

# CÙRAM IS SLAINTE NAN EILEAN SIAR

## INTEGRATION JOINT BOARD



Meeting date:	30 November 2023
Item:	8.1
Title:	Review of Integration Scheme
Responsible Officer:	Chief Officer
Report Author:	Chief Officer

### 1 Purpose

This is presented to the Integration Joint Board (IJB) for:

- Decision

This report relates to a:

- Government policy/directive
- Legal requirement

Competence:

- There are no legal, financial or other constraints associated with the report.

### 2 Report summary

#### 2.1 Situation

The Western Isles Integration Scheme was submitted to Scottish Government and approved by Scottish parliament on 21<sup>st</sup> September 2015. There is a requirement to review the scheme in line with the conditions set out in Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014.

A review was scheduled to be undertaken in 2020 however given vacancy of the Chief Officer post and global COVID-19 the review of the integration scheme was delayed. There is a legal requirement to review scheme within 5 years of approval.

The Scottish Government, recognising the pressures imposed on integration joint boards by the coronavirus pandemic, has not rigidly applied that rule. It has instead suggested that boards carry out a brief, initial review which may note anything that requires further consideration, and set out plans for the completion of that work at a later date by way of a full review, including, if appropriate, the production of a successor scheme. In the

meantime, the current schemes will remain in force. It appears that the Scottish Government does not expect the initial review to be subject to the requirements of the Act in respect of public consultation, although certainly those requirements will apply to the subsequent full review.

Previously changes were made to the standing orders with regards to dispute resolution, however this does not materially impact the scheme.

The Act requires that the local authority and Health Board carry out the review. However, given that the IJB operates the scheme, it is the IJB that is best placed to recommend if any changes are required.

Pending the decision from the Board correspondence to both Health Board and Local Authority with a clear recommendation will be required.

## **2.2 Background**

Given the requirement to review the scheme and in recognition of the context outlined regarding the impact of global pandemic the Board was content with the delay in the review.

Nonetheless the requirements of the Act to evidence consideration of the integration planning principles and the national health and wellbeing outcomes (section 3) and to consult (section 6) must still be observed.

The review will consider and advise on any changes required to the overall Aims, Vision, Scope, Local Governance arrangements and functions delegated in the Integration Schemes, and advise on our consultation strategy.

Overall the purpose of the review is to identify whether any changes to the scheme are necessary or desirable.

The IJB undertook an initial review by identifying areas of the scheme on which it proposes to concentrate when carrying out the full review. It is suggested that one area for the full review should be the dispute resolution mechanism (clause 16). The initial review concluded that the arrangements outlined in the standing orders are sufficient and therefore this would not be included in the full review.

## **2.3 Assessment**

A review of the scheme has been undertaken in the period June – October 2023. Except for the clinical and care governance arrangements noted below for update within the scheme no significant update of the scheme is recommended.

Therefore, given that minor changes only are indicated no successor changes to the scheme are indicated. In turn this would require a revision locally to the local authority and health board for approval and onwards via proportionate consultation to Scottish Ministers for approval.

The IJB are asked to note the below in reference to Clinical and Care Governance arrangements as outlined below.

Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It creates a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone - built upon partnership and collaboration within teams and between health and social care professionals and managers.

The main partners have well established governance systems to provide governance oversight in terms of clinical and care governance, as well as assurance for professional accountabilities. These cover service responsibilities, staff governance and service user considerations and their scope will support the IJB in fulfilling its clinical and care governance responsibilities.

Normal assurance mechanisms are via the presentation of annual reports specifically Healthcare Governance Committee (NHS) and Chief Social Work Officer Annual Report (CnES)

To deliver on the outcomes and principles, all staff will need to work in an integrated way to ensure that the different skills, experience, knowledge and perspectives they bring are best used and aligned to support the outcomes that individuals seek from the care and support they receive.

This will be delivered through a clinical and care governance framework within which professionals and the wider workforce will operate and a clear understanding of the contributions and responsibilities of each person.

Established overarching mechanisms are already in place for each professional group of staff and these will continue. The Integration Scheme's Clinical and Care Governance arrangements support staff to work together to deliver on shared priorities and objectives, where this requires co-ordination across a range of services, including the third sector. This places people and communities at the centre of all activity in relation to the governance of clinical and care services, as shown in the diagram below:

NHS Chair and Council Leaders, NHS Non Executive Directors and Elected Members	Chief Executives / Chief Officer / Directors and Senior Managers of Health and Social Care services
People and Communities	
All those providing integrate care services	Scottish Government

The process of providing assurance to the IJB on Clinical and Care function of the Health and Social Care Partnership is described in the algorithm (appendix 2).

The algorithm outlines the process of escalation through robust governance decision making points. The first point of reporting/review resides with the HSCP Senior Management Team. Considering the individual risk assessment/score, if the risk item scores 15 or above (high) then the risk would be escalated to Integrated Corporate Management Team (ICMT) for discussion/decision.

The decision would be taken based on the impact and likelihood of the risk and whether this could be managed through operational processes or whether if significant it would

require discussion/decision through the IJB Audit and Risk Committee and onwards to full IJB.

### **2.3.1 Quality/ Patient Care**

The report has no direct impact on quality of care (and services).

### **2.3.2 Workforce**

No direct impact on the workforce including resources, staff health and wellbeing

### **2.3.3 Financial**

No financial impact

Accountants Name	Signature

Comment from the Chief Finance Officer:
No requirement for sign-off

### **2.3.4 Risk Assessment/Management**

Strategic Risk Register defines risks to the IJB.

### **2.3.5 Equality and Diversity, including health inequalities**

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has not been completed because it is not required.

### **2.3.6 Climate Emergency and Sustainability Development**

State how this report will support or impact on the Scottish Government's policy on Global Climate Emergency and Sustainability Development DL(2021)38.

No direct impact on sustainability

### **2.3.7 Other impacts**

Not applicable

### **2.3.8 Communication, involvement, engagement and consultation**

The Board has will carry out its duties to involve and engage external stakeholders where appropriate:

Proportionate consultation over a 6 week period.

### **2.3.9 Route to the Meeting**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

IJB Audit meeting, 15.11.23

## **2.4 Recommendation**

**Discussion** – For Members' consideration regarding approval of the scheme whilst noting the revised clinical and care governance arrangements currently in place. Following discussion members colleagues will be noted the scheme updated with copy shared with the NHS WI and CnES Chief Executives for approval. The Scheme will be presented at the next series for decision allowing for due consideration as outlined above.

## **3 List of appendices**

The following appendices are included with this report:

Item 8.1.1 – Appendix 1 - Copy of the Scheme of Integration

Item 8.1.2 – Appendix 2 – Integration Scheme review IJB assurance escalation process (draft November 2023)