was completed over the past two months and the resulting combined Risk Management Policy and Strategy is attached at Appendix 1.

3.3. The key messages from the policy are:

3.3.1. Good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

3.3.2. The IJBshould seek to promote an environment that is risk 'aware' and that strives to place risk management information at the heart of key decisions.

3.4. The key messages from the strategy and the arrangements are:

3.4.1. Strategic risks will represent the potential for IJB to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan.

3.4.2. Operational risks will represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders.

3.4.3. All risks will be analysed consistently with an evaluation of risk as being low, moderate, high or very high.

3.4.4. Risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

3.4.5. Reporting of strategic risks and key operational risks to the IJB on a six monthly basis (beginning of financial year and a mid year update).

3.4.6. Roles and responsibilities are clearly defined, in particular for the Board, the Chief Officer, the Chief Financial Officer and the Senior Leadership Group (section 5).

3.5. In relation to specific risks requiring to be managed, Appendix 2 provides information (extracted from the risk register) with regards to the initial list of key

risk areas for consideration and a description of the approach being taken to address these.

3.6. The list provided in Appendix 2 demonstrates a targeted focus on:

3.6.1. *programme management* with regards to delivering on legal requirements and commitments arising from the the Public Bodies (Joint Working) (Scotland) Act and supporting Regulations, the Integration Scheme, Scottish Government guidance and established governance arrangements for parent bodies.

3.6.2. *organisational development* to enable informed decisions to be made by the Integration Joint Board.

3.6.3. *readiness* for full implementation of all operational arrangements due to be in place for the delegation of all relevant functions by 1 April 2016.

3.7. Moving forward, and in keeping with the Risk Management Policy and Strategy, the Chief Officer will ensure the HSCP Senior Leadership Group will individually and jointly regularly review risk, ensuring that more detailed financial, workforce and operational risks are identified and as the Partnership becomes fully operational and mature, risk registers are dynamic, with risk information reported appropriately to relevant stakeholders.

3.8. The Senior Leadership Group will participate in a risk management workshop that is presently being arranged to facilitate the identification of the key risks going forward from April 2016.

3.9. It should be noted that a key feature of future risk management reports to the IJB will be the identification and reporting of risks that relate to the outcomes of the Strategic Plan, once the Plan is agreed and operational.

Implications of the Report

1. **Financial -** There are no financial implications arising from the submission of this paper. It is anticipated that costs associated with the management of individual risks will be met through service budgets. Where additional funding is required in the management of specific risks this should be considered by the Chief Financial Officer on a case by case basis.

2. **HR & Organisational Development -** There are no HR & OD implications arising from the submission of this paper

3. **Community Planning -** There are no Community Planning implications arising from the submission of this paper

4. **Legal -** There approval of the Risk Management Policy and Strategy and initial list of risks is in line with the requirements of the Integration Scheme.

5. **Property/Assets -** There are no property/ asset implications arising from the submission of this paper.

6. **Information Technology -** There are no ICT implications arising from the submission of this paper.

7. **Equality and Human Rights -**The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report

8. **Procurement Implications -** There are no procurement implications arising from the submission of this paper.

9. **Privacy Impact -** There are no privacy implications arising from the submission of this paper.

10. **Risk** – none.

11. **Risk Implications –** As per the subject content of this paper

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List of Background Papers – None.

Authors:

Jean Still, Head of NHS Administration,Renfrewshire Health & Social Care Partnership

Karen Locke, Risk Manager, Renfrewshire Council

Appendix 1

Renfrewshire Integration Joint Board

Renfrewshire

Health and Social Care Partnership

Risk Management Policy and Strategy

CONTENTS

Policy – the risk management approach

1.1 Renfrewshire Integration Joint Board is committed to a culture where its workforce is encouraged to develop new initiatives, improve performance and achieve goals safely, effectively and efficiently by appropriate application of good risk management practice.

1.2 In doing so the Joint Board aims to provide safe and effective care and treatment for patients and clients, and a safe environment for everyone working within the Joint Board and others who interact with the services delivered under the direction of the Joint Board.

1.3 The Integration Joint Board believes that appropriate application of good risk management will prevent or mitigate the effects of loss or harm and will increase success in the delivery of better clinical and financial outcomes, objectives, achievement of targets and fewer unexpected problems.

Key benefits of effective risk management:

- appropriate, defensible, timeous and best value decisions are made;
- risk 'aware' not risk 'averse' decisions are based on a balanced appraisal of risk and enable acceptance of certain risks in order to achieve a particular goal or reward;
- high achievement of objectives and targets;
- high levels of morale and productivity;
- better use and prioritisation of resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation; and
- a positive reputation established for the Joint Board.

1.4 The Joint Board purposefully seeks to promote an environment that is risk 'aware' and strives to place risk management information at the heart of key decisions. This means that the Joint Board can take an effective approach to managing risk in a way that both address significant challenges and enable positive outcomes.

1.5 In normal circumstances the Joint Board's tolerance for risk is as follows:

- any low risk is acceptable without any further action to prevent or mitigate the risk;
- any moderate risk is tolerable - control measures implemented or introduced must be cost effective;
- any high risk may be tolerable - providing the Joint Board is assured regarding the adequacy and effectiveness of the control measures in place. Any further control measures implemented or introduced must be cost effective in relation to the high risk;
- any very high risk is deemed to be unacceptable and measures should be taken to terminate, transfer or treat a very high risk to a more tolerable position.

This can be seen clearly in the matrix to the right:

Likeli-hood	Consequent Impact 1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

In exceptional circumstances a combination of factors may converge to produce a very high risk, for which the Joint board may have limited control (such as demographic change and financial pressures). Recognising this scenario, and taking on board the inherent level of risk experienced in some service areas, the Joint Board would expect that while it may have the capacity to deal with some very high risk, it would not wish to tolerate any more than two very high risks at any given time.

1.6 The Joint Board promotes the pursuit of opportunities that will benefit the delivery of the Strategic Plan. Opportunity-related risk must be carefully evaluated in the context of the anticipated benefits for patients, clients and the Joint Board.

1.7 The Joint Board will receive assurance reports (internal and external) not only on the adequacy but also the effectiveness of its risk management arrangements and will consequently value the contribution that risk management makes to the wider governance arrangements of the Joint Board.

1.8 The Joint Board, through the following risk management strategy, has established a Risk Management Framework, (which covers risk policy, procedure, process, systems, risk management roles and responsibilities).

Strategy - Implementing the policy

1. Introduction

1.1 The primary objectives of this strategy will be to:

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

1.2 This strategy takes a positive and holistic approach to risk management. The scope applies to all risks, whether relating to the clinical and care environment, employee safety and wellbeing, business risk, opportunities or threats.

1.3 **Strategic risks** represent the potential for the Integration Joint Board (IJB) to achieve (opportunity) or fail to meet (threat) its desired outcomes and objectives as set out within the Strategic Plan, and typically these risks require strategic leadership in the development of activities and application of controls to manage the risk.

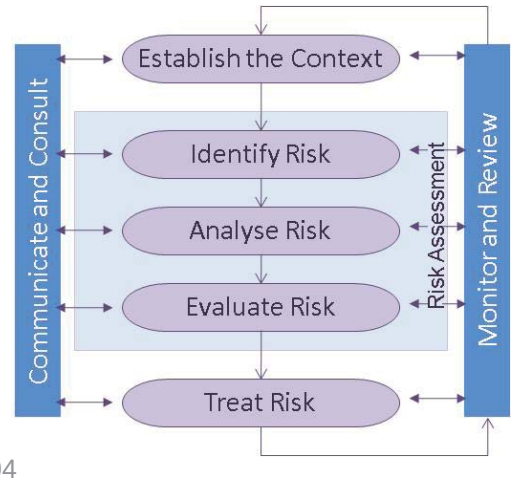
1.4 **Operational risks** represent the potential for impact (opportunity or threat) within or arising from the activities of an individual service area or team operating within the scope of the Joint Board's activities. Parent bodies will retain responsibility for managing operational risks as operational risks will be more 'front-line' in nature and the development of activities and controls to respond to these risks can be led by local managers and team leaders. Where a number of operational risks impact across multiple service areas or, because of interdependencies, require more strategic leadership, then these can be proposed for escalation to 'strategic risk' status for the IJB.

1.5 All risks will be analysed consistently with an evaluation of risk as being low, moderate, high or very high.

1.6 This document represents the risk management framework to be implemented across the Joint Board and will contribute to the Joint Board's wider governance arrangements.

2. Risk management process

2.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst also proactively identifying and managing adverse effects[1] It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role in ensuring that defensible and beneficial decisions are made.



2.2 The IJB embeds risk management practice by consistent application of the risk management process shown in the

[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

diagram on the right, across all areas of service delivery and business activities.

3. Application of good risk management across the IJB activities

3.1 Standard procedures (3.1.1 – 3.1.10) will be implemented across all areas of activity that are under the direction of the IJB in order to achieve consistent and effective implementation of good risk management.

3.1.1 Full implementation of the risk management process. This means that risk management information should (wherever possible) be used to guide major decisions in the same way that cost and benefit analysis is used.

3.1.2 Identification of risk using standard methodologies, and involving subject experts who have knowledge and experience of the activity or process under consideration.

3.1.3 Categorisation of risk under the headings below:

- Strategic Risks: such as risks that may arise from Political, Economical, Social, Technological, Legislative and Environmental factors that impact on the delivery of the Strategic Plan outcomes.
- Operational Risks: such as risks that may arise from or impact on Clinical Care and Treatment, Social Care and Treatment, Customer Service, Employee Health, Safety & Well-being, Business Continuity/ Supply Chain, Information Security and Asset Management.

3.1.4 Appropriate ownership of risk. Specific risks will be owned by/ assigned to whoever is best placed to manage the risk and oversee the development of any new risk controls required.

3.1.5 Consistent application of the agreed risk matrix to analyse risk in terms of likelihood of occurrence and potential impact, taking into account the effectiveness of risk control measures in place. The risk matrix to be used is attached in Appendix 1.

3.1.6 Consistent response to risk that is proportionate to the level of risk. This means that risk may be terminated; transferred elsewhere (ie to another partner or third party); tolerated as it is; or, treated with cost effective measures to bring it to a level where it is acceptable or tolerable for the Joint Board in keeping with its appetite/ tolerance for risk. In the case of opportunities, the Joint Board may 'take' an informed risk in terms of tolerating it if the opportunity is judged to be (1) worthwhile pursuing and (2) the Joint Board is confident in its ability to achieve the benefits and manage/ contain the associated risk.

3.1.7 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations, informed decision-making in relation to prioritising resources and ease of access to information for risk reporting.

3.1.8 Reporting of strategic risks and key operational risks to the IJB on a six monthly basis (beginning of financial year and a mid year update).

3.1.9 Operation of a procedure for movement of risks between strategic and operational risk registers that will be facilitated by the Senior Leadership Group.

3.1.10 Routine reporting of risk information within and across teams and a commitment to a 'lessons learned' culture that seeks to learn from both good and poor experience in order to replicate good practice and reduce adverse events and associated complaints and claims.

Realising the risk management vision

4. Risk management vision and measures of success

Appropriate and effective risk management practice will be embraced throughout the Integration Joint Board as an enabler of success, whether delivering better outcomes for the people of Renfrewshire, protecting the health, safety and well-being of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.

4.1 In working towards this risk management vision the Joint Board aims to demonstrate a level of maturity where risk management is embedded and integrated in the decision making and operations of the IJB.

4.2 The measures of success for this vision will be:

- *good financial outcomes for the Joint Board*
- *successful delivery of the strategic plan, objectives and targets*
- *successful outcomes from external scrutiny*
- *fewer unexpected/ unanticipated problems*
- *fewer incidents/ accidents/ complaints*
- *fewer claims/ less litigation*

Risk leadership and accountability

5. Governance, roles and responsibilities

5.1 Integration Joint Board

Members of the Integration Joint Board are responsible for:

- oversight of the IJB's risk management arrangements;
- receipt and review of reports on strategic risks and any key operational risks that require to be brought to the IJB's attention; and,
- ensuring they are aware of any risks linked to recommendations from the Chief Officer concerning new priorities/ policies and the like *(The 'risk implications' section on relevant board papers can facilitate this)*.

5.2 Chief Officer

The Chief Officer has overall accountability for the IJB's risk management framework, ensuring that suitable and effective arrangements are in place to manage the risks relating to the functions within the scope of the IJB. The Chief Officer will keep the Chief Executives of the IJB's partner bodies informed of any significant existing or emerging risks that could seriously impact the IJB's ability to deliver the outcomes of the Strategic Plan or the reputation of the IJB.

5.3 Chief Financial Officer

The Chief Financial Officer will be responsible for promoting arrangements to identify and manage key business risks, risk mitigation and insurance.

5.4 Senior Leadership Group

Members of the Senior Leadership Group are responsible (either collectively, or by nominating a specific member of the team) for:

- supporting the Chief Officer and Chief Financial Officer in fulfilling their risk management responsibilities;
- arranging professional risk management support, guidance and training from partner bodies;

- receipt and review of regular risk reports on strategic, shared and key operational risks and escalating any matters of concern to the IJB; and,
- ensuring that the standard procedures set out in section three of this strategy are actively promoted across their teams and within their areas of responsibility.

5.5 Individual Risk Owners

It is the responsibility of each risk owner to ensure that:

- risks assigned to them are analysed in keeping with the agreed risk matrix;
- data on which risk evaluations are based are robust and reliable so far as possible;
- risks are defined clearly to make explicit the scope of the challenge, opportunity or hazard and the consequences that may arise;
- risk is reviewed not only in terms of likelihood and impact of occurrence, but takes account of any changes in context that may affect the risk;
- controls that are in place to manage the risk are proportionate to the context and level of risk.

