

# Shetland Islands Health and Social Care Partnership

 <b>Shetland NHS Board</b>	 <b>Shetland Islands Council</b>
<div>Enquiries to      Leisel Malcolmson Direct Line:      01595 744599 E-mail:            leisel.malcolmson@shetland.gov.uk</div> <div>21 May 2020</div>	

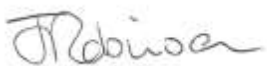
Dear Member

You are invited to attend the following meeting:

**Integration Joint Board**  
**Thursday 28 May 2020 at 10a.m.**  
**By Remote Link**

Apologies for absence should be notified to SIC Committee Services on 01595 744599.

Yours sincerely



Josephine Robinson  
Interim Chief Officer

Chair: Emma Macdonald  
Vice-Chair: Natasha Cornick

## **AGENDA**

- A Welcome and Apologies
- B Motion to Suspend Standing Order 5.8 in relation to Public Attendance at Meetings.
- C Declaration of interests - Members are asked to consider whether they have an interest to declare in relation to any item on the agenda for this meeting. Any member making a declaration of interest should indicate whether it is a financial or non-financial interest and include some information on the nature of the interest. Advice may be sought from Officers prior to the meeting taking place.
- D Confirm minutes of meeting held on 5 March 2020 (enclosed).

### **ITEM**

- 1. Council Voting Member Appointments and Complete Membership Update  
*GL-08-IJB*
- 2. Appointment of Chief Officer and Depute Chief Officer to the IJB  
*GL-13-IJB*
- 3. Appointments to IJB Audit Committee  
*GL-09-IJB*
- 4. 2020/21 Budget  
*CC-12*
- 5. Directions Report – Implementation of Statutory Guidance  
*GL-12-IJB*
- 6. Oversight of COVID 19 activity in Care Homes in Shetland  
*CC-14*
- 7. COVID-19: IJB Governance.  
*GL-14-IJB*



## MINUTES – PUBLIC

<b>Meeting</b>	<b>Integration Joint Board (IJB)</b>
<b>Date, Time and Place</b>	<b>Thursday, 5 March 2020 at 2pm Bressay Room, NHS Shetland (NHSS) Headquarters, Montfield, Burgh Road, Lerwick, Shetland</b>
<b>Present [Members]</b>	<p><b><u>Voting Members</u></b>            Natasha Cornick            Allison Duncan            Jane Haswell            Andrea Manson [Substitute for R McGregor]            Shona Manson            Emma Macdonald</p> <p><b><u>Non-voting Members</u></b>            Simon Bokor-Ingram, Chief Officer/ Director of Community Health and Social Care            Jim Guyan, Carers Strategy Group Representative            Catherine Hughson, Third Sector Representative            Denise Morgan, Interim Chief Social Work Officer            Edna Watson, Senior Clinician, Senior Nurse            Karl Williamson, Chief Financial Officer            Susanne Gens, Staff Representative, SIC</p>
<b>In attendance [Observers/Advisers]</b>	Jamie Manson, Executive Manager – Finance, SIC Charlotte Jones, Trainee Solicitor, SIC Peter McDonnell, Executive Manager – Community Care Social Work, SIC Clare Scott, Executive Manager – Adult Services, SIC Leisel Malcolmson, Committee Officer, SIC <i>[note taker]</i>
<b>Apologies</b>	<p><b><u>Voting Members</u></b>            Robbie McGregor</p> <p><b><u>Non-voting Members</u></b>            Pauline Wilson, Senior Clinician: Local Acute Sector, NHS</p>
<b>Also in attendance</b>	Stephen Rankin, Link Inspector, Care Inspectorate
<b>Chairperson</b>	Natasha Cornick, Chair of the Integration Joint Board, presided.

	The Chair advised that this would be her last meeting as Chair and noted Simon Bokor-Ingram's return as Chief Officer of the IJB. She extended her thanks and appreciation to Jo Robinson for her work, as Interim Chief Officer, in the last year, and the Vice-Chair concurred.
<b>Declarations of Interest</b>	Mr Duncan declared an interest, as the Director of Voluntary Action Shetland (VAS), across all items where VAS is mentioned.
<b>Minutes of Previous Meetings</b>	The minutes of the meeting held on 28 November 2019 was confirmed on the motion of Mr Duncan, seconded by Mrs Haswell.
<b>01/20</b>	<b>Appointments to IJB</b>
<b>Report No. GL-05-20-F</b>	<p>The IJB considered a report by the Executive Manager – Governance and Law that informed the IJB of the change of Chair required in accordance with the Integration Joint Board's approved Scheme of Administration, and advised on the return of Mr Bokor-Ingram to his role as Chief Officer.</p> <p>The Executive Manager – Governance and Law introduced the report and the IJB noted its content.</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• NOTED that the term of office for the NHS appointed Chair will end on 31 March 2020. The position of Chair will therefore fall to the Shetland Islands Council appointed Chair/Vice-Chair, Mr Allison Duncan, until 18 May 2020 as set out in paragraph 4.2.</li> <li>• NOTED that Mrs Natasha Cornick will become Vice-Chair of the IJB, for the term set out in paragraph 4.3; and</li> <li>• NOTED that Mr Simon Bokor-Ingram has returned to his substantive post as Director of Community Health and Social Care and to his role as Chief Officer to the IJB, on 1 February 2020, jointly agreed by Chief Executives of the Shetland Islands Council and NHS Shetland.</li> </ul>
<b>02/20</b>	<b>Shetland Public Protection Committee Annual Report 2018 - 2019</b>
<b>Report No. CC-08-20-F</b>	<p>The IJB considered a report, by the Independent Convener and Lead Officer of the Shetland Public Protection Committee, that presented the Shetland Public Protection Committee Annual Report 2018/19.</p> <p>The Chief Social Work Officer introduced the report and explained the reporting structure and said that the IJB's focus would be on Adult Protection. She provided detail in regard to</p>

