AGENDA ITEM NO: 8

Report To:	**Inverclyde Integration Joint Board**	**Date:**	**10 May 2016**
Report By:	**Brian Moore Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)**	**Report No:**	**IJB/28/2016/BC**
Contact Officer:	**Beth Culshaw Head of Health and Community Care**	**Contact No:**	**01475 715283**
Subject:	**CLINICAL AND CARE GOVERNANCE PROPOSALS**		

1.0 PURPOSE

1.1 The purpose of this report is to inform the Integration Joint Board of proposals to meet the range of requirements from legislation and policy in relation to Clinical and Care Governance.

2.0 SUMMARY

2.1 Since the formation of the Community Health Partnership in 2010, a range of structures have developed to assure both the Local Authority and the Health Board of effective Clinical and Care Governance arrangements. The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 requires not only services but also governance arrangements to move to a greater level of integration.

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board agree the proposed structure for Clinical and Care Governance in Inverclyde Health and Social Care Partnership, and the timescale for implementation.

Brian Moore
Corporate Director
(Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

4.1 The Integration Scheme of the Inverclyde Integration Joint Board details the requirements in relation to clinical and care governance, as outlined below.

4.2 The Health Board's Chief Executive is responsible for clinical governance, quality, patient safety and engagement, supported by the Health Board's professional advisers. This responsibility is delegated to the Chief Officer. The Chief Officer, as part of the Health Board's senior management team, will establish appropriate arrangements to discharge and scrutinise those responsibilities. These arrangements will link to the Health Board-wide support and reporting arrangements, including the systems for reporting of serious clinical incidents.

4.3 The Parties are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties are also accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act.

4.4 The Parties are responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such services are delivered in accordance with the Strategic Plan. This responsibility is delegated to the Chief Officer as part of both the Health Board's and Council's senior management team.

4.5 The quality of service delivery, including for the Third and Independent Sector, will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual clinical or care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met.

4.6 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of Health Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

4.7 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

4.8 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

4.9 The Parties will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Clinical and Care Governance Group will be established, chaired by the Chief Officer, and will report to and advise the Integration Joint Board. The Clinical and Care Governance Group will contain representatives from the Parties and others including:-

- The Senior Management Team of the Partnership;
- Clinical Director;
- Lead Nurse;
- Lead Allied Health Professional;
- Chief Social Work Officer;
- Mental Health Officer
- Staff Partnership Representative

4.10 The Parties note that the Clinical and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include representatives of the Health Board professional committees, managed care networks and Adult and Child Protection Committees.

4.11 The role of the Clinical and Care Governance Group will be to consider matters relating to the Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.

4.12 The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals, the Chief Social Work Officer and the Clinical Director.

4.13 The Chief Social Work Officer reports to the Council on the delivery of safe, effective and innovative social work services and the promotion of values and standards of practice. The Council confirms that its Chief Social Work Officer will provide appropriate professional advice to the Chief Officer and the Integration Joint Board in relation to statutory social work duties and make certain decisions in terms of the Social Work (Scotland) Act 1968. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer and Clinical Director with respect to quality of integrated services within the Partnership in order to then provide assurance to the Integration Joint Board. Further assurance is provided through:-

(a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Clinical Director and Health Leads to report directly to the Health Board Medical Director and Nurse Director who in turn report to the Health Board on professional matters; and

(b) the role of the Clinical Governance Committee of the Health Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health will be shared across the health care system. The Clinical Governance Committee will also provide professional guidance to the local Clinical and Care Governance Group as required.

4.14 The Chief Officer will take into consideration any decisions of the Council or Health Board which arise from (a) or (b) above.

4.15 The Health Board Clinical Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

5.0 PROPOSALS

5.1 The requirements of clinical and care governance arise from a plethora of legislation, codes of practice and strategies. To date the Health and Social Care Partnership has developed a range of mechanisms to satisfy these requirements, as illustrated at Appendix A. This stage of integration provides an opportunity to review existing systems and processes and revise them to reflect the new system in which we are operating.