5.6 All persons working under the direction of the IJB

Risk management should be integrated into daily activities with everyone involved in identifying current and potential risks where they work. Individuals have a responsibility to make every effort to be aware of situations which place them or others at risk, report identified hazards and implement safe working practices developed within their service areas. This approach requires everyone to:

- understand the risks that relate to their roles and activities;
- understand how their actions relate to their own, their patient's, their services user's/ client's and public safety;
- understand their accountability for particular risks and how they can manage them;
- understand the importance of flagging up incidents and/ or near misses to allow lessons to be learned and contribute to ongoing improvement of risk management arrangements; and,
- understand that good risk management is a key part of the IJB's culture.

5.7 Partner Bodies

It is the responsibility of relevant specialists from the partner bodies, (such as internal audit, external audit, clinical and non clinical risk managers and health and safety advisers) to attend meetings as necessary to consider the implications of risks and provide relevant advice. It is the responsibility of the partner bodies to ensure they routinely seek to identify any residual risks and liabilities they retain in relation to the activities under the direction of the IJB.

5.8 Senior Information Risk Owner

Responsibility for this specific role will remain with the individual partner bodies.

Resourcing risk management

6. Resourcing the risk management framework

6.1 Much of the work on developing and leading the ongoing implementation of the risk management framework for the Joint Board will be resourced through the Senior Leadership Group's arrangements (referred to in 5.4).

6.2 Wherever possible the IJB will ensure that any related risk management training and education costs will be kept to a minimum, with the majority of risk-related courses/ training being delivered through resources already available to the IJB (the partner body risk managers/ risk management specialists).

7. Resourcing those responsible for managing specific risks

7.1 Where risks impact on a specific partner body and new risk control measures require to be developed and funded, it is expected that the costs will be borne by that partner organisation.

7.2 Financial decisions in respect of the IJB's risk management arrangements will rest with the Chief Financial Officer.

Training, learning and development

8. Risk management training and development opportunities

8.1 To implement effectively this policy and strategy, it is essential for people to have the competence and capacity for managing risk and handling risk judgements with confidence, to focus on learning from events and past experience in relation to what has worked well or could have been managed better, and to focus on identifying malfunctioning 'systems' rather than people.

8.2 Training is important and is essential in embedding a positive risk management culture across all activities under the direction of the IJB and in developing risk management maturity. The Senior Leadership Group will regularly review risk management training and development needs and source the relevant training and development opportunities required (referred to in 5.4).

Monitoring activity and performance

9. Monitoring risk management activity

9.1 The Joint Board operates in a dynamic and challenging environment. A suitable system is required to ensure risks are monitored for change in context and scoring so that appropriate response is made.

9.2 Monitoring will include review of the IJB's risk profile at Senior Leadership Group level.

9.3 Monitoring of the risk profile will be undertaken on a quarterly basis.

9.4 It is expected that partner bodies will use IJB risk reports to keep their own organisations updated on the management of the risks, highlighting any IJB risks that might impact on the partner organisation.

10. Monitoring risk management performance

10.1 Measuring, managing and monitoring risk management performance is key to the effective delivery of key objectives.

10.2 Key risk indicators (KRIs) will be linked where appropriate to specific risks to provide assurance on the performance of certain control measures. For example, specific clinical incident data can provide assurance that risks associated with the delivery of clinical care are controlled, or, budget monitoring PIs (Performance Indicators) can provide assurance that key financial risks are under control.

10.3 The performance data linked to the Strategic Plan will also inform the identification of new risks or highlight where existing risks require more attention.

10.4 Reviewing the Joint Board's risk management arrangements on a regular basis will also constitute a 'Plan/ Do/ Study/ Act review cycle that will shape future risk management priorities and activities of the Joint Board, inform subsequent revisions of this policy and strategy and drive continuous improvement in risk management across the Joint Board.

Communicating risk management

11. Communicating, consulting on and reviewing the risk management framework

11.1 Effective communication of risk management information across the Joint Board is essential to developing a consistent and effective approach to risk management.

11.2 Copies of this policy and strategy will be widely circulated via the Senior Leadership Group and will form the basis of any risk management training arranged by the IJB.

11.3 The Policy and Strategy (version 1.0) was approved by the Integration Joint Board at its meeting of **18/09/2015**

11.4 This policy and strategy will be reviewed regularly to ensure that it reflects current standards and best practice in risk management and fully reflects the Integration Joint Board's business environment.

Appendix 2: Initial List of Current Risk Areas being Addressed

(Extract from Risk Register)

Risk Area and Risk Issue		How this is being addressed
Programme Management Delivering on legal requirements and commitments		
1.	Legal requirements and commitments as set out in the Integration Scheme	Programme of work is underway to ensure key legislative requirements set out in the Act and Integration Scheme, which must be in place by 1 April 2016.
2.	Financial governance and due diligence	The joint budget for the Health and Social Partnership will be agreed and all governance arrangements implemented: • IJB Audit arrangements will be agreed • IJB will sign off financial governance arrangements as per the national guidance • IJB report on due diligence on delegated baseline budgets moving into 2016/17 • Draft proposal for the 2016/17 Integrated Budget based on the Strategic Plan approved by IJB • Draft proposal for the Integrated Budget based on the Strategic Plan presented to the Council and the Health Board for consideration as part of their respective annual budget setting process • Parent organisations will confirm final IJB budget • Financial statement will be published with Strategic Plan • Resources for delegated functions will transfer to IJB • Audit Committee will be established
3.	Clinical and care governance	The Parties and the IJB are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The IJB will develop, agree and implement robust quality, care and professional arrangements.
4.	Performance management	A list of targets and measures in relation to delegated and non delegated functions has been prepared. Partners have develop proposals on targets and measures for 2015/16 'interim' performance framework to be submitted to an early meeting of the IJB IJB will agree its reporting arrangements and supporting plan to develop 2016/17 performance framework with partners IJB agree 2016/17 performance framework, taking account of localities, reporting arrangements and plans to publish the annual performance report.
5.	Decisions around the Strategic Plan to ensure it is fit for purpose and deliverable (localities, finance and performance)	The IJB will develop the Plan in consultation with the Strategic Planning Group and other prescribed stakeholders.

Risk Area and Risk Issue		How this is being addressed
Readiness Partnership and IJB's readiness to deliver all delegated services by 1 April 2016 in line with its Strategic Plan		
6.	IJB decision making and protecting the reputation of the Health and Social Care Partnership	Development of Organisational Development plans for our Senior Leadership Group, Integration Joint Board, Strategic Planning Group and workforce
7.	Partnership and Partner Organisation readiness to run with new, fit for purpose operational arrangements from 1 April 2016	Programme of work is underway to ensure all the necessary processes, policies and plans are in place as required to allow local implementation of integrated health and social care services in terms of the Public Bodies (Joint Working)(Scotland) Act 2014 by 1 April 2016 Development of a participation and engagement strategy to enable users, patients, carers and partners to shape the new organisation.
8.	Continuity in the transition of Council functions which currently sit outwith Adult Social Work Services e.g. Addictions, Domestic Abuse and Housing Adaptations	The most appropriate and pragmatic approaches to delegate each of these functions and supporting mechanisms/structures are currently being developed for consideration by the Chief Officer to ensure the key links both within the Council and across partner agencies are maintained and developed,

Item 14

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Subject: **Quality, Care and Professional Governance**

1. Summary

1.1 As part of the Integration Work Programme, Renfrewshire HSCP established a Workstream Group to review and propose the framework and associated arrangements for clinical and care governance within the new organisation. Co-chaired by Katrina Phillips and Shiona Strachan (and since April by Ian Beattie), the group included professional representation and input from both health and social work.

1.2 The remit of the Workstream group was to:

- Ensure that proposed arrangements are consistent with the guidance and principles for Clinical and Care Governance as specified by the Scottish Government.
- Ensure that Health and Social Care systems are working to a shared understanding and definitions for Quality, Care and Professional Governance.
- Examine current Health & Social Care Governance arrangements and determine their compatibility in an integrated structure (the governance structures for RHSCP parent organisations are included as Appendix 1).
- Propose options that would lead to effective future integration of these arrangements.
- Outline the work that would need to be undertaken to complete that integration.

1.3 The paper outlines existing governance arrangements and proposes how these will be developed to meet the needs of the Renfrewshire Health and Social Care Partnership (RHSCP) in future. As new organisational

structures take shape and as ways of working become defined, these proposed arrangements for Clinical and Care Governance will be kept under review and any adaptations will be made consistent with the Scottish Government guidance and with the advice from professional leads and advisors and in agreement with the Chief Officer

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2. Recommendation

2.1. The Quality Care and Professional Governance Framework is agreed for implementation.

2.2 Note that the IJB will receive bi-annual Clinical and Care Governance Progress Reports from the Chief Officer. This will include information on the number and type of complaints, information about significant clinical incident reviews, serious case reviews, and staff conduct. The report will also seek to provide a thematic analysis of emerging themes and actions taken. Information on external scrutiny reports e.g. Mental Welfare Commission, Health Improvement Scotland, Care Inspectorate and any actions taken as a result. The IJB will provide an additional quality assurance and scrutiny process as an integral part of the Quality care and Professional Governance framework and approach.

Implications of the Report

1. Financial – Nil

2. HR & Organisational Development – Nil

3. Community Planning - Nil

4. Legal – Nil

5. Property/Assets – Nil

6. Information Technogloy – Nil

7. Equality & Human Rights – The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual

impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety – Nil**

9. **Procurement – Nil**

10. **Risk – Nil**

11. **Privacy Impact – Nil**

List of Background Papers – None.

Author: Katrina Phillips, Head of Mental Health, Addictions and Learning Disability Services

Renfrewshire
Health & Social Care Partnership

Renfrewshire Health & Social Care Partnership
Quality, Care & Professional Governance

Document Number/title:	**Renfrewshire Health & Social Care Partnership Quality Care, & Professional Governance**
Lead Manager(s):	**K Phillips, S Strachan**
Responsible Director:	**David Leese**
Approved by:	**RHSCP IJB**
Date approved:	**June 2015**
Date for Review:	**June 2018**
Replaces previous version: (if applicable)	

APPROVALS COVER SHEET

Name of Policy, Strategy or Procedure	**Renfrewshire Health & Social Care Partnership** **Quality, Care & Professional Governance**
Approving Body	**Renfrewshire Health & Social Care Partnership**
Lead Manager/Director	**Mr David Leese**

	Requirement	Comment
Scope	The scope is clearly defined. Where the scope is limited to one area, department or operational entity, there is clear evidence that it does not apply more widely.	*All HSCP services*
Consultation	There has been wide consultation with those affected by the policy, including those with responsibility for implementation.	*Consulted with relevant health & social services groups, IJB, CSWO*
Communications Plan	There is a comprehensive communication and implementation plan in place.	*Yes*
Finance	Cost implications are fully understood and agreed by budget holders, or additional resource secured.	*No significant financial impact is expected from the introduction of this process.*
Equalities	The policy has been screened to see if EQIA is required and EQIA carried out if necessary.	*EQIA not required for this document*
Human Resources	Implications for staff are fully understood and agreed.	*Not applicable*
Sustainability	Impact on the environment (e.g. carbon emissions; travel) is understood and agreed.	*No impact anticipated*
Risk	Any risks to the organisation are fully understood and agreed	*No risks anticipated*
Service Delivery	Implications for service delivery including achievement of integrated governance arrangements	*The HSCP will meet the expectations of the Scottish Government in the Development of Integrated Governance Framework*

PREFACE

Renfrewshire HSCP commissioned a workstream group to review and propose the arrangements for governance within the organisation. Co chaired by Katrina Phillips & Shiona Strachan, Margaret Aitken, Janet Menzies, Bob Leslie and Margaret Irvine provided professional representation and input from both health and social work.

The remit of the Workstream group was to:

1. Ensure that proposed arrangements are consistent with the guidance and principles for Clinical and Care Governance as specified by the Scottish Government.
2. Ensure that Health and Social Care systems are working to a shared understanding and definitions for Quality, Care and Professional Governance.
3. Examine current Health & Social Care Governance arrangements and determine their compatibility in an integrated structure (the governance structures for RHSCP parent organisations are included as Appendix 1).
4. Propose options that would lead to effective future integration of these arrangements.
5. Outline the work that would need to be undertaken to complete that integration.

The workstream group met through April and May 2015 and developed proposals which describe the principles, functions and proposed structures for the integrated governance arrangements in RHSCP.

The group agreed core components for RHSCP Quality, Care & Governance Framework proposed in this paper based on service delivery, care and interventions that is:

Person centred; Timely; Outcome focussed; Equitable; Safe; Efficient & Effective.

The Workstream recommends:

1. Formation of a Renfrewshire HSCP Executive Governance Group (REGG), working through the proposed model for governance arrangements, drawing on membership from the existing workstream and extending membership to relevant others.
2. The REGG would report to the Integrated Joint Board (IJB).
3. Develop an implementation plan.

1. Introduction

The purpose of this paper is to outline existing governance arrangements and to propose how these could be developed to meet the needs of the Renfrewshire Health and Social Care Partnership (RHSCP) in future.