	<p>training and awareness, and referred to page 26 of Appendix 4 where the number of referrals made was detailed. The Chief Social Work Officer advised that the file reading audit, carried out by Kate Gabb and the Senior of the team, was reported to be appropriate and areas of support were identified.</p> <p>During questions the Chief Social Work Officer advised that the membership of the Shetland Public Protection Committee had been considered but if there were any suggestions these would be looked at. She said that even if someone is not a Member they can raise matters through the protection committee or social work agenda to be raised at a different time.</p> <p>In responding to a question the Chief Social Work Officer explained that an updated Business Plan had been circulated at Policy and Resources Committee and she undertook to circulate updated version to IJB Members following the meeting.</p> <p>With regard to the statistics for unborn babies the Chief Social Work Officer confirmed that Shetland has low numbers which can appear different to National statistics.</p>
<b>Decision</b>	The IJB NOTED the report.
<b>03/20</b>	<b>Performance Overview, Quarter 3: October – December 2019 and Performance Directions</b>
<b>Report No. CC-06-20-F</b>	<p>The IJB considered a report by the Director of Community Health and Social Care/Chief Officer that presented an overview of progress towards delivering on the Shetland's Strategic Commissioning Plan 2019-22.</p> <p>The Chief Officer referred to Appendix 2 and advised that the information provided at the end of 2.10, relating to community care resources, should sit at the end of 2.9. He also advised that the tables at the end of 2.12 should also sit at the end of 2.9. At 4.3.1 the number of complaints noted relates to a previous report and the current number of complaints should read 1, the details are correct in the Appendix.</p> <p>The Chief Officer spoke specifically on a number of service performance areas including:</p> <ul style="list-style-type: none"> <li>• Psychological Services – 18 week target</li> <li>• Alcohol data</li> <li>• Community Area Structures progress</li> <li>• Adult Services – Short Breaks and Respite progress</li> <li>• Community Care Resources progress</li> </ul> <p>Reference was made to the Operational Risk in terms of a no Brexit Deal and the retention of EU Workers in the NHS. The Chief Officer confirmed that there had been a lot of work in the Council and Health Board who had local and national conversations on the matter. He said that support was being provided to people staying in the UK by way of assistance with</p>

their applications. He said that locally recruitment and retention rates need to improve and it was important for individuals to be registered to work in Scotland.

A question was asked in regard to the continuation of overnight care and whether there were sufficient finance and resources in place. The IJB were advised that any under utilised finances could be moved to resource staff and efforts were being made to recruit to overnight shifts. The IJB also heard that a Project Plan was being prepared.

In regard to talking therapies the Chief Officer was asked if there was more that could be done around early intervention to support people to avoid them progressing to the next tier. The Chief Officer said that when an individual is in a formalised service it means that they have not been supported earlier. He said that there are measures in place with real additional opportunities through other organisations such as the Amenity Trust but more could be done on social prescribing, to find ways of encouraging individuals into social activities. The IJB was advised that Community Psychiatric Nurses (CPN's) were taking the lead and working together with services to provide support.

During further discussion the IJB acknowledged the “Survive and Strive Service”, “Health Improvement Scheme”, “Healthy Shetland”, “Exercise Prescribing” and “Mind Your Head” in providing support”.

Comment was made that Outcome 4 - Care Plans had not changed much since 2017. The Chief Officer confirmed that this indicator needed to be in place and said that it shows that there is a strong focus on anticipatory care plans. He said that as long as people are identified, care plans will be done. It was noted that the numbers recorded were from GP systems and that other types of care were not recorded.

At 2.14 of Appendix 2 reference was made to the difficulty in identifying unpaid carers. It was noted that Voluntary Action Shetland had been working with the Government and it was confirmed that a review would be undertaken in the next few months.

Further questions were asked and the IJB were informed on the performance of District Nursing, Non Doctor Island Nursing and the plans to re-form the working group to support other areas in establishing health clinics. In regard to the Bressay Project it was expected that an outcome on accommodation would be by the end of June 2020, but other options would be considered earlier if progress was not made.

There followed brief discussion on the needs of Skerries and Foula, on GP systems, Dentistry and the balance between safety and quality, ensuring standard are maintained and whether a visit can be more than just screening.

	In seeking assurances in regard to initiatives involving small teams, a request was made for a report on new initiatives. The Chief Social Work Officer agreed to bring a report to the Governance Group.
<b>Decision</b>	The IJB NOTED the report.
<b>04/20</b>	<b>Financial Monitoring Report to 31 December 2019 (Including progress against 2019/20 Recovery Plan)</b>
<b>Report No. CC-10-20-F</b>	<p>The IJB considered a report by the Chief Financial Officer that presented the 2019/20 Management Accounts for the period to 31 December 2019 and the progress to date against the 2019/20 Recovery Plan.</p> <p>The Chief Financial Officer summarised the main terms of the report, and in responding to question he advised that the long term use of locums to cover unscheduled care was necessary following unsuccessful recruitment processes. The Chief Officer commented on the considerable efforts made in regard to recruitment and advised that Acute Services Management would be asked to provide a summary on what is being done in terms of recruitment to consultant roles.</p> <p>Reference was made to Community Care Resources and what could be done to retain staff in terms of career progression to reduce reliance on agency staff. The IJB were advised that modern apprenticeship scheme was one way to see staff moving from school on to a career path. The Chief Social Work Officer advised that four social work sponsorships were in place and this was a route that would progress towards a degree. In addition it was noted that some apprentices/students also work as relief staff.</p>
<b>Decision</b>	The IJB NOTED the 2019/20 Management Accounts for the period to 31 December 2019 and the progress to date against the 2019/20 Recovery Plan.
<b>05/20</b>	<b>2020/21 Budget and Medium Term Financial Plan Progress Report</b>
<b>Report No. CC-09-20-F</b>	<p>The IJB considered a report by the Chief Financial Officer that provided information on a revised timetable for the 2020/21 IJB budget and updated Medium Term Financial Plan (MTFP).</p> <p>The Chief Financial Officer introduced the report.</p> <p>Concern was expressed that the Corona Virus could hit the country, and impact the budget for 2020/21. The question was asked if provision was needed for a contingency budget. The Chief Officer advised that all costs related to the Corona Virus would be allocated to a specific budget. He said that there was no guarantee of government support but that may change in the</p>

	<p>coming months. He said that evidence would be gathered should costs be recoverable</p> <p>In responding to a query regarding the potential for cruise liners visiting Shetland with the corona virus affecting passenger, the IJB were advised that the Council's Emergency Planning Team would have a plan in place to deal with any situation that may arise.</p> <p>In regard to the draft budget presented it was noted that the position was more favourable than in previous years with a more achievable savings target. . However the IJB were asked to remember that the budget is still not sustainable and there was a need to plan for the future.</p> <p>The Chair commented that it had previously been difficult to redesign to achieve the high level of savings required but the additional money in the budget would allow staff to get on with that work during 2020/21. The Chief Officer added that it was still important to make savings because the IJB position is not sustainable in the long term.</p>
<b>Decision</b>	The IJB NOTED the revised timetable for the 2020/21 IJB budget and updated Medium Term Financial Plan (MTFP).
<b>06/20</b>	<b>IJB Business Programme 2020 and IJB Action Tracker</b>
<b>Report No. CC-05-20-F</b>	<p>The IJB considered a report by the Chief Officer that provided information on the planned business to be presented to the Board during the financial year to 31 March 2021.</p> <p>The Chief Officer introduced the report.</p> <p>It was noted that at item 9 on the action tracker the "for action by" should be changed to read "Executive Manager - Community Care Social Work"</p>
<b>Decision</b>	<p>The IJB:</p> <ul style="list-style-type: none"> <li>• RESOLVED to consider and approve its business planned for the financial year to 31 March 2021 (Appendix 1); and</li> <li>• REVIEWED the IJB Action Tracker (Appendix 2).</li> </ul>

The meeting concluded at 3.20pm.