5.2 Whilst clinical governance and care governance have evolved through different organisational structures, the underlying aims have clear commonality with principles of effectiveness, consistency and diligence, underpinned by core values of:-

- Person-centred care

- Assurance, Regulation and Improvement
- Effectiveness
- Safety
- Outcome Focused
- Collaborative and Transparent
- Developing Improvements in a Learning Organisation
- Assurance orientated, complemented by strong ideals of natural justice and human rights

5.3 Clinical governance arrangements will operate in the revised Board-wide governance structure.

The Partnership Clinical Governance Forum is an NHS body which relates to the NHS GG&C Board Clinical Governance Forum, recognising that the local HSCP clinical and care governance will involve both Health and Social Care. The existing Partnership Clinical Governance Forum will continue with a revised remit proposed as:-

- Provide assurance to the Board about clinical governance arrangements within HSCPs
- Act as a central co-ordinating role for clinical governance in Partnerships across NHS GG&C, linking into Board clinical governance structures
- Priority setting for clinical governance agenda linking into Board Clinical Governance Support Unit
- Ensure that learning is shared across all of NHS GG&C
- Review and approve clinical policies/guidelines for use throughout the Partnerships within the Board area
- Provide assurance to the Board that quality and safety of care are maintained for those services which an HSCP hosts on behalf of other HSCPs or for directly managed service by the HSCPs, for example, sexual health services.
- Provide direct reports through the relevant arrangements to the Board for the services the Board is directly responsible for.

5.4 The national context within which Social Work services deliver care and support is defined in a wide range of legislation, including but not exclusively:-

The Social Work Scotland Act 1968 as amended
The NHS and Community Care Act 1990
Children (Scotland) Act 1995
Carers (Recognition and Services) Act 1995
The Adults with Incapacity (Scotland) Act 2000
The Mental Health Care and Treatment (Scotland) Act 2003
The Adult Support and Protection (Scotland) Act 2007
Adoption (Scotland) Act 2007
Children's Hearing Act 2011
Social Care (Self Directed Support) (Scotland) Act 2013
Children and Young Peoples Act 2014

Many aspects of the overarching legislative framework are incorporated into the statutory functions of the Chief Social Work Officer. Strong engagement with external regulatory bodies is of critical importance to effective delivery of care governance. Bodies concerned with external regulation and scrutiny of functions include the Care Inspectorate, the Mental Welfare Commission and the Scottish Social Services Council.

In addition, the Convention of Scottish Local Authorities (COSLA) and Social Work Scotland are key forums which contribute to policy-making pertinent to care governance.

5.5 Clinical and care governance arrangements are a critical component of the complex integrated environment in which our services operate, encompassing both individual and

organisational responsibilities. The core structure of accountability for quality of care sits in the primary line of general management for services, consolidated by professional lines of accountability through extended arrangements.

Whilst our arrangements link to Board and national accountabilities, with a desire for a level of consistency, they should also reflect local arrangements and needs. In particular, whilst collaborating with specialist services there needs to be clarity and agreement of responsibilities for Mental Health Services, Specialist Children's Services and Learning Disability Services. Hosted services operate from a clinical and care governance perspective and, indeed, overall management perspective, contained within their host area.

5.6 Given the scale and complexity of the clinical and care governance agenda, it is proposed that the Executive Group is underpinned by the development of service groups, as well as the standing committees of Adult Protection, Child Protection and Health and Safety, outlined at Appendix B. It is proposed that membership of each group, terms of reference and clarity of responsibility are established, with groups to run for 3 months in shadow format with the full implementation of changes from 1 October 2016. This period of time will also facilitate the identification of any gaps or overlaps in arrangements, including the identification of need for any additional groups or short-term working.

It is proposed that the objectives of the Executive Group and each service group are detailed in an annual work plan agreed with the Integration Joint Board, with reporting supported by:-

An annual Clinical and Care Governance Group report;
An annual Chief Social Work Officer's report;
An annual Complaints report;
An annual Clinical and Care Governance Symposium; and
An annual Health and Safety report.

5.7 Currently within the Health system, infection control is an integral element of the clinical governance agenda whilst within the Local Authority it is managed via the Health and Safety Committee. It is proposed that infection control clearly sits within the Clinical and Care Governance arena, that it should be a standing item on the Executive Group's agenda and a regular item on service groups' agendas, providing clarity of reporting and escalation of any infection control matters.

5.8 To maximise the effectiveness of both the Executive and Service Groups, careful consideration needs to be given to the best way to engage with service users and carers.

5.9 As part of the preparations for including a Lead Allied Health Professional in arrangements, scoping work is underway to detail all existing Allied Health Professionals and Professional Leadership arrangements currently in place within the HSCP.

5.10 It is proposed that clinical and care governance arrangements are subject to annual review to ensure that arrangements remain current, robust and effective with comment on this included in the Clinical and Care Governance annual report.

