
range of activities being progressed and manage these in a controlled and coordinated way.

- 3.5. Furthermore this approach offers reassurance to the parent organisations, in advance of the prescribed functions being delegated by 1 April 2016, that well organised preparations are underway to implement the appropriate supporting organisational governance arrangements .

4. Programme Governance and Delivery Model

- 4.1. The Health and Social Care Integration Programme, led by the Chief Officer, will run until 1 April 2016.

- 4.2. This programme is being delivered by nine specialist Workstreams, which will progress the key elements of integration as articulated in the Public Bodies (Joint Working) (Scotland) Act 2016 -

1. Governance
2. Consultation, communication and engagement
3. Strategic Planning
4. Performance Management
5. Delivering for localities
6. Workforce (HR and Organisational Development)
7. Clinical and Care Governance
8. Finance
9. Information sharing and ICT

- 4.3. Each Workstream has identified Lead Officers, from each of the parent organisations, who are accountable for, and represent the interests of their Workstream. The Leads are working closely with service managers to ensure the programme is comprehensive in its approach and reflects the operational needs of integrated front line services.

- 4.4. A Programme Board has been established to manage this overall programme of work. The Programme Board has 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 sit on this Board and are responsible for updating the Chief Officer on their Workstream area.

- 4.5. The Chief Officer will provide regular programme update reports to the IJB, and seek their consideration on matters as appropriate.

- 4.6. **Appendix 1** provides a diagrammatic overview of the programme governance and delivery model which has been established.

5. Programme Board

5.1. The Programme Board's prime purpose is to drive the programme forward and ensure the appropriate and coordinated integration arrangements are in place by 1 April 2016. Members of the Programme Board are individually accountable to the Chief Officer for their areas of responsibility and delivery within the programme.

Programme Board membership		
Role	NHS GGC	Council
Senior Responsible Officer (SRO) & Workstream 1: Governance Lead Officer	David Leese, Chief Officer Designate	
Workstream 2: Communications, consultation and engagement Lead Officer	Sylvia Morrison, Head of Primary Care & Community Services	Annette McCann, Communications Manager
Workstream 3: Strategic Planning	Fiona MacKay, Head of Planning & Health Improvement	Anne McMillan, Head of Resources (Transitions)
Workstream 4: Performance Management Lead Officer		
Workstream 5: Delivering for Localities Lead Officer	Sylvia Morrison, Head of Primary Care & Community Services	Shiona Strachan, Head of Adult SW Services
Workstream 6: Workforce Lead Officer	<i>Different Workforce Leads attend as required -</i>	
I. HR Policies & Procedures	Catriona Chambers, Head of HR, NHS GCC	Carol Donnelly, Head of HR and OD
II. Organisation Development & Workforce Plans	Janice Turnbull, Senior OD Advisor	
III. Learning & Development	Paul Watt, Senior Learning & Education Advisor, NHS GCC	Felix Haggerty, SW Training & Development Manager
Workstream 7: Clinical and Care Governance, Professional Standards and Quality Assurance Lead Officer	Katrina Phillips, Head of Mental Health and Addictions	Shiona Strachan, Head of Adult SW Services
Workstream 8: Finance Lead Officer	Sarah Lavers, Chief Finance Officer	
	Jonny Bryden, Head of Finance	Anne McMillan, Head of Resources (Transitions)
Workstream 9: Information Sharing and ICT Lead Officer	Jonny Bryden, Head of Finance	Anne McMillan, Head of Resources (Transitions)
Programme Manager	Frances Burns	
Programme Support Officer	James Higgins	

5.2. Subject specialists and clinical leads from parent organisations services are also invited to attend the Programme Board on an ad-hoc basis to provide expertise on areas such as professional standards / clinical and care governance, risk management and legal matters.

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- 5.3. The Programme Board meets fortnightly and meetings are chaired by the Chief Officer. All decisions and agreed actions are minuted.
 - 5.4. The Programme Manager circulates a Programme Status Report, meeting agenda and any supporting papers in advance of each meeting. The Status Report summarises the progress across the Programme Workstreams, and highlights any decisions required and risks / issues which require to be escalated for the attention of the Programme Board.

6. Programme Workstreams

- 6.1. All Workstreams have now been established and have agreed Terms of Reference. Delivery plans are in place for the Strategic Planning, Clinical and Care Governance and Delivering for Localities Workstreams. The remaining Workstreams will have supporting plans in place by the end of June 2015, although work has commenced in all workstream areas .
- 6.2. The Programme Board is also setting up a Programme Reference Group/Network. This group/network will have a broad range of representatives from the key stakeholder groups and act as a 'sounding board' for all Workstreams. The Programme Manager is currently working with the Programme Board to agree the composition and Terms of Reference of this group/network.
- 6.3. The table below provides an summary of the nine programme Workstreams -