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Chair



# Shetland Islands Health and Social Care Partnership

Agenda Item

**1**



<b>Meeting(s):</b>	Integration Joint Board	28 May 2020
<b>Report Title:</b>	Council Voting Member Appointments and Complete Membership Update	
<b>Reference Number:</b>	GL-08-20-D1	
<b>Author / Job Title:</b>	Executive Manager - Governance and Law	

## 1.0 Decisions / Action required:

That the IJB NOTE that:

- 1.1 The term of office for the Council appointed Chair will ended on 31 March 2023.
- 1.2 The Council made the following Voting Member appointments from 18 May 2020:
  - Mr Stephen Leask
  - Mrs Emma Macdonald (Chair/Vice Chair)
  - Mr Robbie McGregor
- 1.3 Mrs Macdonald assumed the role of Chair from 18 May 2020, until the date of the next Ordinary Election in May 2022, following which the Council will appoint Members to the IJB at its Statutory Meeting following that election. The Chair/Vice-Chair appointed at that meeting will assume the role of Chair until 31 March 2023.
- 1.4 From 18 May 2020, until the date of the next Ordinary Election, the Council made the following Voting Member substitute appointments:
  - Mr Stephen Flaws
  - Mrs Andrea Manson
- 1.5 That appointments to the IJB Audit Committee are affected by these changes and will be the subject of a separate report.
- 1.6 For clarity the current membership is set out in the table attached as Appendix 1. Two Non-Voting Member vacancies remain namely: GP Representative and Patient Representative.

## 2.0 High Level Summary:

- 2.1 The purpose of this report is to provide an update on the Membership of the IJB following a number of recent changes. This report is for noting only.

<b>3.0 Corporate Priorities and Joint Working:</b>	
3.1	The changes reported will ensure that membership of the IJB and its committees is maintained, which supports the strategic aims of the Partnership to ensure joint strategic and operational planning, clear accountability for decision-making and spending decisions, and responses to community needs and aspirations.
<b>4.0 Key Issues:</b>	
<u>Council Voting Members</u>	
4.1	At the IJB meeting on 5 March 2020 (Min. Ref. 01/20) Members were advised that the term of office for the Council appointed Voting Members would come to an end on 17 May 2020. In order to ensure continuity for the IJB the Council considered a report, on 11 March 2020 that sought the appointment of IJB Voting Members from 18 May 2020. At the Council meeting on 11 March 2020 Mr Duncan requested that he not be considered for reappointment to the IJB beyond 18 May 2020. The Council Voting Member, Chair/Vice Chair and Substitute appointments were made, as set out in paragraphs 1.2 to 1.4 above.
4.3	Appointments to the IJB Audit Committee will be presented in a separate report to the IJB.
<u>Non-Voting Member Vacancies</u>	
4.5	The Interim Chief Officer will again seek appointments to the GP Representative and Patient Representative vacancies and report to the IJB in due course.
<b>5.0 Exempt and/or confidential information:</b>	
5.1	None
<b>6.0 Implications:</b>	
<b>6.1 Service Users, Patients and Communities:</b>	The changes in membership detailed in this report will not impact on service users, patients or communities.
<b>6.2 Human Resources and Organisational Development:</b>	The changes in membership detailed in this report will not impact on employees and/or wider workforce management and development. There are no issues health, safety and well being which need to be addressed.
<b>6.3 Equality, Diversity and Human Rights:</b>	The changes in membership detailed in this report does not have any Equalities, Diversity or Human Rights and does not require an Equalities Impact Assessment to be undertaken.
<b>6.4 Legal:</b>	Appointment referred to in this report are in line with the Integration Scheme and the Public Bodies (Joint Working) (Scotland) Act 2014.
<b>6.5 Finance:</b>	Any expenses and costs associated with the IJB including backfill for the members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded

	and monitored to inform future budget setting processes.
<b>6.6 Assets and Property:</b>	There are no implications for major assets and property arising from this report.
<b>6.7 ICT and new technologies:</b>	There are no implications for ICT and ICT systems arising from this report.
<b>6.8 Environmental:</b>	There are no environmental issues arising from this report.
<b>6.9 Risk Management:</b>	The main risk addressed by this report is failure to make all the appointments necessary to populate the IJB in line with legislation and the Integration Scheme.
<b>6.10 Policy and Delegated Authority:</b>	Section 2.9 of the IJB Scheme of Administration and Delegations relating to terms of office, states that "... individual IJB appointments will be made as required when a position becomes vacant for any reason."
<b>6.11 Previously considered by:</b>	This report has not been presented to any other meeting.

#### **Contact Details:**

Jan Riise, Executive Manager – Governance and Law [jan.riise@shetland.gov.uk](mailto:jan.riise@shetland.gov.uk)  
Finalised 15 May 2020

#### **Appendices:**

Appendix 1 - Current Membership of IJB

#### **Background Documents:**

Integration Scheme and IJB Scheme of Administration

[http://www.shetland.gov.uk/Health\\_Social\\_Care\\_Integration/documents/IJBSchemeofAdmin-V2.0-19January2016.pdf](http://www.shetland.gov.uk/Health_Social_Care_Integration/documents/IJBSchemeofAdmin-V2.0-19January2016.pdf)