2. Clinical and Care Governance: Background & Function

The Scottish Government's Policy Statement on Integration states that:

"Clinical and care governance is a system that assures that care, quality and outcomes are of a high standard for users of services and that there is evidence to back this up. It includes formal committee structures to review clinical and care services on a multidisciplinary basis and defines, drives and provides oversight of the culture, conditions, processes, accountabilities and authority to act of organisations and individuals delivering care."[i]

Principles for good governance for NHS Boards[ii] highlight three main roles for a Board:

- formulating strategy
- ensuring accountability
- shaping culture

There should be a 'clear chain of delegation that cascades accountability for delivering quality performance from the board to the point of care, ensuring robust quality intelligence then flows back to the board'.

Governance for quality social care in Scotland[iii] identifies the following "Key Principles of Care Governance":

- Involving service users/ carers and the wider public in the development of quality care services.
- Ensuring safe and effective services and appropriate staff support and training.
- Striving for continuous improvement with effective policies and processes in place.
- Ensuring accountability and management of risk.

In terms of Social Work Governance, there is an emphasis on the statutory role of the Chief Social Work Officer, who is responsible for ensuring the culture, systems and practices that are component parts of good governance, and who reports to the Council on a range of statutory Social Work matters.

The Scottish Government's draft Framework for Integrated Health and Social Care Governance states that:

"The Act does not change the current regulatory framework within which health and social care professionals work, or the established professional accountabilities that are currently in place within the NHS and local government. These arrangements may need adaptation to the circumstances of each Integration Authority to reflect the services and local circumstances of each partnership. What the Act does is draw together the planning and delivery of services to better support the delivery of improved outcomes for the individuals who receive care and support across health and social care."

Appendix 3 outlines existing guidance on governance and accountability.

Professional Leadership

The Executive Governance group will have professional leads representing social work, nursing, allied health professionals and medicine. These professional leads will have the following responsibilities:

- Advise the Executive Governance group on professional issues within the scope of the HSCP area.
- Provide professional expertise on the full range of clinical and care issues.
- Provide assurance that the statutory regulatory requirements for professional practice are in place and monitored on a regular basis.
- Provide assurance that the National Nursing & Midwifery and other Professional Assurance frameworks are implemented.
- Advise on professional workforce and workload planning in relation to capacity and capability.
- Provide information on the pre and post registration educational standards required for professions.
- Provide a link to professional structures within Renfrewshire Council and NHS GG&C.
- Ensure a shared collective responsibility for governance across the Health & Social Care Partnership (HSCP).
- Ensure the effectiveness of the local clinical governance arrangements in meeting local and cross system needs whilst supporting the Executive Governance group with reports and assurance.

Chief Social Work Officer

The role of the Chief Social Work Officer (CSWO) is to provide professional advice on the provision of social work services which assists authorities in understanding many of the complexities which are inherent across social work services.

The CSWO is a 'proper officer' in relation to the social work function: an officer given particular responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.

The CSWO has responsibility to advise on the specification, quality and standards of services commissioned.

3. Clinical & Care Governance Activity: Principles and Values

Consistent with the integration planning principles set out in the Scottish Government's Clinical and Care Governance Framework document (November 2014) the principles and values underpinning governance activity within RHSCP are:

<u>A learning organisation</u>

The learning organisation is strongly associated with cultures of openness, fairness and a strong awareness of operational conditions embodying a 'Just Culture[iv]'. We will require good quality data and information that can be shared in a transparent way, connecting purpose and informing our accountable relationships.

<u>A person centred organisation</u>

In a person centred organisation, an orientation to patients, service users and carers is a consistent driver of quality improvement. In this, we must also ensure that a person centred approach is fundamental to the leadership, management and support of staff.

An outcome focused organisation

Practice and performance in the organisation will be outcome focused. We will for example, ensure that action plans and services make a meaningful difference to patients, service users, carers, families and communities.

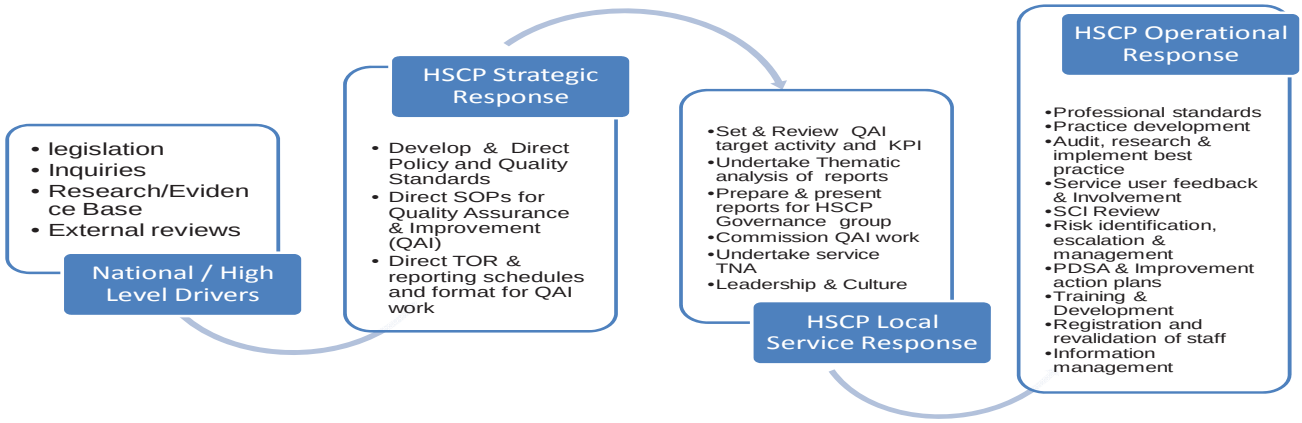
A connected organisation

The collaborative principle is vital to successful integration. To support this, clinical and professional governance should be inclusive, facilitative of top-down and bottom-up engagement and it should actively contribute to cross-system learning. The process will maintain continued interface with governance arrangements across other Renfrewshire Council services e.g. Criminal Justice.

4. Governance Process

Framed in the context of the Scottish Government's draft Framework for Integrated Health and Social Care Governance the group proposed Quality, Care & Professional Governance arrangements within Renfrewshire HSCP as a dynamic process as illustrated in figure 1.

Figure 1



The response/process is dynamic with feedback and influence at and between each link providing both a top down and bottom up approach.

5. Levels of Governance to be Covered by the Integrated Arrangements

The governance arrangements/function within integrated services of the Renfrewshire HSCP will include:

- Service user & carer engagement.
- Outcomes focussed, person centred care.
- Professional Registration & Fitness to Practice.
- Significant Clinical Incidents, Significant Case Reviews and Complaints.
- Thematic analysis of incident management data
- Responses to external scrutiny and internal investigation.
- Impact assessment and learning arising from external publications (including policies, guidelines, inquiries, monitoring and standards).
- The Scottish Patient Safety Programmes in Mental Health and Primary Care.
- Clinical and Care Pathways.
- Research & Audit.
- Quality improvement.
- Service Review.
- Risk Register and risk management.
- Health Acquired Infection (HAI) / Healthcare Environment Inspectorate(HEI)

The Integrated Joint Board (IJB) has representation from nominated professional leads.

The proposed governance system would have a hierarchical structure, with levels in the structure fulfilling certain functions. The levels are summarised in table 1.

Table 1 Governance Responsibilities /Functions

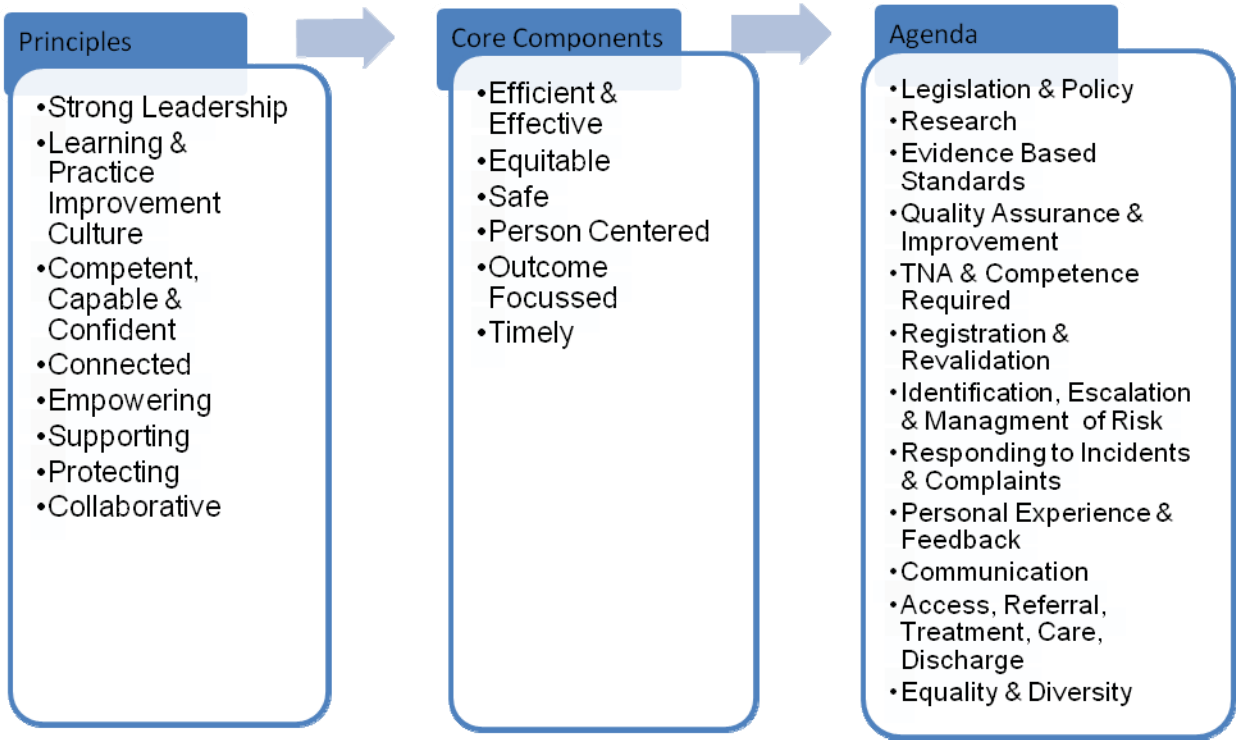
Level	**Responsibilities**
NHS Board Clinical Governance Forum and subgroups	• Overview of learning, governance and quality • Professional regulation (fitness to practice) • Interface between community and acute services • Ensure that cross-system learning is effective in maintaining consistency and continuity of quality • Impact assessment and coordination of polices, guidelines, inspections etc • Analysis, learning from incidents & complaints • Generalising system response to incidents
Renfrewshire HSCP Executive Governance Group **(REGG)**	• Cross-system learning for localities, care groups and professional groups within and beyond the HSCP • Professional regulation, Fitness to Practice issues. • Impact assessment and guidance to localities about polices, guidelines, inspections etc • Analysis, learning from incidents & complaints • Generalising system response to incidents • Quality Assurance for locality level • Mental Health Officer (MHO) service • Promoting Person Centered Care through ongoing service development and review

Service Pods / Locality Services	• Incident management, reporting and investigation (e.g. SCI, SCR) • Complaints • Patient/Service User/Client Feedback • Identify action plans for service improvement • Shared Learning • Escalation • Implementation of guidance, policies etc • Professional registration • Public protection • Quality improvement, monitoring and development • Review external reports (e.g. MWC, HIS) • Review external inspection reports (e.g. MWC, Care Inspectorate)

6. Proposed Framework for Governance Groups, Membership & Agendas

Figure 2 below provides a summary of the principles, core components and derived from these the proposed agenda for governance activity within RHSCP.

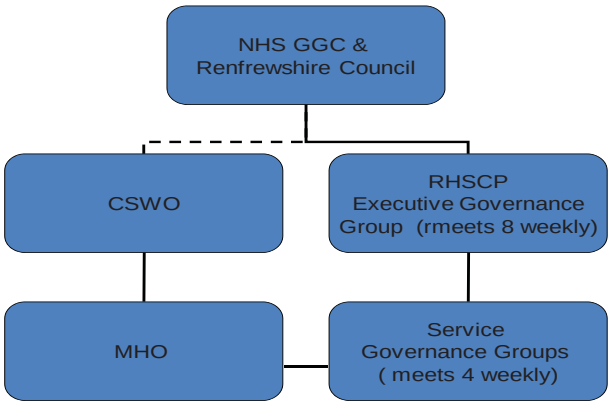
Figure 2



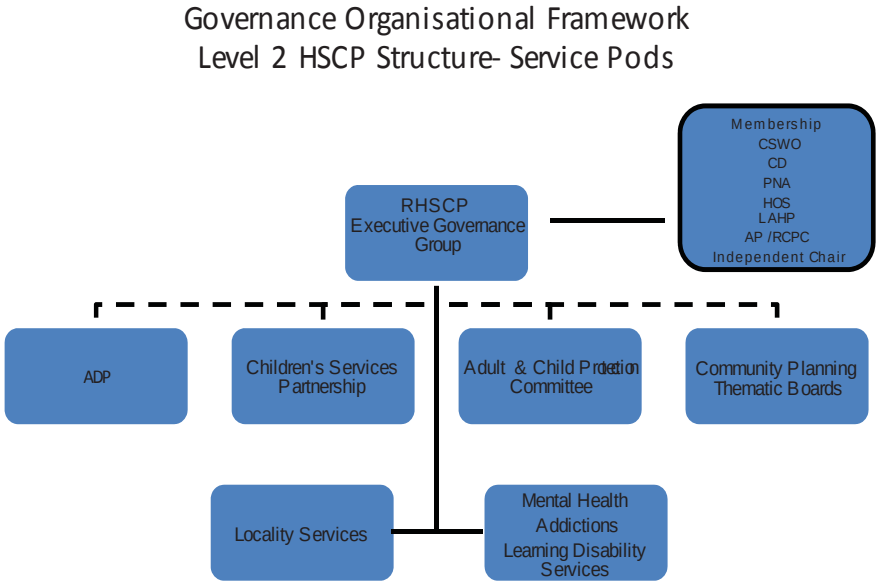
The proposed framework for the operation of the functions of the structure is on three levels illustrated as follows:

Level 1 depicts proposals for the overarching governance structure and reporting arrangements to parent organisations linked via Renfrewshire HSCP Executive Governance Group (REGG).