Workstream	Remit
1. Governance	<ul style="list-style-type: none"> • To propose a corporate governance structure within which the Chief Officer, partner agencies and their staff will operate. • To propose a decision making structure within which integrated functions will be planned and measured against joint nationally agreed outcomes set by Scottish Government • To develop proposals, in line with legislation, for integrated governance arrangements that satisfy both NHS and GCC accountability requirements. • To consider the implications of the new arrangements on existing governance and scrutiny measures and to propose necessary amendments to the same as required • The governance structure will also cover the development of proposals in relation to <ul style="list-style-type: none"> - An IJB Vision and supporting Strategic Objectives - IJB Governance - IJB Development - A Senior Leadership Group Development - Health and Safety processes and procedures - Complaints and FOI processes and procedures - Risk, Insurance and Business Continuity plans and arrangements - Changes to Council Scheme of Delegation - The provision and management of Hosted Services
2. Consultation, comms & engagement	<ul style="list-style-type: none"> • To develop branding/ identity for the Partnership. • To undertake stakeholder mapping to explore the most effective and innovative ways to engage groups. • To produce regular update briefings for all staff - the first Partnership Team Brief was recently issued. • To ensure all key messages coming out of workstreams and the Integrated Joint Board are consistent, relevant and shared • To produce a communications strategy and supporting plan • To produce a participation and engagement strategy.
3. Strategic Planning	<p>To develop a strategic planning process and a Strategic Plan which provides guidance and direction to the IJB to improve the health and wellbeing of Renfrewshire's population based on current and future needs. This will involve</p> <ul style="list-style-type: none"> • producing proposals for the structure and content of the Strategic Plan • developing a transparent process for the selection of the members of the Strategic Planning Group • managing the coordination and facilitation of the Strategic Planning Group • agreeing a consultation approach and developing supporting

	<p>materials, liaising with the Communication Workstream to coordinate the Partnerships overall consultation and engagement strategy</p> <ul style="list-style-type: none"> • assisting the IJB produce drafts of Strategic Plan • producing reports as necessary to consult, update and approve the Strategic Plan. • ensuring all the requirements of the Act and supporting regulations and guidance are met
4. Performance Management	<ul style="list-style-type: none"> • To develop a performance framework which meets the needs of both parent organisations and which can robustly evidence achievement of the statutory National Health and Wellbeing Outcomes
5. Delivering for localities	<ul style="list-style-type: none"> • To define and recommend options for the establishment of localities in Renfrewshire • To research and recommend options for ways of developing and delivering services in localities • To recommend ways in which the locality planning work aligns with work on the delivery of the Integrated Strategic Plan and the Community Planning Partnership arrangements (this will include a consultation and partnership planning process).
6. Workforce	<p>To support the wellbeing and development of staff in the Health and Social Care Partnership by</p> <ul style="list-style-type: none"> • ensuring there are HR policies and procedures in place which meet the needs of both organisations as services are integrated • developing organisational development and workforce plans to support staff through change • developing a Learning and Development Plan • gain a shared understanding of the differences in the two parent authorities Terms and Conditions for front line staff.
7. Clinical & Care Governance	<p>To develop a shared Clinical, Care and Practice Governance, Professional Standards and Quality Assurance Framework, based on the legislative requirements and best practice from both parent organisations, which is consistent with the Partnership’s vision and strategic objectives and the values of the service.</p> <p>As part of this work, the group will seek to:</p> <ul style="list-style-type: none"> • identify common values, principles and core components of governance and provide advice to the Partnership’s Senior Leadership Group • develop a network of clinical and care governance groups in the relevant service areas with supporting Terms of Reference for each • bring forward proposal for the establishment of a clinical and care governance (sub committee)