## INTEGRATION JOINT BOARD MEMBERSHIP AS AT 18 MAY 2020

Membership	Name	Appointed	Ends/Ended	Substitutes
SIC Chair term from 1 April 2020 to 31 March 2023	Stephen Leask	18/05/2020	17/05/2023 (Election 2022)	Andrea Manson Stephen Flaws
NHS Vice-Chair term from 1 April 2020 to 31 March 2023	Emma Macdonald Chair	18/05/2020	17/05/2023 (Election 2022)	
	Robbie McGregor	18/05/2020	17/05/2023 (Election 2022)	
	Natasha Cornick Vice Chair	19/02/2019	30/06/2021	Lisa Ward Gary Robinson
	Shona Manson	/02/2020	30/06/2021	
	Jane Haswell	19/02/2019	30/06/2021	
Chief Officer	Simon Bokor-Ingram	20/07/2015	Seconded 17/04/2020	
Interim Chief Officer	Josephine Robinson	17/04/2020	Statutory	
Chief Financial Officer	Karl Williamson	20/07/2015	Statutory	
Interim Chief Social work officer	Denise Morgan	17/07/2019	Statutory	
Senior Clinician - GP	Vacant			
Senior Consultant: Local Acute Sector	Dr Pauline Wilson	19/06/2018	19/07/2021	
Senior Clinician – Senior Nurse	Edna Mary Watson	20/07/2015	19/07/2021	
A staff representative of each of the constituent authorities	Ian Sandilands	20/07/2015	19/07/2021	
	Susanne Gens	20/07/2015	19/07/2021	
A representative of the third sector	Catherine Hughson	20/07/2015	19/07/2021	Wendy Hand
A patient/service user representative	Vacant			
A carer's representative	Jim Guyan	22/02/2018	19/07/2021	May Macdonald



# Shetland Islands Health and Social Care Partnership

Agenda Item

**2**



<b>Meeting(s):</b>	Integration Joint Board	28 May 2020
<b>Report Title:</b>	Appointment of Chief Officer and Depute Chief Officer to the IJB	
<b>Reference Number:</b>	GL-13-F	
<b>Author / Job Title:</b>	Jan Riise Executive Manager - Governance and Law (SIC)	

## 1.0 Decisions / Action required:

That the IJB note the management arrangements and joint nominations by Chief Executives of the Shetland Islands Council and NHS Shetland as set out in Section 4, and:

- 1.1 APPOINT Mr Brian Chittick, as Interim Chief Officer of the IJB; and
- 1.2 APPOINT Ms Josephine Robinson, as Interim Depute Chief Officer of the IJB, supporting the role of the Chief Officer, and formally deputising at meetings of the IJB, in the absence of the Interim Chief Officer.

## 2.0 High Level Summary:

- 2.1 The purpose of this report is to inform the IJB, in accordance with the Integration Scheme and the approved Scheme of Administration and Delegations, of recent changes in senior officer appointments in the SIC and NHS, and their impact on the Chief Officer role for the IJB.

## 3.0 Corporate Priorities and Joint Working:

- 3.1 Approval of the decisions required in this report will ensure that membership of the IJB and its committees is maintained, which supports the strategic aims of the Partnership to ensure joint strategic and operational planning, clear accountability for decision-making and spending decisions, and responses to community needs and aspirations.

## 4.0 Key Issues:

- 4.1 The IJB is required to appoint the Chief Officer in accordance with Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 Act. Following the

<p>secondment out of Shetland of the previous Chief Officer, Simon Bokor Ingram, the Interim Director of Health and Social Care, Jo Robinson, has assumed the duties of the Interim Chief Officer for the IJB.</p>	
4.2	<p>The Chief Executives of the Council and NHS Shetland have recently considered the senior management roles within their organisations in relation to management of the CoVID-19 pandemic. Mr Chittick was appointed as the NHS Interim Medical Director earlier this year and, with the support of the NHS Chief Executive, has assumed a number of operational and strategic duties in response to the pandemic in Shetland. Ms Robinson was appointed as Interim Director shortly before Mr Bokor-Ingram left Shetland, and has also been involved in operational and strategic duties in co-operation with Mr Chittick and the respective Chief Executives.</p>
4.3	<p>In fulfilling the requirements of both organisations to ensure the personal and professional development of its staff, and following discussion and agreement with the officers involved, the Shetland Islands Council, with the concurrence of NHS Shetland, has agreed that Mr Chittick be appointed as Interim Joint Director of Community Health and Social Care, with effect from 13 July 2020 for a minimum period of 10 months. Mr Chittick will continue to be employed by NHS Shetland, but will also be a member of the Council's Corporate Management Team. Accordingly, and in accordance with the Integration Scheme, both parties nominate Mr Chittick for appointment to the position of Interim Chief Officer of the IJB.</p>
4.4	<p>During the period of his interim appointment, Mr Chittick will continue to be supported in his role by Ms Robinson, and will deputise for him during any period of absence or on request of either of the Chief Executives. In this regard, it is necessary for the IJB to appoint Ms Robinson formally as Interim Deputy Chief Officer of the IJB. Whilst the Interim Deputy Chief Officer may attend meetings of the IJB in an advisory role, this post will not have a formal position as a member of the Board, unless formally deputising for, or in the absence of, the Interim Chief Officer.</p>
<b>5.0 Exempt and/or confidential information:</b>	
5.1	None
<b>6.0 Implications:</b>	
<b>6.1 Service Users, Patients and Communities:</b>	The changes in membership detailed in this report will not impact on service users, patients or communities.
<b>6.2 Human Resources and Organisational Development:</b>	The changes in management are being addressed at an operational level by both parties, but will not impact on employees and/or wider workforce management and development. There are no issues health, safety and well being which need to be addressed.
<b>6.3 Equality, Diversity and Human Rights:</b>	The changes in membership detailed in this report do present any Equalities, Diversity or Human Rights for the IJB, and does not require an Equalities Impact Assessment to be undertaken.



<b>6.4 Legal:</b>	Appointment of the Chief Officer and a Depute is in line with the Integration Scheme and the Public Bodies (Joint Working) (Scotland) Act 2014, IJB governance policy and administration schemes.
<b>6.5 Finance:</b>	There are no additional financial implications to the IJB arising as a result of the recommended decisions required on this report.
<b>6.6 Assets and Property:</b>	There are no implications for major assets and property arising from this report.
<b>6.7 ICT and new technologies:</b>	There are no implications for ICT and ICT systems arising from this report.
<b>6.8 Environmental:</b>	There are no environmental issues arising from this report.
<b>6.9 Risk Management:</b>	The main risk addressed by this report is failure to make the appointment of a Chief Officer in line with legislation and the Integration Scheme.
<b>6.10 Policy and Delegated Authority:</b>	<p>Scheme of Administration and Delegations – Section 9.2:</p> <p>The Director of the Community Health and Social Care is the Chief Officer appointed by the Shetland Islands Integration Joint Board.</p> <p>The Chief Executives of the Council and the Health Board, at the request of the IJB and in conjunction with the Chief Officer where appropriate, will be responsible for making cover arrangements through the appointment or nomination of a suitable interim replacement or depute in the event that the Chief Officer is absent or otherwise unable to carry out their functions.</p>
<b>6.11 Previously considered by:</b>	This report has not been presented to any other meeting.

