
Report To:	Inverclyde Integration Joint Board	Date:	12 May 2020
Report By:	Louise Long, Corporate Director (Chief Officer), Inverclyde Health & Social Care Partnership	Report No:	VP/LP/057/20
Contact Officer:	Vicky Pollock	Contact No:	01475 712180
Subject:	Inverclyde Integration Joint Board – Temporary Meeting and Decision Making Arrangements		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an overview of the interim governance arrangements for the Inverclyde Integration Joint Board (IJJB) during the COVID-19 pandemic.

2.0 SUMMARY

- 2.1 In light of the ongoing and developing COVID-19 situation and following advice from the Scottish Government it has been necessary to put in place temporary meeting and decision making arrangements to enable the essential and critical business of the IJJB to continue in the circumstances.
- 2.2 This report sets out these arrangements, which will be subject to ongoing review in line with Scottish Government advice and guidance and informed by the experience of the IJJB as the situation progresses.

3.0 RECOMMENDATIONS

- 3.1 It is recommended that the Inverclyde Integration Joint Board:
- notes the content of this report;
 - notes that the scheduled meeting of 19th May 2020 is cancelled; and
 - notes that the next scheduled meeting of the Inverclyde Integration Joint Board is 23rd June 2020.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 At the previous meeting of the IJB on 17 March 2020 it was agreed, in light of the ongoing COVID-19 crisis, to review the arrangements for future meetings at an appropriate time, it being noted that the Chief Officer would utilise her delegated powers as set out in the Scheme of Delegation to officers, in consultation with the Chair and Vice Chair, to deal with matters of an urgent nature.
- 4.2 As matters have developed, further consideration has been given to putting in place suitable governance arrangements for the IJB during this period, taking into account Scottish Government guidance and requirements on social distancing, while also seeking to ensure good governance during this time and to allow officers to focus on the immediate operational matters required to respond to COVID-19.

5.0 IJB MEETINGS

- 5.1 An alternative IJB meeting arrangement proposal was presented to all IJB members by email on 6 April 2020 and all members were given the opportunity to comment on the proposal.
- 5.2 The following meeting arrangements have therefore been put in place:

1. The IJB will have a reduced membership comprised of the following members:

Voting

Chair - Councillor Jim Clocherty

Vice Chair – Alan Cowan

Audit Vice Chair – Councillor Elizabeth Robertson

NHS Voting Member – Simon Carr

Non-Voting

Chief Officer

Chief Financial Officer

Officers

Standards Officer

Committee Officer

2. All future IJB meetings will be conducted by use of a teleconference dial-in facility, the details of which will be provided to the reduced IJB membership in advance of the meeting. The IJB's Standing Orders specifically allow for remote participation.
 3. Meetings will be closed to the public in accordance with Section 50A(3A) of the Local Government (Scotland) Act 1973, as introduced by Schedule 6, Paragraph 13 of the Coronavirus (Scotland) Act 2020.
 4. The number of agenda items will be significantly reduced to focus on COVID-19 and items requiring a decision by the IJB.
 5. Meeting papers will be circulated electronically to all IJB members at least 5 days before the meeting. All members will be able to raise questions and comments in advance of the meeting through the Chief Officer and Chair. Any questions or comments submitted will be read out at the meeting.
- 5.3 The Chief Officer has weekly briefings with the IJB Chair and Vice-Chair. All IJB members will continue to be provided with regular high level briefings for information.
- 5.4 These arrangements will be reviewed monthly by the Chief Officer, Chair and Vice-Chair as matters continue to develop. Normal IJB meeting arrangements will be re-introduced as soon as practicable.

5.5 It is proposed to cancel the scheduled IJJB meeting of 19th May. The next scheduled meeting is 23rd June.

6.0 DELEGATION OF AUTHORITY TO THE CHIEF OFFICER

6.1 Operationally, officers of the HSCP have delegated powers through the Council and the Health Board and decisions are being taken by the Chief Officer, in consultation with both the Chief Executives of the Council and the Health Board in response to the current crisis on a daily basis.

6.2 In relation to urgent strategic matters which usually require a decision of the IJJB, there are provisions within the IJJB's Scheme of Delegation that allow the Chief Officer, in consultation with the Chair and Vice-Chair to take a decision out with the IJJB, as long as it is urgent and cannot wait for the next IJJB meeting and that it is reported to the next available IJJB meeting. These powers will only be used by the Chief Officer in an emergency, where it is not possible or practicable for the matter to be dealt with through an IJJB meeting. A record of all actions taken under this delegated power will be kept and reported to the next available meeting of the IJJB.

7.0 PROPOSALS

7.1 It is proposed that the IJJB notes the temporary meeting and decision making arrangements put in place which allow officers to focus time and resources on responding to the COVID-19 pandemic, while facilitating essential decision making.

8.0 IMPLICATIONS

Finance

8.1 None.

Financial Implications:

One Off Costs

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

Annually Recurring Costs/ (Savings)

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

Legal

8.2 There are no specific legal implications arising from the content of this report.

Human Resources

8.3 None.

Equalities

8.4 There are no equality issues within this report.

8.4.1 Has an Equality Impact Assessment been carried out?

X

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.

8.4.2 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

Clinical or Care Governance

8.5 There are no clinical or care governance issues within this report.

National Wellbeing Outcomes

8.6 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	None

from harm.	
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

9.0 DIRECTIONS

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

10.0 CONSULTATIONS

10.1 The Corporate Director (Chief Officer) has been consulted in the preparation of this report.

11.0 BACKGROUND PAPERS

11.1 N/A