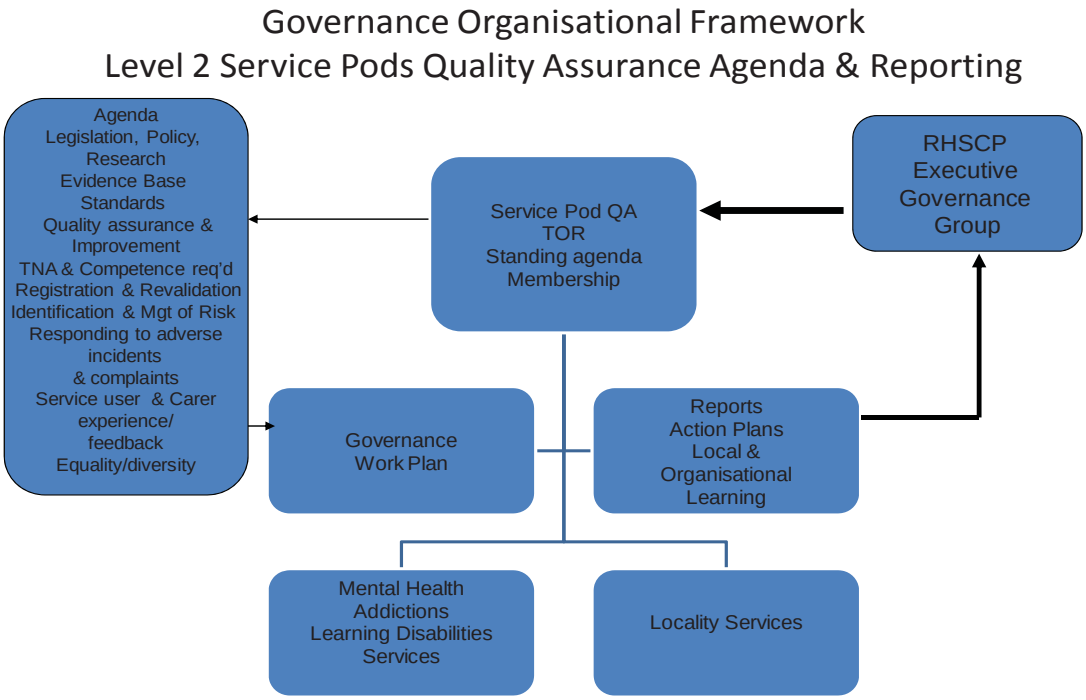
RHSCP Governance Organisational Framework – Level 1 Overarching Structure



Level 2 depicts the governance structure and reporting arrangements for “service pods” to the Renfrewshire HSCP Executive Governance Group (and the membership of the group). The composition of service pods can be seen in Appendix 2.



Level 3 depicts the directed agenda for governance activity and work plans within the service pods.



NB individual clinical and care service groups will operationalise governance activity and report to service pods

7. Reponses to and Management of Significant Incidents

Core to the function and responsibilities of the HSCP governance framework is the management of Significant Clinical Incidents (SCI) and Significant Case Reviews (SCR). This process is outlined in table 2 below.

Table 2

ESCALATION	**TEMPLATES / GUIDANCE**
Local manager initiate rapid alert to Head of Service (within 24 hr). Head of Service will notify Chief Officer & Relevant professional leads. Chief Officer will alert Chief Social Work Officer where relevant to SW services. Chief Officer will alert RAPC, & RCPC independent chair as relevant. Ensure incident reported via GGC and Renfrewshire Council incident management processes. Ensure all notified who need to be aware including all significant persons. Ensure local debrief taken place and staff support offered.	Rapid Alert Briefing Note Datix Care Inspectorate Health & Safety grid (staff) Reports (service users)
COMMISSIONING	
SCI: Decisions re level of investigation will sit with Head of Service, & relevant Clinical Director as per SCI policy. SCR: Decisions re level of investigation will be made in consultation with Head	SCI/SCR Checklist SCI Patient/

of Service, Chief Social Work Officer & APC/CP Independent Chair. If confirmed SCI/SCR then investigation team and remit to be agreed by commissioner. Commissioner to formally request investigation team to undertake and ensure local leads from where incident occurred aware to support staff communication. Ensure service user/family/carer involvement agreed between commissioner and lead investigator at this time.	Family Involvement Info/ Guidance Renfrewshire APC Draft Procedure for SCR
INVESTIGATION	
Lead investigator and team meet within 2 weeks of commissioning and confirm plan for review and level of support required. Plan reviewed and updated every 2 weeks to ensure progress maintained. Any issues in progressing reported back to commissioner as soon as possible. Investigation timeline agreed within TOR, in general to be completed within 3 months of start date. All appropriate report templates must be used.	SCI Toolkit investigation tools: SCI Report Templates
REPORT SIGN OFF	
Investigation team to agree draft report including outcome code. Staff involved that have contributed to report must have opportunity to review for factual accuracy check. Final draft submitted to commissioner for review – review to consider that remit met and quality of report. Aim for commissioner sign off within 2 weeks. Report submitted to service governance group for sign off. Service governance group will forward approved reports and action plans to HSCP Governance Executive group. Final SCI report attached to Datix and communicated to clinical risk.	SCI Report Templates Executive Summary Template
REVIEW OF RECOMMENDATIONS & ACTIONS	
All reports and actions to be reviewed within clinical and care service groups. Recommendations progressing action plan to be agreed and arrangements for monitoring. 6 month check on progress of action plan will be undertaken. Final report and action plan can be shared with service user/carer/ family as appropriate.	Action Plan Template Staff Support Guidance
Supporting documents	


6 Rapid Alert Template FINAL.doc


Complete draft SCR.doc


SCI%20Policy%20FINAL%20May%2014.

8. Information Governance & Sharing

Existing information management and sharing protocols will continue to be applied though are subject to current review and change as outlined in the document below.


NHSGGC LAs Information Sharing F

APPENDIX 1 PARENT ORGANISATION GOVERNANCE ARRANGEMENTS

1. NHS Greater Glasgow and Clyde

Current arrangements for NHS Clinical Governance are summarised in Figure 3.

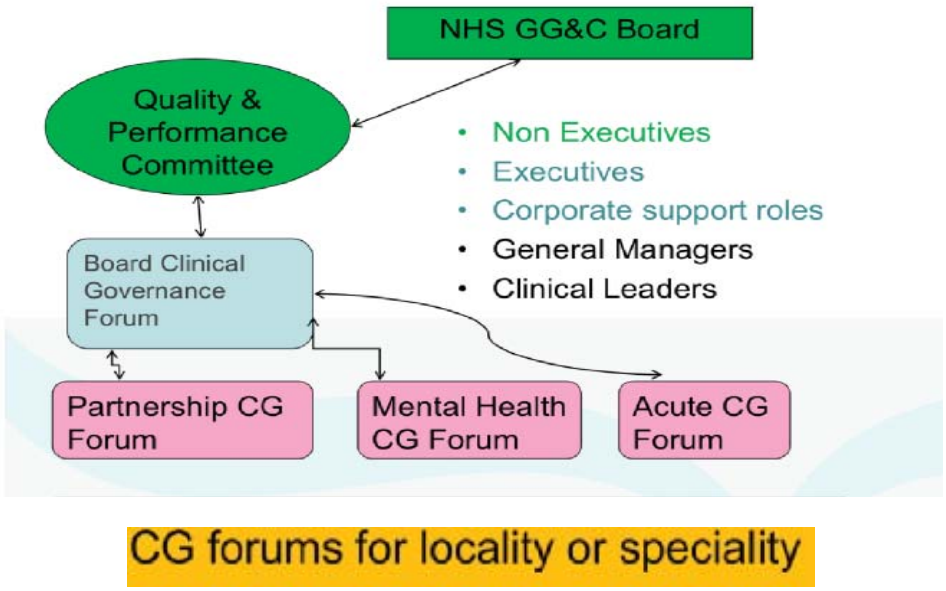
The NHS Chief Executive has overall responsibility for the delivery of clinical governance. There is a core structure of accountability for the quality of care that sits in the primary line of general management for healthcare services but supported by extended structures. These responsibilities will be discharged through general management and clinical leadership arrangements.

The Medical Director is the executive lead for clinical governance, working with the Nurse Director (executive lead for national Healthcare Quality Strategy), and has overall executive responsibility for the clinical governance framework within NHS GG&C. The responsibility for the local development and assurance of effective arrangements is routinely delegated to lead staff, who will work in support of general management.

There is an extended formal structural arrangement through which there is an auditable organisational process of quality management. This process should provide for the transparent connection of purpose which focuses on improving care at practitioner/public level to a focus of oversight at the corporate level. The formal arrangements are augmented by more complex informal exchanges of intelligence and intention.

NHS GG&C Board is responsible for maintaining an overview of the healthcare quality and provision of assurance to the public that quality is effectively monitored and improved. The Board will seek assurance that an appropriate system for development, implementation, monitoring and review is in place, which ensures that clinical governance arrangements are working effectively in safeguarding patients and improving the quality of clinical care. The Board Clinical Governance Forum provides a more operational perspective to assist in framing priorities and guidance for services.

Figure 3: NHS Clinical Governance (CG) arrangements for NHS GG&C



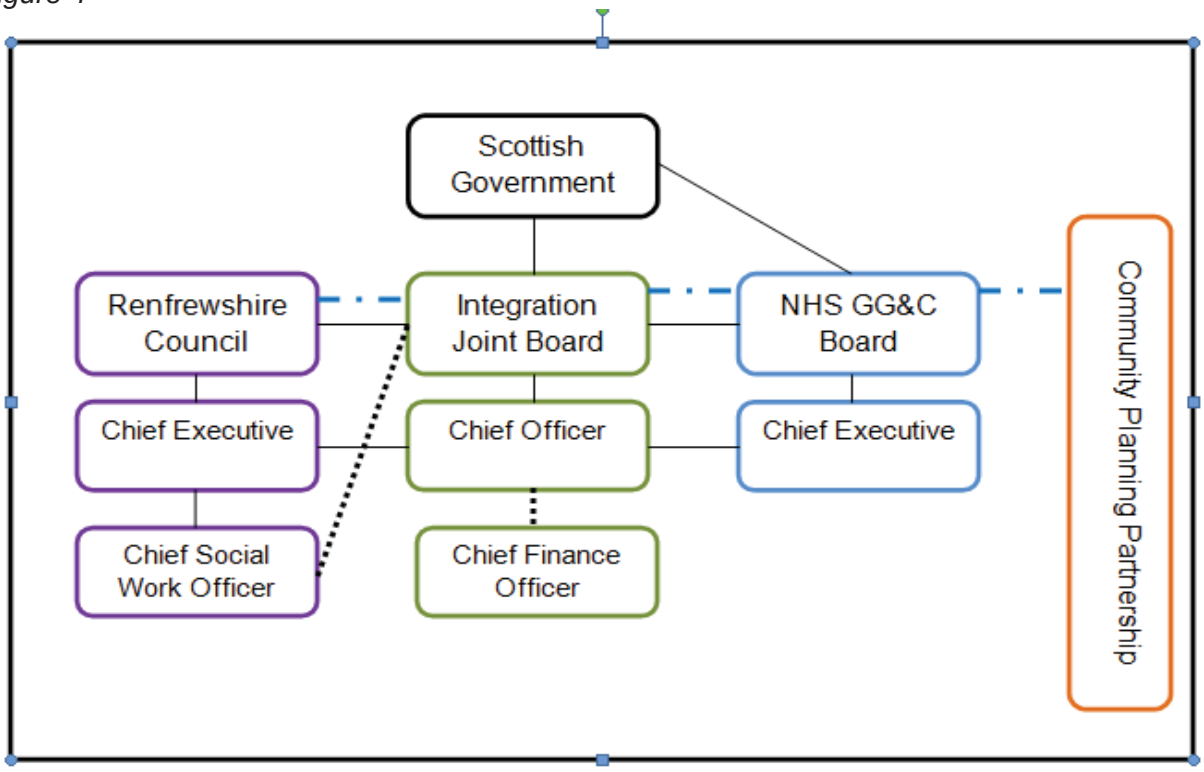
2. Renfrewshire Council

Figure 4 below shows where the new Health and Social Care Partnership, managed by the Integration Joint Board (IJB), will sit alongside the existing statutory agencies.

The Integration Joint Board has reporting lines to Council and Health Board and a direct line to the Scottish Government. At the same time, the IJB requires strong links to Community Planning Partnership to ensure contribution to the overall improvement of the Renfrewshire area.