#### **Contact Details:**

Jan Riise, Executive Manager – Governance and Law [jan.riise@shetland.gov.uk](mailto:jan.riise@shetland.gov.uk)  
15 May 2020

#### **Appendices:**

None

#### **Background Documents:**

Integration Scheme and IJB Scheme of Administration



 <b>Shetland NHS Board</b>	 <b>Shetland Islands Council</b>
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<b>Meeting(s):</b>	Integration Joint Board	28 May 2020
<b>Report Title:</b>	Appointment to IJB Audit Committee	
<b>Reference Number:</b>	GL-09-IJB	
<b>Author / Job Title:</b>	Executive Manager - Governance and Law	

#### **1.0 Decisions / Action required:**

That the IJB

- 1.1 Note that the rotation of Chair/Vice Chair takes place in May 2020 therefore the role of Chair falls to the NHS voting member previously appointed by the IJB as Chair/Vice-Chair until May 2023.
- 1.2 Appoint a Council appointed voting member as Chair/Vice-Chair of the IJB Audit Committee, who cannot also be the Chair/Vice-Chair of the IJB to assume the role of Vice-Chair until May 2023;
- 1.3 Appoint one further Council appointed voting member as a member of the IJB Audit Committee.

#### **2.0 High Level Summary:**

- 2.1 The purpose of this report is for the IJB to make the necessary appointments to the IJB Audit Committee, in accordance with the Integration Scheme and the approved Scheme of Administration and Delegations.

#### **3.0 Corporate Priorities and Joint Working:**

- 3.1 Approval of the decision required in this report will ensure that membership of the IJB and its committees is maintained, which supports the strategic aims of the Partnership to ensure joint strategic and operational planning, clear accountability for decision-making and spending decisions, and responses to community needs and aspirations.

#### **4.0 Key Issues:**

- 4.1 The IJB Audit Committee has a key role with regard to:
  - Ensuring sound governance arrangements are in place for the IJB; and

<ul style="list-style-type: none"> <li>Ensuring the efficient and effective performance of Shetland's Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme.</li> </ul>	
4.2	The IJB makes all appointments to the IJB Audit Committee including the appointment of the Chair and Vice-Chair of the Committee. The Committee consists of four voting members of the IJB comprising two elected members of the Council and two non-executive members of the Health Board.
4.3	The Chair and Vice-Chair of the IJB Audit Committee are voting members of the IJB appointed from amongst those members appointed to the IJB Audit Committee; one will be an elected member of the Council and the other will be a non-executive member of the Health Board. They may not also be either the Chair or Vice-Chair of the IJB. The role of Chair and Vice-Chair will rotate every 3 years, the first rotation took place in May 2017.
4.4	In this regard, the IJB is required to appoint two of the Council appointed voting members of the IJB to the IJB Audit Committee, and one of those as Chair/Vice-Chair of the IJB Audit Committee as set out in the Terms of Reference.
4.5	Paragraph 4.4 of the Scheme of Administration states that "Any integration Joint Board member may substitute for a committee or sub-committee member who is also an Integration Joint Board member."
<b>5.0 Exempt and/or confidential information:</b>	
5.1	None.
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	The decision in this report will not impact on service users, patients or communities.
<b>6.2 Human Resources and Organisational Development:</b>	The decision in this report will not impact on employees and/or wider workforce management and development. There are no issues health, safety and wellbeing which need to be addressed.
<b>6.3 Equality, Diversity and Human Rights:</b>	The decision in this report does not have any Equalities, Diversity or Human Rights and does not require an Equalities Impact Assessment to be undertaken.
<b>6.4 Legal:</b>	Appointment of the members of the IJB Audit Committee is in line with the Integration Scheme and the Public Bodies (Joint Working) (Scotland) Act 2014.
<b>6.5 Finance:</b>	Any expenses and costs associated with the IJB including backfill for the members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded and monitored to inform future budget setting processes.
<b>6.6 Assets and Property:</b>	There are no implications for major assets and property arising from this report.

<b>6.7 ICT and new technologies:</b>	There are no implications for ICT and ICT systems arising from this report.
<b>6.8 Environmental:</b>	There are no environmental issues arising from this report.
<b>6.9 Risk Management:</b>	The main risk addressed by this report is failure to make all the appointments necessary to populate the IJB in line with legislation and the Integration Scheme.
<b>6.10 Policy and Delegated Authority:</b>	<p>The appointment of voting members of the IJB to the IJB's Committees is a matter for the IJB.</p> <p>Section 2.9 of the IJB Scheme of Administration and Delegations relating to terms of office, states that "... individual IJB appointments will be made as required when a position becomes vacant for any reason."</p>
<b>6.11 Previously considered by:</b>	None.

**Contact Details:**

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Finalised 15 May 2020

**Background Documents:**

Integration Scheme and IJB Scheme of Administration

[http://www.shetland.gov.uk/Health\\_Social\\_Care\\_Integration/IntegratedJointBoard.asp](http://www.shetland.gov.uk/Health_Social_Care_Integration/IntegratedJointBoard.asp)



# Shetland Islands Health and Social Care Partnership

Agenda Item

**4**



<b>Meeting(s):</b>	Integration Joint Board	28 May 2020
<b>Report Title:</b>	2020/21 Budget	
<b>Reference Number:</b>	CC-12-20-F	
<b>Author / Job Title:</b>	Karl Williamson / Chief Financial Officer	

## 1.0 Decisions / Action required:

That the IJB:

- 1.1 APPROVES the IJB budget for 2020/21 which is presented as a balanced position and includes the proposed use of Scottish Government Additionality funding as detailed in Appendix 2.
- 1.2 NOTES that this budget is approved subject to NHS Shetland Board approval of the delegated budget at its meeting on 18 August 2020.
- 1.3 NOTES the risk associated with Covid-19 and the impact this may have on 2020/21 budget and costs.