6.0 FINANCE

6.1 Financial Implications:

One off Costs

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

			£000		

Annually Recurring Costs/ (Savings)

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

LEGAL

6.2 There are no legal issues within this report.

HUMAN RESOURCES

6.3 There are no human resources issues within this report.

EQUALITIES

6.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	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.

REPOPULATION

6.5 There are no repopulation issues within this report.

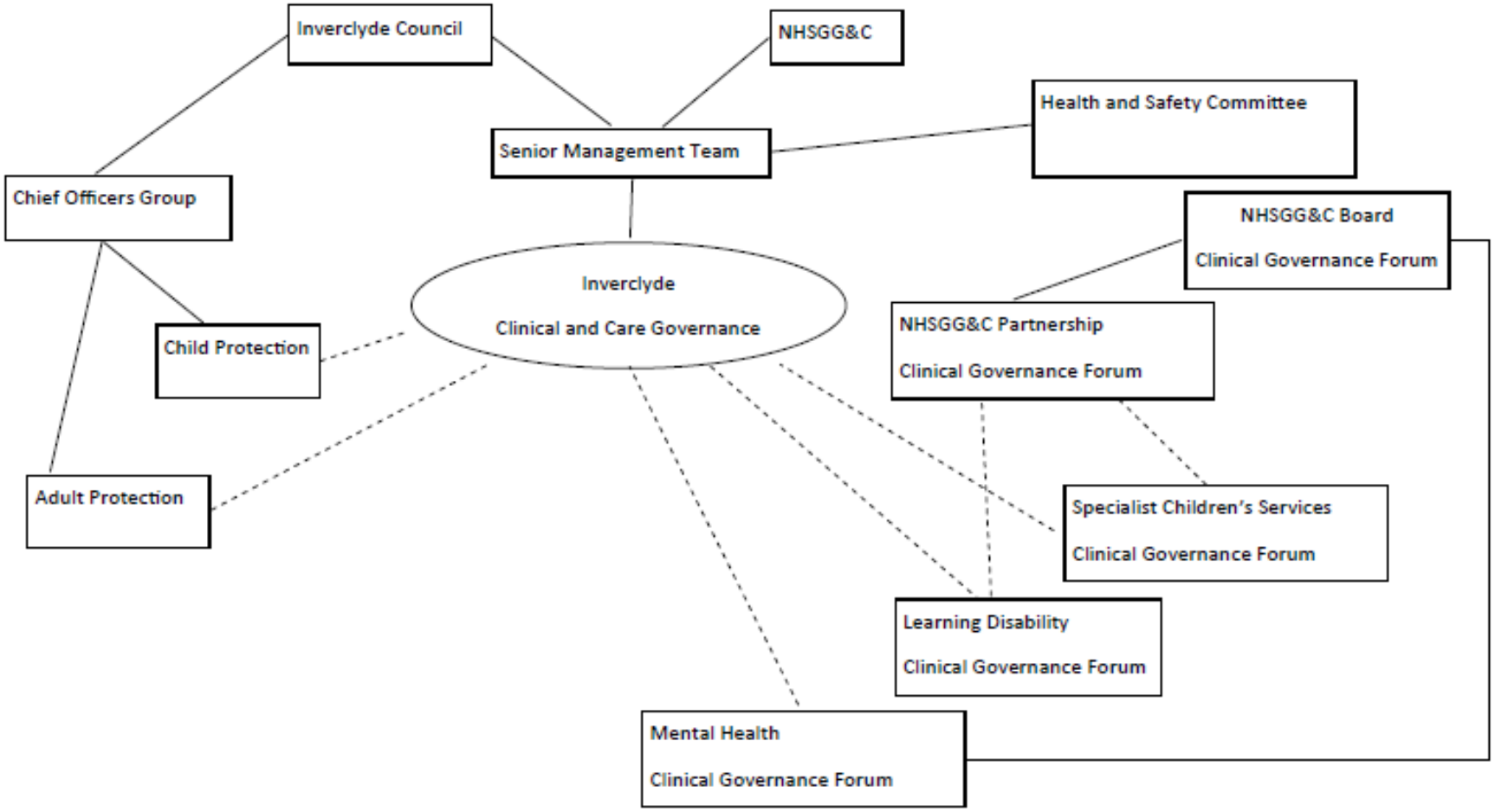
7.0 CONSULTATION

7.1 None.

Appendix A

Current Arrangements

Inverclyde HSCP



Appendix C

Proposed Arrangements

Inverclyde HSCP