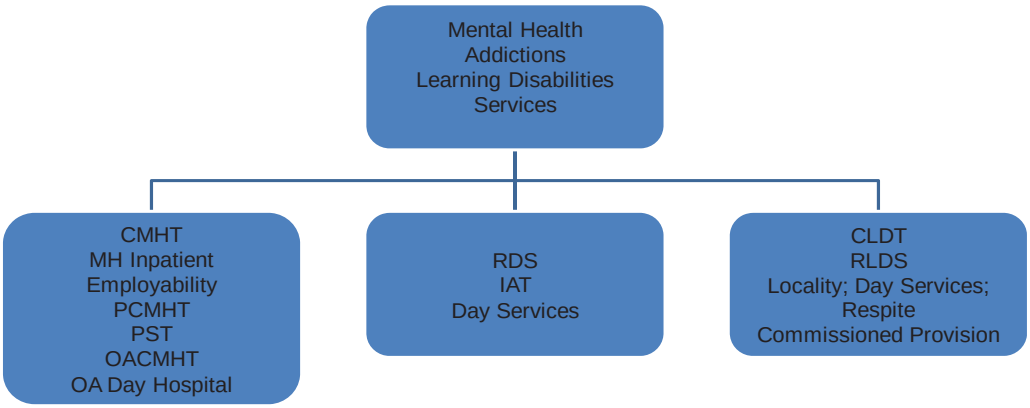
The Chief Social Work Officer will continue to have a key role: it is a local authority responsibility to have this Officer in place to provide professional advice to Elected Members and Chief Officers on social work statutory duties. The design of an integrated structure enables the CSWO to have appropriate oversight and also non voting membership of the Integration Joint Board Heads of profession (for example, Nursing), will be part of the clinical and care governance arrangements to ensure continuing oversight and involvement.

Figure 4

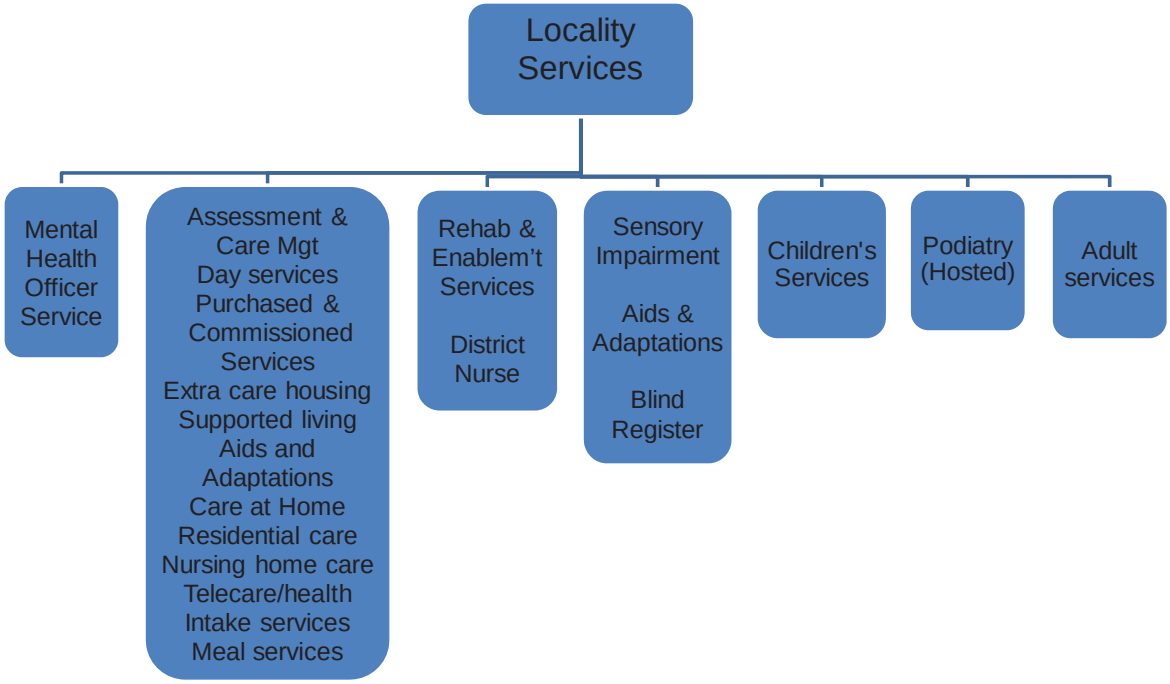


APPENDIX 2 COMPONENTS OF SERVICE PODS

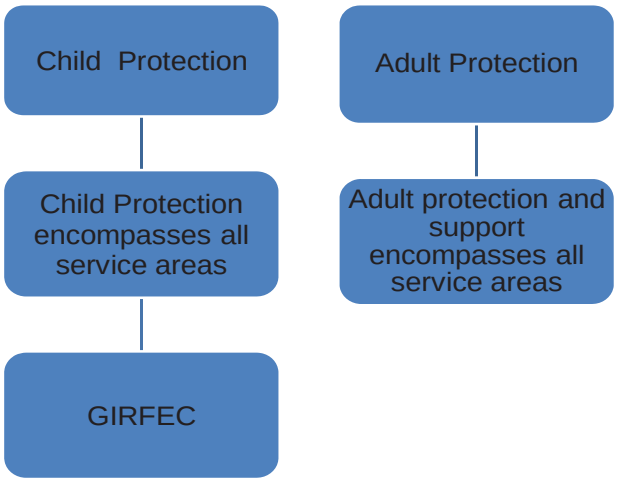
Governance Organisational Framework
Level 3 Service Pods Components



Governance Organisational Framework
Level 3 Service Pods Components



Governance Organisational Framework
Level 3 Service Pods Components- Public Protection & Safety



APPENDIX 3: EXISTING GUIDANCE ON GOVERNANCE AND ACCOUNTABILITY

Nursing and Midwifery Professional Assurance Framework for Scotland (2014).
Scottish Executive Nurse Directors & Chief Nursing Officer for Scotland.

Codes of Practice for Social Service Workers and Employers (2014)
Scottish Social Services Council.
http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/60-protecting-the-public/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers

Governance for Healthcare Quality in Scotland – An Agreement. (2013)
Scottish Government Health Directorates http://www.tinyurl.com/qualitygovernance.

Governance for Quality Social Care in Scotland – An Agreement. (2013). Social Work Scotland – available via the Social Work Scotland website http://www.socialworkscotland.org/

Practice Governance Framework: Responsibility and Accountability in Social Work Practice (2011)
http://www.scotland.gov.uk/Resource/Doc/347682/0115812.pdf .

The Role of the Chief Social Work Officer (2010) Scottish Government
http://www.scotland.gov.uk/Publications/2010/01/27154047/0 .

The Role of Registered Social Worker in Statutory Interventions:
Guidance for local authorities (2010) Scottish Government
http://www.scotland.gov.uk/Resource/Doc/304823/0095648.pdf .

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http://www.sehd.scot.nhs.uk/mels/1998_75.htm.

Professional Standards

Professional regulatory bodies aim to ensure that proper standards are maintained by health and social care professionals and act when they are not. In order to practice in the UK, professionals are required to register with the appropriate body.

These bodies fulfil similar functions for different professions across the UK. Their main duties are to:

- maintain an up-to-date register of professionals;
- set and maintain standards for education, training and conduct; and,
- investigate when these standards are not met or when a professional's fitness to practise is in doubt.

A summary of the professions covered by each body follows. For further information on their role, please check their websites.

Healthcare Professional bodies

- General Medical Council (GMC) - The GMC regulates doctors.

- Nursing and Midwifery Council (NMC) - The NMC regulates nurses and midwives.
- General Dental Council (GDC) - The GDC regulates dental professionals in the UK. This includes dentists, dental nurses, dental technicians, clinical dental technicians, dental hygienists, dental therapists and orthodontic therapists.
- General Optical Council (GOC) - The GOC regulates optometrists, dispensing opticians, student opticians and optical businesses.
- General Chiropractic Council (GCC) -The GCC regulates chiropractors.
- General Osteopathic Council (GOsC) -The GOsC regulates osteopaths.
- General Pharmaceutical Council (GPC) - The GPC is the regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain.
- Health and Care Professions Council (HCPC) The HCPC regulates 15 healthcare professionals: arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists / orthotists, radiographers, and speech and language therapists. (From 1st August 2012, the HCPC also assumed responsibility for regulating social workers in England).

The work of these professional bodies is regulated by the Professional Standards Authority for Health and Social Care (previously known as the Council for Healthcare Regulatory Excellence). This authority aims to protect the health and well-being of patients and the public by scrutinising and overseeing the work of regulatory bodies that set standards for training and conduct of health and care professionals.

Social Care Professional bodies

Scottish Social Services Council (SSSC) - The SSSC is the regulator of the social work profession and social work education in Scotland.

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[i] Policy Statement – Integration Plan. Scottish Government, January 2014.

[ii] The Healthy NHS Board 2013, NHS Leadership Academy. http://www.leadershipacademy.nhs.uk/wp-content/uploads/2013/06/NHSLeadership-HealthyNHSBoard-2013.pdf.

[iii] Governance for quality social care in Scotland, ADSW, Dec 2013.

[iv] http://www.skybrary.aero/index.php/Just_Culture

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Establishment of the Strategic Planning Group**

1. Summary

1.1 The purpose of this paper is to present to the Integration Joint Board (IJB) for consideration and agreement in principle:

- the establishment of the Strategic Planning Group (previously operating in shadow format).
- an update on the progress being made to appoint members for the Strategic Planning Group (SPG).
- the preferred approach for appointing SPG members in the longer term,
- proposed procedures for the SPG's operation, and
- proposed Terms of Reference for the SPG.

2. Recommendation

2.1 It is recommended that the Integration Joint Board:

- confirm the establishment of the SPG, previously operating in shadow format.
- note the progress made to appoint members of the Strategic Planning Group.
- agree in principle to the preferred approach for the long term appointment of Strategic Planning Group members as described.
- agree the operating arrangements of the Strategic Planning Group.
- agree the Strategic Planning Group Terms of Reference;
- Note the proposed arrangements to update the IJB on the SPG activity and feedback; and
- otherwise note the contents of the paper.

3. Background

3.1 Members will be aware of the reports dated 20th March 2015 submitted to the shadow IJB on Development of the Strategic Plan and Non-Voting members of the Shadow Integration Joint Board.

3.2 These reports outlined the Shadow IJB's obligations and options for appointing non-voting IJB members and SPG members and remitted establishing a process for indentifying and appointing appropriate individuals to these groups of officers.

3.3 Additionally, the reports outlined that officers will establish a process of appointing interim members for the Shadow Strategic Planning Group.

3.4 This paper details the progress made by officers to that effect and seeks formal approval from the IJB to establish the Strategic Planning Group.

3.5 In carrying out this work, officers have taken cognisance of the obligations of the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, the statutory guidance on Strategic Commissioning Plans and the approaches adopted by other partnerships nationally.

3.6 In particular, officers noted in relation to the SPG, the following from the statutory guidance:

"While Integration Authorities will be expected to make best use of established local user, carer and advocacy groups, they should not be constrained by a traditional working group approach. Rather, they may wish to introduce innovation in respect of networks and in-roads to community engagement."

and the following from the Integration Scheme:

"Existing forums and networks between the Parties and other stakeholders shall be involved in the development, implementation, review and, where appropriate, monitoring of any new arrangements.

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4. SPG Member Appointment Update

4.1 There is a positive record of effective partnership working and engagement with groups which are already established in Renfrewshire. These local groups comprise representatives from the statutory partners, third sector and service users, carers, service providers and other interested stakeholders. There are over 50 local groups or forums already established and operating.

4.2 Members of these groups are familiar with the local context in which health and social care arrangements operate and with the responsibilities of being a member of such a group.

4.3 With the above in mind, and reflecting the national guidance, officers have completed work to invite existing local groups to nominate members from within their groups for SPG membership on an interim basis, viewing this as a fair and transparent approach for appointing members. The table below shows the SPG membership category and agreed nominations from existing groups/forums:

Membership Category	Proposal for Nomination
Chief Officer	David Leese
Nomination(s) by Renfrewshire Council	Anne McMillan, Corporate Planning Ian Beattie, Head of Adult Services Lesley Muirhead, Development and Housing
Nomination(s) by NHS Greater Glasgow and Clyde	Fiona MacKay, Head of Planning & Health Improvement Sylvia Morrison/Katrina Phillips, Operational Head of Service Jacqui McGeough, Head of Acute Planning (Clyde)
Health Professionals (doctors, dentists, optometrists, pharmacists, nurses, AHPs)	Chris Johnstone, Associate CD John Carmont, District Nurse Rob Gray/Sinead McAree, Mental Health Consultant Susan Love, Pharmacist David Wylie, Head of Podiatry
Social Care Professionals (social worker or provider)	Jenni Hemphill, Mental Health Officer Anne Riddell, Older People's Services Aileen Wilson, Occupational Therapist
Third Sector bodies carrying out activities related to Health and Social Care	Stephen McLellan, RAMH
Carer of user of social care Carer of user of health care	Diane Goodman, Carers' Centre Maureen Caldwell Linda Murray, Learning Disabilities Carers' Forum
User of social care	Debbie Jones, Public Member
User of health care	Betty Adam, Public Member
Non commercial provider of healthcare	Karen Palmer, Accord Hospice
Commercial provider of social care	Linsey Gallacher, Richmond Fellowship
Commercial provider of healthcare	Robert Telfer, Scottish Care
Non-commercial provider of social care	Susan McDonald, Active Communities
Non-commercial provider of social housing	Elaine Darling, Margaret Blackwood Association

4.4 In recognition of the important contribution made by carers, the Carers' Centre has been invited to nominate a senior manager as an additional member of the group. Two carers have also been nominated.