## 2.0 High Level Summary:

- 2.1 This report sets out the proposals for the 2020/21 payments to the IJB from Shetland Islands Council (SIC) and NHS Shetland (NHSS) and the associated budget of the Shetland IJB.
- 2.2 SIC and NHSS have proposed payments to the IJB for 2020/21 which are in excess of their 2019/20 payments and meet the requirements of the Scottish Government.
- 2.3 The IJB has responsibility for the planning, resourcing and operational delivery of all integrated services. Decisions on integrated services are made by the IJB, which produces the Joints Strategic Commissioning Plan ("Strategic Plan").
- 2.4 SIC and NHSS have both proposed payments to the IJB that will fully fund the cost of services as they are currently delivered. This is the first time since the inception of the IJB that it will begin the financial year with a balanced budget position which is fully aligned to its Strategic Plan.
- 2.5 Although the opening position is a balanced budget it is important to recognise that

redesign over the medium to long term is still required to establish a sustainable delivery model for Shetland. Short term savings during 2020/21 will also have to be delivered as and when the opportunities arise.

- 2.6 The IJB should aim to deliver 3% recurrent savings each year which is in line with the Scottish Government's public sector efficiency target and the latest IJB Medium Term Financial Plan (MTFP). The IJB should be driving redesign and requesting proposals and options from officers to inform this process.
- 2.7 The IJB Medium Term Financial Plan will be reviewed following the update of SIC and NHSS MTFPs and at that point more detailed savings requirements for the IJB will be known. The timeframe for the revised IJB MTFP is currently August 2020.

### **3.0 Corporate Priorities and Joint Working:**

- 3.1 The proposals support the IJB's vision, aims and strategic objectives as set out in the Integration Scheme and the Joint Strategic Commissioning Plan 2018-21.
- 3.2 The payments to the IJB and the subsequent IJB budget provide the financial framework to which the Strategic Plan and Directions must be aligned.
- 3.3 Effective budget setting across the health and social care system and shared ownership of our significant challenges will support the redesign agenda and help achieve a sustainable model of healthcare for Shetland.

### **4.0 Key Issues:**

#### **IJB Budget 2020/21**

- 4.1 SIC and NHSS have both proposed payments to the IJB which are in excess of their 2019/20 payments and meet the requirements of recent Scottish Government guidance.

	SIC (£m)	NHSS (£m)	Total (£m)
2019/20	22.019	23.629	45.648
2020/21	24.079	26.657	50.736
Increase	2.060	3.028	5.088
SG minimum increase permitted	0.384	0.709	
Compliant Y/N	Y	Y	

- 4.2 SIC and NHSS have both determined that their payments, based on the current cost of delegated services, are in line with their own standing financial instructions.
- 4.3 Proposed payments to the IJB are equal to the current cost of services. This is the first time since the inception of the IJB in 2015 that the IJB will begin the financial year with a balanced budget position. The 2020/21 IJB budget is detailed in Appendix 1.
- 4.4 As a result of the balanced budget position the IJB can meet its legal obligation in that the full cost of each service can be reflected in the Directions to SIC / NHSS.
- 4.5 Robust planning assumptions have been made by each partner which includes anticipated government funding levels, pay awards, changes to pension



contributions and general inflation.

- 4.6 A review of SIC and NHSS own financial plans suggests these figures are in line with expectations and are considered to be reasonable proposals.

### **IJB General Reserve**

- 4.7 The IJB will have a General Reserve balance going into 2020/21. The balance detailed below, as at 31 December 2019, will change as SIC and NHSS finalise their annual accounts and a revised 2020/21 opening balance will be presented in the 2020/21 Quarter 1 Financial Monitoring Return.

<b>Balance at 31 December 2019</b>	<b>£m</b>
Earmarked Reserve	0.474
Committed Reserve	0.148
Free Reserve	0.283
<b>Total</b>	<b>0.905</b>

- 4.8 The earmarked reserve relates to specific funding allocations which were passed to the IJB from NHSS at the end of the 2018/19 financial year. Most of these 2018/19 allocations will have been drawn down during 2019/20 but are likely to be replaced by under spends against similar 2019/20 allocations. These funds must be used in line with Scottish Government intentions and as these funds are drawn down they will be added to the relevant service budgets to fund the intended projects.
- 4.9 The committed reserves represent funding already agreed by the IJB in September 2017 (Min. Ref. 40/17) and May 2019 (Min. Ref. 17/19). These funds will be drawn down against the specific projects as required.
- 4.10 The free reserve can be used in line with the Strategic Plan and IJB Reserves Policy. A new IJB Reserve Application Form has been launched which should be used for all future bids to the reserve.

### **Due Diligence**

- 4.12 SIC has approved its budget on 11<sup>th</sup> March 2020 (Min. Ref. 22/20). NHSS planned to approve its budget in April but the onset of the Covid-19 pandemic has resulted in a significant delay to the process. It is likely that the NHSS budget will now be approved on 18 August 2020. NHSS has however confirmed that it will provide a fully funded budget to the IJB for 2020/21.
- 4.13 SIC figures contained in this report are final whereas NHSS figures are indicative at this stage. NHSS figures will be refined as their budget setting process progresses but will ultimately represent the cost of services as they are currently delivered.

### **SIC**

- 4.15 SIC has provided a fully funded budget to the IJB taking account of the following:
- estimated pay award of 3%;
  - pension contributions remaining at the 2019/20 level of 20.8%; income being increased on average by 2.74% in line with inflation;
  - reduced government funding and additional burdens.

- 4.16 The Health Portfolio will invest a further £100 million nationally in Local Authorities for investment in social care and integration, and continued support for school counsellors. The additional £100 million for local government includes a contribution to continued delivery of the Living Wage (£25 million), uprating of free personal and nursing care payments (£2.2 million), implementation of the Carers Act in line with the Financial Memorandum of the Carers Bill (£11.6 million), along with further support for school counselling services whether or not delegated under the Public Bodies (Joint Working) (Scotland) Act 2014 (£4 million).
- 4.17 SIC's share of this additional £100m has been passed to the IJB in addition to the 2019/20 delegated recurrent budget and therefore meets the funding requirements of the Scottish Government.
- 4.18 Should SIC delivered services require further funding in addition to the core budget the Chief Officer and Chief Financial Officer will have to prepare a Business Case, as per the IJB Financial Regulations, requesting further funds from SIC. This request will have to be considered by SIC Policy and Resources Committee.

### NHSS

- 4.20 NHSS has provided a fully funded budget to the IJB taking account of the following:
- uplift to core budget of 3%;
  - estimated pay award of 4%;
  - prescribing inflation and growth of 4%;
  - high cost medicine inflation and growth of 10.2%;
- 4.21 In addition to the baseline funding uplift a total of £294 million will be invested nationally in IJB delegated services to improve patient outcomes in 2020-21. Full details of the method of allocation and evidence of delivering against agreed outcomes will be set out by individual policy areas in due course.

