
Report:	Health & Social Care Committee	Date: 9 January 2020
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No: SW/05/2020/HW
Contact Officer:	Helen Watson	Contact No: 01475 715285
Subject:	Integration Scheme Review Timeline	

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Health & Social Care Committee on the timeline for the review of Inverclyde's Health and Social Care Integration Scheme.

2.0 SUMMARY

- 2.1 The current Integration Scheme is due to be revised by the end of March 2020. Across NHS GG&C, all 6 Integration Schemes require to be reviewed in that timeline. The scheme outlines the governance arrangements of the Integration Joint Board and requires to be agreed between the Council and Health Board. The revised scheme needs to be submitted to the Scottish Government for final approval once it has been through a consultation process and agreed by the Council and Health Board.
- 2.2 As with the original scheme, this work is being done on a GG&C wide basis to ensure as much consistency as possible across the 6 IJBs within NHS GG&C.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Health and Social Care Committee notes and agrees the proposed timeline for this review.

**Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP**

4.0 BACKGROUND

- 4.1 The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland. The Act required health boards and local authorities to integrate strategic planning and service provision arrangements for adult health and social care services.
- 4.2 The Act required that the Council and the Health Board jointly prepared, consulted upon and then approved an Integration Scheme for their local integration authority. The Inverclyde Integration Scheme was approved in 2015 and is the joint agreement between the Council and the Health Board which sets out the arrangements for the integration of health and social care services in Inverclyde and forms the basis for the establishment and continued operation of the Inverclyde Integration Joint Board. The Integration Scheme covers many topics including type of integration model, the scope of the services to be included within the IJB and financial arrangements
- 4.3 The Integration Scheme is a legally binding document which established the IJB as a separate legal entity. The IJB has the full autonomy and capacity to act on its own behalf and so can make decisions about its functions and responsibilities as it sees fit. The IJB then directs the Health Board and Council to act on its behalf.
- 4.4 The original Integration Scheme requires a full review and update by March 2020. At the time of writing the original Integration Scheme, some of the Regulations surrounding the integration of health and social care were still being developed, and the new Scheme will reflect these. Further, there is a need to review hosting arrangements within the new Scheme, to ensure that there is clarity and transparency around which services are hosted on behalf of all IJBs. There will be a review of hosted services and delegated functions as part of the Integration Review.
- 4.5 Further clarity is needed around the technical aspects of hosting arrangements, such as formal agreement on the level of service that is to be expected from the host; how performance information will be provided (including frequency); and how over and underspends are managed.
- 4.6 Audit Scotland published a Review of Integration report in December 2018. Following this Scottish Government has developed a series of recommendations to further support and enhance health and social care integration across Scotland. In response to the Scottish Government paper, each Council, Health Board and IJB has been required to carry out a self-assessment of where they are in relation to each recommendation. The Scottish Government recommendations include:
 - Collaborative leadership - adequate support for the Chief Officer, Chief Financial Officer and IJB Chair in delivering their statutory duties under the IJB must be provided by the Council and Health Board.
 - Integrated Finance and Financial Planning - with the IJBs empowered to use the totality of the resources at their disposal to meet the needs of their local population.
 - Effective strategic planning by the IJB with support from the Council and Health Board.
 - Clear governance and accountability arrangements with responsibility for decisions about the planning and strategic commissioning of all health and social care functions that have been delegated to the IJB sitting wholly with the IJB as a statutory public body. Per the Scottish Government recommendation, such decisions do not require ratification by the Health Board or the Local Authority, both of which are represented on the IJB.
 - Clear directions must be provided by IJBs to Health Boards and Local Authorities to ensure that IJB decisions are implemented in full.
 - Ability and willingness to share information across the entire system.
 - Meaningful and sustained engagement with all partners and local communities through the IJB.

The revised Integration Scheme is being drafted to reflect the recommendations made by Audit Scotland and the Scottish Government.

5.0 TIMELINE FOR REVIEW

- 5.1 As with the original Integration Schemes, a GG&C wide review/writing group has been set up to devise an updated scheme for consideration by the 6 Councils and Health Board prior to submission to Scottish Government for approval. Work has already taken place and an initial draft has been prepared which is in the process of being finalised by the writing group prior to circulation to Councils and Health Boards for comment.

Project Initiation - overall writing group	Sept 2019
Finance Section initial review - CFO group	First draft concluded Oct/Nov 2019
Finance Section - shared with Council and Health Board finance for comment/feedback	Nov/Dec 2019
First draft of whole scheme available	Dec 2019
Updated version to the writing group for final comment	6 Dec 2019
Writing group review	12 Dec 2019
Draft reviewed by Legal services	Dec 2019/ Jan 2020
Submit to Council/Health Board for comment	Jan 2020
Feedback from Council/Health Board	Mid Feb 2020
Revised version to prescribed consultees for comment	Late February to late March 2020
Revised version to CMT	Early 2 nd April 2020
Submit final version to Council, Health Board for approval and IJB for information	Council: 6 th April 2020 submission for 23 rd April 2020 meeting. Health Board: tbc IJB for noting: 24 th April 2020 submission for 19 th May 2020 meeting
Submission to Scottish Government	1 July 2020

5.0 IMPLICATIONS

FINANCE

5.1 Financial Implications:

There are no financial implications arising from this report.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments
N/A					

LEGAL

- 5.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations set out the legislative requirements and prescribed process which require to be followed in respect of revising existing Integration Schemes.

HUMAN RESOURCES

- 5.3 There are no human resources issues within this report

EQUALITIES

- 5.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

x	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. Many of the service users affected by drug and alcohol issues are from areas of deprivation and suffer greater inequalities. Through delivering more recovery orientated care should bring positive impact on service users ability to engage more meaningfully within the community.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO

5.5 **Repopulation**

There are no specific repopulation implications arising from this report.

6.0 CONSULTATION

6.1 None.

7.0 LIST OF BACKGROUND PAPERS

7.1 None