4.5 Members appointed to the SPG will hold their office for a period of one year, unless they are removed, replaced or step down in accordance with the SPG Terms of Reference. Thereafter, membership will be reviewed and a process undertaken to to establish substantive SPG members.

4.6 Officers produced background material to support the local groups in the nomination process, providing information about what the SPG member role entails and inviting local groups to nominate individuals from within their membership. Additional background information describing the role of the SPG member, the person specification, more detail of what is expected of the SPG member and what they can expect to gain from being a part of the group was also provided.

4.7 The shadow SPG met on 23rd June and 25th August 2015.

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5. Longer Term: SPG Appointment Approach

5.1 The preferred method for appointing SPG members in the longer term is a combination of open recruitment and seeking appointments from existing local groups/fora. This combination method fits well with the approach advocated in the national guidance as described in paragraph 2.6 above.

5.2 This option would allow the HSCP to benefit from the knowledge and experience that existing group members can bring as well as achieving diversity and transparency through open recruitment where appropriate, which can bring new ideas and insights. This should result in a balanced mix of representatives.

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6. SPG Operating Arrangements

6.1 The IJB has responsibility for determining how the SPG's business operates, for example the quorum of the group and how members may be removed or replaced.

6.2 It is proposed that in year one (2015/16), the Chair of the SPG is the Chief Officer of the HSCP. Thereafter, a Chair and Vice Chair will be elected at the first meeting of each new one year period.

6.3 It is proposed that the quorum of the SPG will be one third of its members, at least three of whom will be from the non-statutory partner organisations, recognising the balance of expertise within the SPG.

6.4 Members will be expected to attend meetings regularly to support the SPG's work programme. They will be expected to actively contribute to the SPG's discussions and to fairly represent the interests of their stakeholder group. Members will be expected to support the HSCP to deliver the national health and wellbeing outcomes via the SPG's role in developing and delivering the Strategic Plan.

6.5 It is proposed that these criteria are appropriate for the IJB when considering a member's continuing role on the SPG. The invaluable contribution of SPG members in the HSCP's strategic planning work is recognised and will be taken into account at all times.

6.6 It is proposed that the IJB would be obliged to write to the member in question to notify them of any changes to their membership.

6.7 It is also proposed that SPG members may notify the IJB should they wish to stand down. SPG members may suggest potential replacements for themselves however the final decision to appoint rests with the IJB.

6.8 A full draft Terms of Reference document has been produced and is attached in Appendix 1 for consideration and approval in principle.

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7. Integration Joint Board Oversight

7.1 Regular reports will be submitted to each IJB meeting to update on activities of the Strategic Planning Group to ensure members are kept sighted on progress.

7.2 The legislation requires that the IJB consider the feedback of the SPG when developing the first and second draft of the Strategic Plan.

Implications of the Report

1. Financial – None

2. HR & Organisational Development – None

3. Community Planning - None

4. Legal – None.

5. Property/Assets – None

6. Information Technology – None

7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement** – None

10. **Risk** – None

11. **Privacy Impact** – None

List of Background Papers - 20 March 2015_ shadow IJB Report

Author: Fiona MacKay, Head of Planning and Health Improvement

Renfrewshire Strategic Planning Group

Terms of Reference

The Renfrewshire "Strategic Planning Group" (SPG) is established in accordance with section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014.

These Terms of Reference are the procedures of the Strategic Planning Group as determined by the Integration Joint Board in accordance with section 32(11).
Purpose of the Group

The main role of the Strategic Planning Group is to give its views during the development, implementation and review of the strategic plans of the Renfrewshire Integration Joint Board on behalf of the Renfrewshire Health and Social Care Partnership.

The Strategic Planning Group is the main group within the strategic planning process that represents the interests of different local stakeholder groups in relation to health and social care services.

1. Objectives

To fulfil its purpose, the Strategic Planning Group should aim to:

- Make representations to the Integration Joint Board in a timely manner at each stage of the strategic planning process.
- To consider the following questions to inform the Group's representations:
    - How many people will need services and what type will they need?
    - What is the current provision, is it the right level, quality and cost?
    - How can these services improve people's lives?
    - Which services will best achieve this?
    - How do we develop these services at an affordable cost?
    - How do we procure and deliver these services to best effect?
    - How do we monitor and review these services?
- To shape and develop the Integration Joint Board's strategic proposals, policy documents, plans and services by giving due consideration to the draft materials produced by the Integration Joint Board.
- To identify gaps in the evidence base or in the mechanisms identified to address the gaps and suggest ways to deal with these gaps.

The Health and Social Care Partnership envisages that the SPG will be a key partner in developing and supporting engagement, communicating and sharing information locally to deliver the national health and wellbeing outcomes in Renfrewshire.

2. Membership of the Group

The Renfrewshire Strategic Planning Group consists of the following full time members:

- Chief Officer of the Renfrewshire Health and Social Care Partnership
- 2 Nominees from Renfrewshire Council
- 3 Nominees from NHS Greater Glasgow and Clyde
- Health Professionals representing: doctors, allied health professionals, nurses, pharmacists, and optometrists
- Social Care Professionals representing: mental health officers, social workers and occupational therapists
- A third sector body carrying out activities related to health and social care
- A person who uses local social care services
- A person who uses local health care services
- A carer of a person who uses local social care services
- A carer of a person who uses local health services
- A non-commercial provider of health services
- A non-commercial provider of social care services
- A commercial provider of social care services
- A commercial provider of health services
- A non-commercial provider of social housing
- A nominee representing strategic housing planning

- During the period of a strategic plan, representatives of the relevant localities will also be members of the Strategic Planning Group

In addition, the Strategic Planning Group may invite input from other relevant stakeholders that it considers will add value to its operations. This input may be on a one-off, for the duration of a defined piece of work/agenda item or on recurring basis and will be arranged at the discretion of the Chair in agreement with the individual(s) invited.

3. Operation of the Group

3.1 Work Programme and Meetings

The Strategic Planning Group will determine its programme of work in line with the national Strategic Commissioning Plans Guidance on an annual basis and agree a schedule of meetings sufficient to deliver the priorities of the programme. Work planning will be undertaken at the first meeting of a calendar year, except in the first year of operation, when it will be undertaken as reasonably practicable.

3.2 Chair

The Strategic Planning Group will elect a Chair and Vice Chair to hold office for a one year term. The Chair and Vice Chair will be elected at the first meeting of a calendar year, except in the first year of operation, when Health and Social Care Partnership Chief Officer will assume the Chair and nominate a Vice Chair. Holding the Chair or Vice Chair position in one year will not prevent these individuals from also being elected in the following year.

The Chair whom failing, the Vice Chair will coordinate the efficient operation of Strategic Planning Group meetings to ensure appropriate consideration of agenda items in the time

available. The Chair whom failing, the Vice Chair will manage discussions during meetings to ensure these are balanced, productive and on point.

The Chair whom failing the Vice Chair will be responsible for facilitating consensus within the group and articulating the conclusions reached for the purpose of the Minutes.

3.3 Role of Members

Members are expected to attend Strategic Planning Group meetings and to have read reports and papers in advance of meetings so that the time available can be used for productive discussions. Members are expected to actively contribute to the Strategic Planning Group's discussions in a way that represents the interests of their stakeholder group.

The Health and Social Care Partnership will offer members reasonable support, including expenses, to enable them to attend meetings and fulfil their duties.

3.4 Removal or Replacement of Members

Members will be expected to: attend meetings regularly to progress the Strategic Planning Group's work programme timeously and effectively, actively contribute to the discussions of the Strategic Planning Group, fairly represent the interests of the relevant stakeholder group, act and behave in such a way that supports the Health and Social Care Partnership's public reputation and to support the Health and Social Care Partnership to to deliver the national health and wellbeing outcomes via its strategic plans.

The Integration Joint Board may remove or replace members where these expectations are not met.

Where this is the case, the Integration Joint Board will notify the member in writing.

A member of the Strategic Planning Group may ask the Integration Joint Board to be removed or replaced at any time for any reason, should they wish to stand down. Where the member has identified a potential replacement for themselves, they should provide details of that person to the Chair whom failing the Vice Chair. Appointments are at the discretion of the Integration Joint Board, which may choose to appoint by other means.

3.5 Quorum

The Quorum for the Strategic Planning Group will be one third of the members, at least 3 of whom will be from the non-statutory partner organisations. If inquorate, agenda items may be discussed however no representations may be made to the Integration Joint Board on these matters until such times as a quorum of members have acceded to them.

If necessary to deliver the Strategic Planning Group's work programme, the Chair whom failing the Vice Chair will be responsible for obtaining the agreement of enough members to achieve a quorum outwith scheduled meetings, in order to make representations to the Integration Joint Board.

3.6 Apologies and Substitutes

Strategic Planning Group members are expected to submit their apologies in advance of any meeting they are not able to attend.

It is permissible for members to nominate another individual who represents their stakeholder group as a substitute to attend meetings. Members will be asked to nominate their substitute at the first meeting they attend. It will be for the IJB to decide on the suitability of the substitutes nominate. Substitutes are expected to be representative of their stakeholder group and otherwise display the same behaviours expected of members, as detailed in paragraph 3.3.

4. Support

Support will be provided to the Strategic Planning Group by Health and Social Care Partnership staff.

This support will include; arranging meetings, producing meeting agendas, taking minutes and action notes and circulating papers to members to facilitate the Group.

5. Terms of Reference

These Terms of Reference will be reviewed at least annually, at the first meeting of the Strategic Planning Group in each financial year, or at any time the IJB considers a review to be necessary in the light of experience or emerging issues. The final determination on the suitability for purpose of the Terms of Reference rests with the Integration Joint Board.

To: **Renfrewshire Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Strategic Plan Proposals**

1. Summary

1.1. The purpose of this paper is to present members of the Integration Joint Board ("IJB") for approval:

- the process for developing the Health and Social Care Partnership Strategic Plan, highlighting legal and other key milestones in the timeline;
- an outline of the joint strategic commissioning process by which the Strategic Plan will be developed; and
- proposals for the structure and content of the Strategic Plan

1.2 The next formal step in terms of the legislation is to remit the Strategic Plan proposals to the Strategic Planning Group so that its members' views can be sought.

2. Recommendations

2.1. It is recommended that members of the IJB:

- note the strategic planning process,
- agree the proposals for the structure and content of the Strategic Plan,
- agree the approach to conducting informal engagement and consultation during the strategic planning process,
- agree to remit the Strategic Plan proposals to the Strategic Planning Group to seek its views, in line with legislative requirements, and
- otherwise note the contents of the report.

3. Background

3.1. Reports have previously been considered at IJB meetings on 20 March 2015 and 19 June 2015 in relation to; Development of the Strategic Plan and Establishment of the Strategic Planning Group. These reports outlined the IJB's legal duty to produce a Strategic Plan which should align with the national Strategic Commissioning Plans Guidance, and the progress being made to appoint members to the Strategic Planning Group.

3.2. This report looks at the detail of the strategic planning requirements as set out in national guidance, proposes the structure and content of the Strategic Plan and the joint strategic commissioning approach to be used to develop it.

3.3. All of the current strategic planning work will build upon existing local joint strategic commissioning work, particularly the Ten Year Plan for Older People, which was published in 2013. Further, the Strategic Plan will be developed to ensure consistency with Renfrewshire's Community Plan 2013-2023.

3.4. **Timeline and Key Milestones**

3.5. The Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act") sets out the process by which an IJB must prepare its Strategic Plan to meet the deadline for delegating functions by 1 April 2016 to the Health and Social Care Partnership ("the Partnership").

3.6. Locally, a timeline has been produced to reflect the requirements of the legislation and enable the Partnership to conduct a fully inclusive strategic commissioning process. The timeline, with prescribed steps as previously reported to and agreed by the IJB, is shown below.

Date	Milestone
18 Sept 15:	IJB prepares proposals for the Strategic Plan and agrees to seek the views of the SPG
Early Nov 15:	Advice of SPG received by IJB. Report and first draft of Strategic Plan prepared for IJB.
20 Nov 15:	Taking account of views of SPG on proposals, IJB prepares first draft of the Strategic Plan and agrees to seek views of the SPG.
Dec 15:	Advice of SPG received. Report and second draft of Strategic Plan prepared for meeting on 15 Jan 2016.
15 Jan 16:	Taking account of advice of SPG on first draft, IJB prepares second draft of the Strategic Plan.
18 Jan – 7 Feb 16:	Formal consultation with stakeholders including Health Board and Council.
8 – 15 Feb 16:	Consultation responses reviewed. Report and final draft of Strategic Plan prepared.
16 Feb 16:	Report to Health Board on the outcome of the consultation and copy of final draft.
25 Feb 16:	Report to Council on the outcome of the consultation and copy of final draft.
18 Mar 16:	Final Strategic Plan submitted to IJB for approval.
Before 31 Mar 16:	Strategic Plan published alongside statement of action taken by IJB in developing the Strategic Plan and the HSCP's annual financial plan

3.7. This report sets out the proposals for the Strategic Plan as described in the first entry in the timeline.

3.8. Meetings of the Strategic Planning Group are scheduled to meet the requirements of the timeline, with the next meeting on 23 September 2015, which will be the second time the Group meets.

3.9. **Legal Requirements**

3.10. The 2014 Act states that a Strategic Plan is a document that sets out the arrangements for carrying out the integrated functions over a given period. It must show how these arrangements will achieve or contribute towards the nine national health and wellbeing outcomes, which are:

Outcome 1:	People are able to look after and improve their own health and wellbeing and live in good health for longer,
Outcome 2:	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community,
Outcome 3:	People who use health and social care services have positive experiences of those services, and have their dignity respected,
Outcome 4:	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services,
Outcome 5:	Health and social care services contribute to reducing health inequalities,
Outcome 6:	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being,
Outcome 7:	People using health and social care services are safe from harm,
Outcome 8:	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide, and
Outcome 9:	Resources are used effectively and efficiently in the provision of health and social care services.