Improving Patient Outcomes	2019/20 Investment (£m)	2020/21 Investment (£m)	Increase for 2020/21 (£m)
Primary Care	155	205	50
Mental Health	61	89	28
<b>Total</b>	<b>216</b>	<b>294</b>	<b>78</b>

- 4.22 Shetland's share of the above funding will be passed to the IJB from NHSS when it is received. Updates on these funding allocations will be included in the quarterly financial monitoring reports during 2020/21.
- 4.23 Should NHSS delivered services require further funding in addition to the core budget the Chief Officer and Chief Financial Officer will have to prepare a Business Case, as per the IJB Financial Regulations, requesting further funds from NHSS. This request will have to be considered by NHSS Board.

### **IJB Medium Term Financial Plan (MTFP)**

- 4.24 The IJB budget should contain a three year indicative funding allocation to help support the strategic planning process. However, due to the current Covid-19 pandemic the MTFPs of SIC, NHSS and the IJB have been delayed until est. August 2020. All three plans must be aligned and are therefore on the same timeframe.

4.25 The MTFP will provide a longer term indicative financial envelope in which the Strategic Plan can evolve. To achieve a sustainable financial position the MTFP must be fully aligned to the Strategic Plan which should include details on the redesign projects necessary to achieve this position.

### **Covid-19 Pandemic**

4.26 The current Covid-19 pandemic is likely to dramatically change the economic outlook for the public sector and beyond. Future funding allocations and service costs may be impacted significantly over the next few years as the UK economy attempts to recover from these unprecedented events. The IJB budget is therefore likely to change over the coming months as more information and costs become available. Any changes to budgets during the year will be detailed in the quarterly financial monitoring reports.

### **5.0 Exempt and/or confidential information:**

None

### **6.0**

#### **6.1 Service Users, Patients and Communities:**

Changes to budgets will occur as efficiency schemes are developed. Service change will require a separate process for public and user engagement in line with NHSS, SIC and IJB policies.

#### **6.2 Human Resources and Organisational Development:**

Any service development proposals or changes affecting staff will be subject to full staff engagement and consultation with staff and their representatives through the Joint Staff Forum and other consultation committees in line with the relevant agencies policies and procedures.

#### **6.3 Equality, Diversity and Human Rights:**

None arising directly from this report. Any equalities impacts will be assessed and considered as part of any proposals for change and schemes for efficiency savings.

#### **6.4 Legal:**

The proposals in this report are consistent with the Public Bodies (Joint Working) (Scotland) 2014 Act and the Integration Scheme for Shetland's IJB.

#### **6.5 Finance:**

This report sets out the proposed budget for the IJB for 2019/20 of £50.736m. This is an increase of £5.088m on 2019/20 and ensures that both SIC and NHSS comply with the requirements set for them on the use of their Scottish Government funding allocations for 2020/21.

There is a significant financial risk as a result of the current Covid-19 pandemic. Future funding allocations and service costs are subject to change as the situation develops and more information becomes available.

#### **6.6 Assets and Property:**

None arising directly from this report as the IJB doesn't own any assets or property. Both partner organisations have policies and procedures in place which govern their assets and property.

#### **6.7 ICT and new technologies:**

None arising directly from this report.

#### **6.8 Environmental:**

None arising directly from this report.

<b>6.9 Risk Management:</b>	Should there be year end overspends on IJB budgets and the Parties do not agree to provide additional funding there could be a financial risk to the IJB. Covid-19 poses a significant risk across the service. As well as financial risk there will be concerns around staffing and demand on services. These risks will be managed through SIC / NHSS risk management systems.	
<b>6.10 Policy and Delegated Authority:</b>	The IJB has authority from SIC and NHSS for the services delegated to it as per the Integration Scheme. The IJB must direct service delivery, within its funding allocation, to deliver the outcomes of the Strategic Plan.	
<b>6.11 Previously considered by:</b>	The proposals in this report have not been presented to any other committee or organisation	

**Contact Details:**

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4<sup>th</sup> May 2020

**Appendices:**

Appendix 1 – IJB Budget 2020/21

Appendix 2 – Proposed application of Scottish Government Additionality Funding

## IJB Budget 2020/21

Service	NHS	SIC	NHS Set Aside	TOTAL
	£	£	£	£
Mental Health	1,747,821	596,866	0	2,344,687
Substance Misuse	402,469	179,594	0	582,063
Oral Health	3,131,837	0	0	3,131,837
Pharmacy & Prescribing	5,827,884	0	808,557	6,636,441
Primary Care	4,746,904	0	0	4,746,904
Community Nursing	2,871,183	0	0	2,871,183
Directorate	99,694	829,993	0	929,687
Pensioners	0	81,035	0	81,035
Sexual Health	0	0	45,769	45,769
Adult Services	69,440	6,182,926	0	6,252,366
Adult Social Work	0	3,672,954	0	3,672,954
Community Care Resources	0	12,145,598	0	12,145,598
Criminal Justice	0	68,175	0	68,175
Speech & Language Therapy	96,886	0	0	96,886
Dietetics	122,361	0	0	122,361
Podiatry	259,065	0	0	259,065
Orthotics	147,239	0	0	147,239
Physiotherapy	644,269	0	0	644,269
Occupational Therapy	203,944	1,584,403	0	1,788,347
Health Improvement	0	0	225,199	225,199
Unscheduled Care	0	0	3,057,121	3,057,121
Renal	0	0	238,063	238,063
Intermediate Care Team	455,806	0	0	455,806
SG Additionality	1,444,000	-1,278,000	0	166,000
IJB Running Costs	11,762	15,000	0	26,762
<b>Total</b>	<b>22,282,564</b>	<b>24,078,544</b>	<b>4,374,709</b>	<b>50,735,817</b>