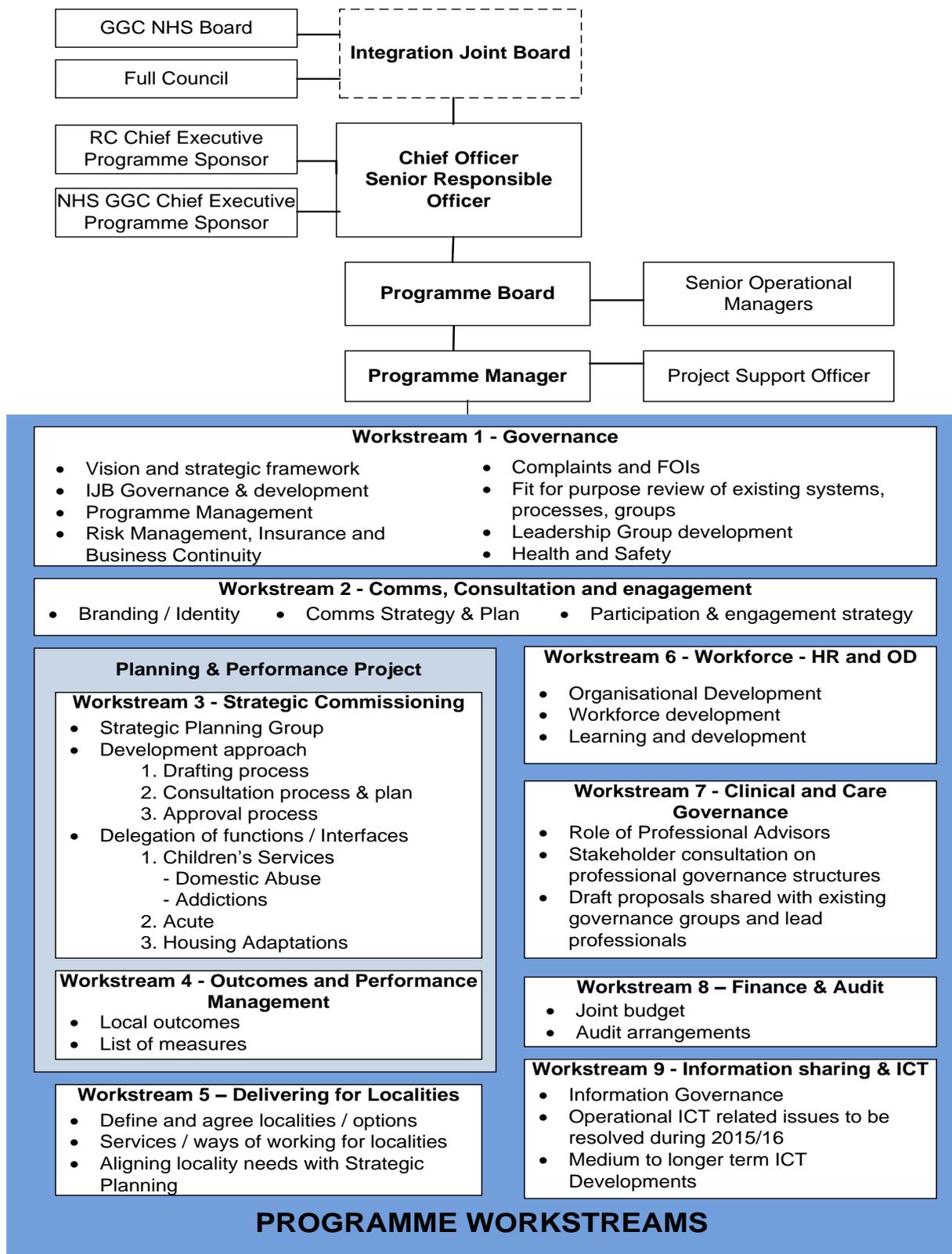
8. Finance & Audit	<p>To put in place the necessary financial management arrangements to support the effective integration of services in Renfrewshire and the work of the Integrated Joint Board (IJB).</p> <ul style="list-style-type: none"> • To ensure the due diligence is completed to the satisfaction of Renfrewshire Council and NHSGGC. • To ensure that appropriate financial arrangements are in place for internal management and IJB reporting purposes • To ensure that appropriate arrangements for financial control, assurance and risk are in place, and in line with statutory requirements and professional guidance • Make provision within the ledger for the IJB • To develop appropriate arrangements for financial planning as part of the IJB strategic planning process • To develop arrangements for in-year budgetary control of the integrated budget to allow for effective management by budget holders • To ensure robust financial regulations are developed for the IJB • To develop internal audit arrangements for the IJB • To understand the external audit approach which will be taken for the IJB
9. Information sharing and ICT	<ul style="list-style-type: none"> • To ensure sound Information Governance arrangements are in place including the development of a local Information Sharing Protocol (ISP) • To prioritise the key operational ICT related issues which need to be addressed in the short term and develop a plan to resolve these during 2015/16. • To set out the ICT related priorities for future years consistent with ongoing developments at Council and Health Board level.

7. Delegation of Council functions, currently outwith Social Work Adult Services

- 7.1. A number of Council functions which must be delegated to the IJB currently sit outwith Adult Social Work Services. Addictions and Gender Based Violence are delivered by Childrens Social Work Services and Housing Adaptations and Garden Maintenance are managed by Housing and Development Services.
- 7.2. In addition to the Workstreams, Leads Officers have also been identified to explore the most appropriate approaches to delegate these each of these functions and develop the supporting mechanisms/structures required to ensure the key links within the Council and across partnership agencies are maintained and developed.
- 7.3. Proposed approaches and supporting transition plans for each function are currently being developed for consideration by the Chief Officer.

Appendix 1 – Programme Governance and Delivery Model

The diagram below provides an overview of the governance model for 2015 Health and Social Care Integration Programme.



Implications of the Report

1. **Financial** – financial governance arrangements being developed to support effective joint working within allocated budgets.
2. **HR & Organisational Development** – Integrated service arrangements may have an impact on parent organisation staffing structures, associated responsibilities and management arrangements as these are developed.
3. **Community Planning** - Integrated service arrangements will require to link effectively to community planning structures and to the parent organisations to ensure appropriate levels of scrutiny and accountability are maintained.
4. **Legal** – programme management 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** – appropriate data sharing supported by IT systems will be required under new integrated arrangements as these are developed.
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 published on the Council’s website.
8. **Health & Safety** – parent organisation Health and Safety arrangements will be reviewed to ensure they meet the needs of the IJB.
9. **Procurement** – Integrated service arrangements will need to be supported by flexible, yet robust procurement systems.
10. **Risk** – Risk management arrangements will require to be developed on an integrated basis.

List of Background Papers – none

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