3.11. The Strategic Plan should also contain such other material as the IJB thinks appropriate to plan its services.

3.12. **Localities**

3.13. Work is underway to explore options for how we respond to the Localities Guidance produced by the Scottish Government as part of both our new organisational arrangements and our strategic planning process. The Guidance states that a minimum of 2 localities per Health and Social Care Partnership are to be established and that these localities should be an integral part of the Health and Social Care Partnership.

3.14. It is intended that the localities are developed in consultation with local communities, service users and their carers and that they make a significant contribution to the development and delivery of the Strategic Plan.

3.15. A Localities Work Group has been established and has progressed the early work to consider a number of potential options and to develop further stakeholder engagement, which commenced in late August 2015. Initial sessions have taken place with the Strategic Planning Group and GP Practices. This phase of the work will assess potential options against the Government Guidance. The Strategic Planning Group will then oversee progress as part of the strategic planning process.

3.16. **National Outcomes**

3.17. When preparing its Strategic Plan, the IJB must have regard to the national health and wellbeing outcomes, as set out in 3.10 above, and the integration delivery principles, which include; services being integrated from the point of view of the service user, that services take account of the different needs of service users and that services take account of the different needs of service users in different localities.

3.18. The IJB must also take account of the arrangements being set out in other IJBs' Strategic Plans as it develops its own. This is to ensure that neighbouring Partnership Strategic Plans do not contradict each other and provide a complementary set of arrangements over a geographical area. This should also reflect where other Partnerships in the NHSGG&C area are hosting services that are provided into the Renfrewshire area.

3.19. **Joint Strategic Commissioning Process**

3.20. National guidance produced under the 2014 Act states that the Strategic Plan is to be developed using the Joint Strategic Commissioning process. As part of Reshaping Care for Older People, Partnerships across Scotland were required to adopt this approach for the first time in preparing their strategic commissioning plans for older people.

3.21. Renfrewshire's approach and ensuing Ten Year Plan for Older People has been recognised at national level as a best practice example. It is intended that Renfrewshire continues to reflect best practice in the development of its Strategic Plan in order to achieve the best possible outcomes for local people and communities.

3.22. The guidance describes how strategic commissioning is different from traditional forward planning because it starts by asking questions about what the Partnership wants to achieve with people and communities in the future, examines available evidence to assess the current position and project likely future demands and then poses the question of strategic decision makers; what can we do differently, with the resources we have, to get a better result.

3.23. Most strategic commissioning models are represented as a cycle: "Analyse, Plan, Do and Review". Development and publication of the Strategic Plan

covers the first two stages of the cycle with subsequent operational plans implementing the “Do” phase and review projects being conducted annually to measure success. Review findings can then feed into further analysis and the cycle begins again.

3.24. A key element of strategic commissioning is that all partners are involved. Plans and reviews are developed via extensive, transparent engagement with interested stakeholders whose views and experience influence and shape the final products.

3.25. The preferred approach for Renfrewshire is therefore to conduct informal engagement and consultation with staff and external stakeholders at an early stage inthe development of the Strategic Plan, so that approaches and evidence can be refined and to ensure that a broad range of partners are engaged in the strategic commissioning process. Where appropriate this approach would continue as the Plan is being shaped

3.26. The advantage of this approach is that the Strategic Plan can be built up through the process, with stakeholder views being incorporated from the earliest possible opportunity. This means that a broad range of stakeholders are engaged in the strategic commissioning process, which increases the opportunity to build consensus and a collective strategic vision.

3.27. Effective communication is vital in successful strategic commissioning. At all stages of development and writing of the Strategic Plan, it is essential to convey information as clearly and simply as possible so that stakeholders feel able and empowered to contribute. As such, the language and tone of documents and the availability of accessible information, such as easy-to-read and large print formats, has to be fully considered.

3.28. **Structure and Content**

3.29. It is proposed, in order to meet the requirements as described and to maintain a focus on best practice, that the Strategic Plan is set out in nine sections with additional appendices as appropriate. These sections are:

1. Preamble and Introduction
2. National and Local Context
3. Health and Social Care Partnership: Who We Are
4. The Evidence
5. Our Strategy
6. Joint Strategic Commissioning
7. Planning Framework
8. Consultation Paper
9. Equalities and Human Rights

3.30. Each of the sections are considered in turn below.

3.31. **Preamble and Introduction**: it is proposed that the Chair, on behalf of the IJB, will give some opening remarks and welcome readers to the Strategic Plan. Thereafter, it is proposed that the Chief Officer will formally introduce the Strategic Plan; its purpose, the background against which it is written and the role of all local stakeholders in developing it.

3.32. **National and Local Context**: it is proposed that this section will introduce the integration of health and social care in Scotland and how this contributes, at a high level, to achieving the national 2020 vision. It is proposed that this section covers the national health and wellbeing outcomes, the integration delivery principles and the national legal and policy drivers that have implications for health and social care. This will be outlined in the local setting of our our HSCP arrangments in Renfrewshire

3.33. **Health and Social Care Partnership: Who We Are**: it is proposed that this section describes the Renfrewshire Health and Social Care Partnership. This will include introducing the role of the Chief Officer, the IJB's governance role and the makeup of the Board. The services covered by the Partnership will be described, as will the arrangements for hosted services across Greater Glasgow and Clyde. Key interfaces, such as those between Partnership services and Renfrewshire Council Children's Services and Acute services will be highlighted.

3.34. This section will also set out the Partnership's draft long term vision for health and social care in Renfrewshire and the Partnership's purpose i.e. how it will work to achieve its vision. The vision and purpose will also be developed in consulation with stakeholders.

3.35. Further, it will introduce the Strategic Planning Group, its role in the strategic planning process and will establish the locality arrangements described in paragraph 3.12.

3.36. **The Evidence:** it is proposed that this section outlines the local policy drivers that affect health and social care, such as any relevant parent organisation plans and strategies and the Renfrewshire Community Plan 2013- 2023. The section will then contain a strategic needs assessment, which will present local data and analysis to form the basis of the Partnership's strategic decisions. This assessment will show the current position; for example, it may outline current population or deprivation information as it relates to the localities identified and it will then forecast how these are expected to change or develop in the future.

3.37. The Evidence section will set out the resources that are available to the Partnership and those in the wider local area, where this is known; for example, where resource information from third (voluntary) sector partners is available. This will include financial resources, staff, buildings and any other relevant resources. The services that are currently provided will be mapped and analysed in terms of future population and need projections. It is hoped that information from wider partners, such as the number of people using their

services, will be obtained during the joint strategic commissioning process so that the Strategic Plan can contain a holistic local picture.

3.38. It is proposed that the section concludes by recognising the implications of the local evidence in the context of what is already known nationally, that “more of the same” may not meet the changing and complex demands on services in the future. This subsection will be termed “The Case for Change.” A case study example will be used to illustrate this conclusion in an easy to understand way.

3.39. The Evidence section will reflect the work that is ongoing to produce joint strategic commissioning plans for individual care groups.

3.40. **Our Strategy:** it is proposed that this section will use analysis of the evidence above as it evolves through the Partnership’s engagement and consultation process to identify the Partnership’s high level strategic priorities over the period of the Strategic Plan. Key themes are likely to emerge during the joint strategic commissioning process, which will form the basis of these priorities.

3.41. The section will outline how the Partnership will work towards these high level priorities for each care group by linking the available resources to actions that the HSCP will take to achieve or contribute to achieving them. Case study examples will be used to illustrate this in an easy to understand way

3.42. The plan will outline high level actions which will be required to successfully deliver the key priorities identified within the plan. Detailed action plans will be developed within the client group commissioning plans which will be progressed during 2016 following approval of the Strategic Plan in March 2016. A detailed action plan is currently being implemented for older people's services following on from the approval of the Ten Year Joint Commissioning Plan for Older People in 2014.

3.43. **Joint Strategic Commissioning**: it is proposed that this section explains the joint strategic commissioning process that the Partnership has undertaken in detail, highlighting the model adopted locally and how the “Analyse, Plan, Do, Review” cycle of work will continue after the Strategic Plan is published. The section will, in particular, highlight that further, more detailed, care group-focussed plans are being developed and that there will be further engagement on all of these.

3.44. **Planning Framework:** it is proposed that this section illustrates the Partnership’s wider strategic planning framework and will in part take the form of an illustrative diagram. The diagram shows all of the Partnership’s major plans and emphasises the connections and relationships between them in terms of contributing to the Partnership’s objectives and the national health and wellbeing outcomes. The section will also illustrate the strategic planning environment outside the Partnership, such as its relationship with Council and NHS policies and strategies and the Renfrewshire Community Plan. (Appendix 1)

3.45. **Consultation Paper (Consultative Drafts only):** it is proposed that this section invites readers to give their views on the draft Strategic Plan and that it

contains a consultation questionnaire. The section will highlight different methods by which readers can respond to the consultation and will signpost readers to alternative formats inlcuding; easy-read, large print and languages other than English.

3.46. **Equalities and Human Rights:** it is proposed that this section outlines the equalities and human rights impact assessment activities that have been undertaken during the development of the Strategic Plan.

3.47. It is proposed that the term of the Strategic Plan will be three years, covering the period 2016-2019. Reviews will be conducted annually during this time.

3.48. **Documents Published Alongside Strategic Plan**

3.49. Two additional documents are required to be published alongside the Strategic Plan.

3.50. The first is a statement describing the process by which the Partnership developed the Strategic Plan. This statement should describe the actions taken by the Partnership to engage in a fully transparent and inclusive strategic commissioning process and will ensure that the legal milestones are addressed.

3.51. The second is the annual financial statement of the Partnership. The financial statement must show how much the Partnership intends to spend on implementing the Strategic Plan.

3.52. **Strategic Planning Group**

3.53. The 2014 Act requires that the IJB seeks the views of the Strategic Planning Group on its proposals for the Strategic Plan. It is therefore recommended that IJB members agree to remit this report, once approved, to the Strategic Planning Group for its consideration.

3.54. A paper detailing the Strategic Planning Group's representations will be reported to the next meeting of the IJB.

Implications of the Report

1. **Financial –** The Strategic Plan to which this report refers will have implications for the Health and Social Care Partnership's financial planning.

2. **HR & Organisational Development –**

3. **Community Planning**

4. **Legal –**

5. **Property/Assets –**

6. **Information Technogloy –**

7. **Equality & Human Rights –** The recommendations containted within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –**

9. **Procurement –**

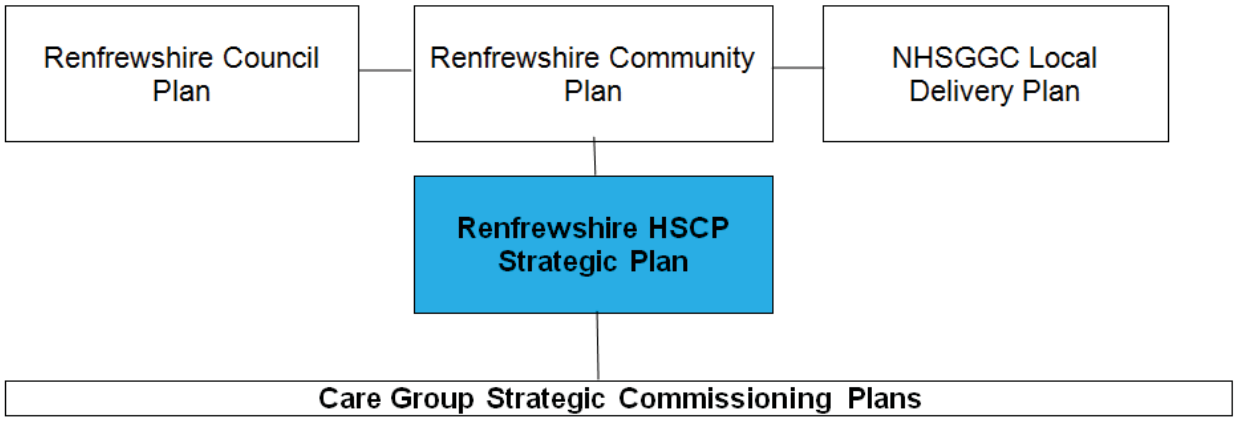
10. **Risk –**

11. **Privacy Impact -**

List of Background Papers – None

Author: Claire Kavanagh, Senior Resource Officer Policy and Planning, Renfrewshire Council; Tel: 0141 618 7548.

Appendix 1: Local Strategic Planning Context



To: **Integration Joint Board**

On: **18 September 2015**

Report by: **Chief Officer Designate**

Heading: **Renfrewshire HSCP Performance Management Arrangements for 2015/16**

1. Summary

1.1. The Health and Social Care Partnership will assume full responsibility for delegated services for the reporting year April 2016/March 2017. A performance framework is required to ensure we operate with informed, effective and efficient management of services and to provide a coherent picture of the outcomes achieved by the Partnership.

1.2. The Scottish Government has developed National Health and Wellbeing Outcomes supported by a Core Indicator Set to provide a framework for Partnerships to develop their performance management arrangements. These have been drawn into a National Information Framework available in the List of Background Papers section at the end of this report. Existing measures and targets from the service plans of the parent organisations, national measures such as the NHS HEAT (Health Improvement, Efficiency, Access and Treatment) targets and agreed Community Planning arrangements will provide a further basis for development in the Partnership.

