
Report To: Inverclyde Integration Joint Board **Date:** 28 January 2020

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Partnership **Report No:** IJB/08/2020/LA

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Subject: INTEGRATION SCHEME REVIEW TIMELINE

1.0 PURPOSE

- 1.1 The purpose of this report is to update the Integration Joint Board 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 Integration Joint Board notes the work to date proposed timeline for completion of this review.

Louise Long, Chief Officer

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.
- 4.5 Audit Scotland published a Review of Integration report in December 2018. Following this, the 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.

Completed work	
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
Next steps	
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

6.0 IMPLICATIONS

6.1 FINANCE

There are no direct financial implications within 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	Other Comments
N/A					

LEGAL

6.2 There are no specific legal implications arising from this report.

HUMAN RESOURCES

6.3 There are no specific human resources implications arising from this report.

EQUALITIES

6.4 There are no equality issues within this report.

6.4.1 Has an Equality Impact Assessment been carried out?

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YES (see attached appendix)

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.

6.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None

People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

6.5 CLINICAL OR CARE GOVERNANCE IMPLICATIONS

There are no governance issues within this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
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	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
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.	None
Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

7.1	Direction Required to Council, Health Board or Both	Direction to:	
		1. No Direction Required	
		2. Inverclyde Council	
		3. NHS Greater Glasgow & Clyde (GG&C)	
		4. Inverclyde Council and NHS GG&C	X

8.0 CONSULTATION

8.1 This report has been prepared after due consultation with the GG&C Integration Scheme Review Group, Inverclyde IJB Standards Officer and the Chief Officer.