1.3. This report sets out proposals for interim performance reporting arrangements for 2015/16 using a simple performance scorecard and also outlines the work to be undertaken to develop an HSCP Performance Management Framework for 2016/17.

2. Recommendations

2.1. That the scorecard presented in Appendix 1 is adopted for performance reporting in 2015/16. The Integration Joint Board will receive performance updates for mid-year (April – September 2015) in November 2015 and year end (April 2015 – March 2016) in June 2016. It should be noted that the indicators in the scorecard are reported at a number of frequencies and that information may not always be available at the end of a reporting period. Updates will include all information available at that point.

2.2. The Outcomes and Performance Management Integration Work Stream takes forward the development of the HSCP 2016/17 Performance Management Framework, building on the proposed 2015/16 reporting arrangements, feedback on these as the year progresses, national direction, the Partnership's Strategic Plan, locality and financial reporting arrangements.

2.3. A Performance Management Framework for 2016/17 will be brought to the Integration Joint Board in March 2016.

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3. Background

3.1. Performance Reporting 2015/16

Clause 4.4 of the Integration Scheme requires the development of proposals for performance management based on the existing targets and measures of the parent organisations. For 2015/16 only, a joint performance scorecard has been prepared on this basis (see appendix 1) and is proposed as the HSCP's basis for performance reporting during this year.

The scorecard is structured on the nine National Outcomes and shows which service area the performance measures cover. It also includes measures from the Core Indicators' set, incorporating some high level outcome indicators drawn from the annual Health and Care Experience Survey. Further details of these Core Indicators are available under the List of Background Papers section at the end of this report.

Although this performance scorecard reflects currently reported measures, there may be areas of delegated service where indicators have yet to be finalised e.g. acute services, housing aids and adaptations. Targets have been taken from those set out in the respective plans of the parent organisations. Moving forward, agreeing targets for the performance framework will be a key task, once the strategic priorities of the Partnership have been established.

Work undertaken to establish the performance reporting structure for this financial year will provide the basis for development work on the full Performance Framework for 2016/17. Feedback from our performance reporting during 2015/16 will be taken into account to ensure a balanced coverage in terms of services, outcomes and performance measures in 2016/17.

The parties have developed a list of targets and measures that relate to non-delegated functions which we will take into account when preparing the Strategic Plan. Our interface arrangements will support our influence on and contribution to these non-delegated functions.

3.2. **Performance Management Framework 2016/17**

Clause 4.4 of the Integration Scheme further states that the parties will jointly develop a Performance Management Framework (PMF) focused on the delivery of the outcomes set out in the Partnership's Strategic Plan and set out nationally by the Scottish Government. This will form the basis of performance reporting to the Integration Joint Board and the annual report to the Scottish Government.

The Partnership is committed to establishing its Performance Management Framework in the first year of the Integrated Joint Board and reviewing arrangements annually thereafter. An Outcomes and Performance Management Integration Work Stream has been set up to take forward the initial development work and will work with Heads of Service and other Managers to establish new performance arrangements for the Health & Social Care Partnership.

The following areas will provide the focus for development work to produce a Performance Management Framework from the basis of current reporting arrangements:

Local Outcomes – The local outcomes established in the Partnership's Strategic Plan will provide the specific focus for the new Framework. Work on the Framework should ensure that progress in delivering locally agreed outcomes is clearly articulated.

Localities – A performance report must include an assessment of performance in planning and carrying out functions in localities, including:

(a) a description of the arrangements made for the consultation and involvement of groups in decisions about localities.

(b) an assessment of how the arrangements described have contributed to provision of services in each locality.

Financial Reporting - The Scottish Government has indicated that reporting on the efficient use of resources is a key component of the Performance Framework. Discussions on how financial information is best used to build indicators while demonstrating best value from resources will be progressed with the Chief Financial Officer.

A full description of the Partnership's responsibilities on performance management is available in the Scottish Government Regulations in the List of Background Papers section at the end of this report.

Implications of the Report

1. **Financial –** None

2. **HR & Organisational Development –** None

3. **Community Planning -** None

4. **Legal –** Meets the obligations under clause 4.4 of the Integration Scheme.

5. **Property/Assets –** None

6. **Information Technology –**

7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.

8. **Health & Safety –** None

9. **Procurement Risk –** None

10. **Risk –** None

11. **Privacy Impact -** None

List of Background Papers –

National Health and Wellbeing Outcomes Framework

http://www.gov.scot/Publications/2015/02/9966/downloads

National Core Suite of Integration Indicators

http://www.gov.scot/Topics/Health/Policy/Adult-Health-SocialCare-Integration/Outcomes/Indicators/Indicators

Integration Scheme for Renfrewshire

http://www.renfrewshire.gov.uk/wps/wcm/connect/991738fa-9967-4903-9e88-02555950db25/sw-RenfrewshireFinalIntegrationScheme.pdf?MOD=AJPERES

The Public Bodies (Joint Working) (Content of Performance Reports) (Scotland) Regulations 2014

http://www.legislation.gov.uk/ssi/2014/326/pdfs/ssi_20140326_en.pdf

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Authors:

Clare Walker, Planning and Performance Manager

Danny McAllion, Senior Information and Research Analyst

Appendix 1
Renfrewshire Health & Social Care Partnership Scorecard 2015/16

PI Status	
	Alert
	Warning
	OK
	Unknown
	Data Only

Long Term Trends	
	Improving
	No Change
	Getting Worse

Short Term Trends	
	Improving
	No Change
	Getting Worse

National Outcome 1. People are able to look after and improve their own health and wellbeing and live in good health for longer

PI code & name	Service	Frequency
National Core Indicators		
1. Percentage of adults able to look after their health very well or quite well	Partnership	Annual
11. Premature mortality rate	Partnership	Annual
Local Indicators		
Reduce smoking in pregnancy	Health Improvement	Quarterly
Breastfeeding exclusive for 6-8 weeks	Health Improvement	Quarterly
Increase in the number of people who assessed their health as good or very good	Health Improvement	Annual
Increase the percentage of people participating in 30 minutes of moderate physical activity 5 or more times a week	Health Improvement	Annual
Reduce the percentage of adults who smoke	Health Improvement	3 Years
Increase the average score on the short version of the Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)	Health Improvement	Annual
Reduce the percentage of adults that are overweight or obese	Health Improvement	3 Years

National Outcome 2. People are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

PI code & name	Service	Frequency
National Core Indicators		
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible	Partnership	Annual
19. Delayed discharge bed days	Partnership	Annual
Local Indicators		
The number of delayed discharges over 72 Hours	Adult Services	Quarterly
Number of acute bed days lost to delayed discharges (including Adults with Incapacity)	Adult Services	Quarterly
Number of acute bed days lost to delayed discharges for Adults with Incapacity (AWIs)	Adult Services	Quarterly
Percentage of clients accessing out of hours home care services (65+)	Adult Services	Quarterly
Total number of homecare hours provided as a rate per 1,000 population aged 65+	Adult Services	Quarterly
Percentage of homecare clients aged 65+ receiving personal care	Adult Services	Quarterly
Percentage of homecare clients aged 65+ receiving a service during evening/overnight.	Adult Services	Quarterly
Total number of clients receiving telecare (75+) per 1000 population	Adult Services	Quarterly
Percentage of clients on the OT waiting list allocated a worker within 4 weeks	Adult Services	Quarterly
The average number of clients on the Occupational Therapy waiting list	Adult Services	Quarterly
Number of patients registered with Dementia	Adult Services	Monthly
People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support	Adult Services	Annual
Number of older people with an Anticipatory Care Plan	Adult Services	Annual
Number of Private Sector Housing Grants awarded to disabled tenants to improve private homes	Aids & Adaptations	Annual
Percentage of approved applications for medical adaptations completed during the reporting year.	Aids & Adaptations	Annual
The average time to complete medical adaptation applications.	Aids & Adaptations	Annual

National Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

PI code & name	Service	Frequency
National Core Indicators		
3. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	Partnership	Annual
4. Percentage of adults receiving any care or support who rate it as excellent or good	Partnership	Annual
Local Indicators		
Child and Adolescents Mental Health (CAMHS) - % of patients seen within 18 weeks	Children's Services	Monthly
Number of staff trained in Equality and Diversity Training	Partnership	Annual
Number of routine sensitive inquiries carried out	Partnership	Annual
Number of referrals made as a result of the routine sensitive inquiry being carried out	Partnership	Annual
Primary Care Mental Health Team waits: Percentage of patients referred to first appointment offered < 4 weeks Percentage of patients referred to first treatment appointment offered < 9 weeks	LD, MH and Addictions	Monthly
Percentage of patients who started treatment within 18 weeks of referral to Psychological Therapies	LD, MH and Addictions	Quarterly
A&E waits less than 4 hours	Acute	Monthly
Deaths in acute hospitals: % 65+ % 75+	Acute	Quarterly

National Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users

PI code & name	Service	Frequency
National Core Indicators		
6. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.	Partnership	Annual
12. Emergency admission rate	Partnership	Annual
Local Indicators		
Alcohol brief interventions	Health Improvement	Quarterly
Reduction in the rate of alcohol related hospital admissions per 100,000 population	Health Improvement	Quarterly
Reduce general acute inpatient & day case discharges with a diagnosis of drug misuse in any position 3 year rolling average rates per 100,000	Health Improvement	Annual
Reduce the estimated prevalence of problem drug use amongst 15-64 year olds (percentage of total population age 15-64)	Health Improvement	Annual
Emergency bed days rate 75+	Acute	Monthly
Emergency admissions from care homes	Acute	Annual
Paediatric Speech and Language Therapy Wait Times: Triaged within 8 weeks Assessment to appointment within 18 weeks	Children's Services	Monthly
GP Access: 48 hour access Advance booking	Health Improvement	Annual
Uptake rate of 30-month assessment	Children's Services	Annual
At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation	Health Improvement	Quarterly
Reduce the percentage of babies with a low birth weight (<2500g)	Health Improvement	Quarterly
Reduce the rate of pregnancies for those under 16 years of age (rate per 1,000 population)	Health Improvement	Annual

National Outcome 5. Health and social care services contribute to reducing health inequalities.

PI code & name	Service	Frequency
National Core Indicators		
11. Premature mortality rate	Partnership	Annual
Local Indicators		
Smoking cessation – non smokers at the 3 month follow up in the 40% most deprived areas	Health Improvement	Quarterly
Reduce smoking in pregnancy (SIMD)	Health Improvement	Quarterly
Breastfeeding in deprived areas	Health Improvement	Quarterly
Number of quality assured EQIAs (Equality Impact Assessments) carried out	Health Improvement	Annual
Reduce the gap between minimum and maximum (male) life expectancy in the communities of Renfrewshire (Bishopton and Ferguslie)	Health Improvement	2 Years
Number of staff trained in Gender Based Violence (GBV)	Health Improvement	Annual
Number of referrals to financial inclusion and employability services	Health Improvement	Annual

National Outcome 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

PI code & name	Service	Frequency
National Core Indicators		
7. Percentage of carers who feel supported to continue in their caring role	Partnership	Annual
14. Percentage of adults with intensive care needs receiving care at home	Partnership	Annual
Local Indicators		
Number of carers' assessments completed for adults (18+)	Adult Services	Quarterly
Number of carers' self assessments received for adults (18+)	Adult Services	Quarterly
Number of carers reporting they are better supported in their caring role	Adult Services	Annual
Total number of weeks of respite care provided (all clients groups)	Adult Services	Annual

National Outcome 7. People who use health and social care services are safe from harm.

PI code & name	Service	Frequency
National Core Indicators		
8. Percentage of adults supported at home who agree they felt safe	Partnership	Annual
10. Suicide rate	Partnership	Annual
Local Indicators		
Reduction in the proportion of adults referred to Social Work with three or more incidents of harm in each year	Adult Services	Annual
Reduction in the proportion of children subject to 2 or more periods of child protection registration in a 2 year period	Children's Services	Annual

National Outcome 8. People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

PI code & name	Service	Frequency
National Core Indicators		
10. Percentage of staff who say they would recommend their workplace as a good place to work	Partnership	Annual
Local Indicators		
No. of planned SW Health & Safety Audits undertaken (both internal and 3rd party)	Corporate	Annual
No of SW employees, in the MTIPD process, with a completed IDP	Corporate	Annual
Sickness Absence rate	Corporate	Monthly
% of health staff with completed e-KSF/PDP	Corporate	Monthly
Induction Completion rates: % of Health Care Support Worker staff with mandatory induction completed within the deadline % of Health Care Support Worker staff with standard induction completed within the deadline	Corporate	Monthly
% of complaints responded to within 20 days	Corporate	Quarterly

National Outcome 9. Resources are used effectively in the provision of health and social care services, without waste.

PI code & name	Service	Frequency
National Core Indicators		
12. Readmission to hospital within 28 days	Partnership	Annual
20. Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	Partnership	Annual
Local Indicators		
Care at home costs per hour (65 and over)	Chief Finance Officer	Annual
Direct Payment spend on adults 18+ as a % of total social work spend on adults 18+	Chief Finance Officer	Annual
Net Residential Costs Per Week for Older Persons (over 65)	Chief Finance Officer	Annual
Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement	Chief Finance Officer	Annual
Prescribing variance from budget	Pharmacy	Annual
Formulary compliance	Pharmacy	Annual
Cost per weighted patient	Pharmacy	Annual
% of GPs participating in medicines management LES	Clinical Director	Annual