## Proposed application of Scottish Government Additionality Funding

Funding Streams	£000s	Description	Conditions
1. Scottish Government Additional Funding for Social Care 1	1,024	Recurrent in nature and now in NHSS baseline funding – first received in 2016/17. Additional funding allocation paid to NHS Shetland and passed to IJB.	£512k Can be used by SIC to help cover existing pressures such as changing demographics and minimum wage compliance. The remaining £512k is to be used by IJB to fund 'additionality'.
2. Scottish Government Additional Funding for Social Care 2	420	Recurrent in nature and now in NHSS baseline funding – first received in 2017/18. This funding has to be taken from NHS Shetland's baseline funding so no separate allocation received.	Up to £340k can be used by SIC to cover existing pressures such as changing demographics and minimum wage compliance. SIC has proposed to use the full £340k for this purpose. The remaining £80k is to be used by IJB to fund 'additionality'
<b>Total</b>	<b>1,444</b>		
<u>Proposed application of Funding</u>			
Enhanced Intermediate Care Team	80	Full details of the enhanced Intermediate Care Team and funding can be seen in IJB paper CC-25-17 (13/07/17)	Current proposal is non recurrent for 2020/21 only. IJB should approve the use of these funds annually.
Self Directed Support	348	To fund increased demand in Self Directed Support Packages.	Current proposal is non recurrent for 2020/21 only. IJB should approve the use of these funds annually.
Social Work – Hospital Discharge Liaison	78	Specifically to focus on expediting timely hospital patient discharges, co-ordinating all agencies to ensure that rehabilitation is prioritised.	Current proposal is non recurrent for 2020/21 only. IJB should approve the use of these funds annually.
Reablement Programme to support Care Centres	86	To focus primarily on Montfield Support Services and develop the rehabilitation model further.	Current proposal is non recurrent for 2020/21 only. IJB should approve the use of these funds annually.
Used by SIC to offset overall Council settlement	512		Recurrent – Across all SIC budgets
Used by SIC to offset overall Council settlement	340		Recurrent – Across all SIC budgets
	<b>1,444</b>		

# Shetland Islands Health and Social Care Partnership

Agenda Item

**5**



<b>Meeting(s):</b>	Integration Joint Board	28 May 2020
<b>Report Title:</b>	IJB Directions – Implementation of Statutory Guidance	
<b>Reference Number:</b>	GL-12-IJB	
<b>Author / Job Title:</b>	Executive Manager - Governance and Law	

## 1.0 Decisions / Action required:

That the IJB

- 1.1 NOTES and CONSIDERS the Scottish Government's Statutory Guidance on "*Directions from Integration Authorities to Health Boards and Local Authorities*" (the "**Statutory Guidance on Directions**").
- 1.2 APPROVES the areas of best practice set out in paragraphs 4.5 and 4.6 of the report which the IJB and its delivery partners should adopt to comply with the Statutory Guidance on Directions.
- 1.3 APPROVES the revised Directions Template and the Checklist for Drafting Directions.

## 2.0 High Level Summary:

- 2.1 The purpose of this report is to present an overview of the Statutory Guidance on Directions and how the requirements within the Statutory Guidance on Directions should be implemented by the IJB.

## 3.0 Corporate Priorities and Joint Working:

- 3.1 The IJB's Joint Strategic Commissioning Plan (the "**Strategic Plan**") describes how health and care services can be delivered, jointly, across the services described in the Shetland Islands Health and Social Care Partnership's Integration Scheme.
- 3.2 The IJB is required by legislation to issue Directions in writing to the Shetland Islands Council and NHS Shetland to deliver services in accordance with the Strategic Plan.
- 3.3 Directions will impose obligations on Shetland Islands Council and NHS Shetland in respect of matters delegated by the Integration Scheme. Each delegated function and the associated net budget required to deliver the services is detailed in the written Directions.

## **4.0 Key Issues:**

### **BACKGROUND**

- 4.1 Directions are the legal mechanism by which the IJB is able to action the Strategic Plan. A Direction must be given in respect of every function that has been delegated to the IJB and it must be set out in the Direction how the function is to be exercised. Directions are also a means by which the IJB can ensure accountability and effective governance in relation to the delivery of the delegated functions.
- 4.2 On 23 June 2017, the IJB approved a report by the Executive Manager – Governance and Law (SIC) (Min.Ref. 2917) in respect of the legislative requirements for Directions. This set the mechanism and template to be used for the IJB to direct the operational bodies – NHS Shetland and Shetland Islands Council – to deliver the services as required. The template covers, amongst other things, the functions or services, a description of what it is the IJB is directing the parties to do, the resources required, the outcomes expected and the performance monitoring arrangements.
- 4.3 On 19 December 2017 the IJB noted that a review of the approach to undertaking Directions was being carried out across Scotland. In light of this and local consideration of the impact and beneficial outcomes deriving from the Directions, the IJB decided to review its use and structure of Directions once the Government review was completed.
- 4.4 The Government review was completed and the Statutory Guidance on Directions was issued in January 2020 – attached as Appendix 1. The Statutory Guidance on Directions sets out best practice for undertaking Directions and should be used by the IJB to inform how it drafts, issues, monitors, reviews, revises and revokes its Directions. This report sets out actions the IJB and its delivery partners should adopt in line with the Statutory Guidance on Directions.

### **RECOMMENDED ACTIONS**

- 4.5 The Statutory Guidance on Directions highlight several areas which the IJB should adopt to ensure it and its delivery partners are complying with best practise for undertaking Directions. This report suggests the following measures are therefore adopted:
- a) Template for Directions – the existing template the IJB uses for its Directions has been reviewed and updated to assist with ensuring that all the requirements in the Statutory Guidance on Directions in terms of drafting Directions are met. A proposed revised template for Directions is being developed and will be provided before the meeting for consideration and approval by the Board. This template will be referred to as Appendix 2.
  - b) IJB Report Template – the existing template the IJB uses for drafting its reports should be amended to contain a section on Directions. This will prompt authors of reports to consider whether a Direction is required to be drafted, amended, revoked, etc. in light of their reports and to take such action accordingly. If required, the Direction should then be appended to the report for consideration by the IJB. It is intended that the existing IJB report template will be revised in time for the next IJB meeting on 25 June 2020 for the Board to review and approve.



<p>c) Register of Directions – a log of Directions should be maintained and monitored. It will contain information on all existing and previous Directions and will be updated when (i) a new Direction is issued, (ii) an existing Direction is reviewed and/or revised, (iii) Directions are revoked, and (iv) Directions are completed. Importantly, the Register can be used by the IJB as part of performance management, including audit and scrutiny.</p> <p>d) Directions Policy – a specific policy on Directions should be formulated in line with the Statutory Guidance on Directions. The draft policy should be presented to the IJB for consideration and approval.</p> <p>4.6 This report additionally recommends that a checklist for drafting Directions is adopted so as to ensure that each Direction meets the requirements of the Statutory Guidance on Directions. A checklist has been drafted – attached as Appendix 3. It is intended that the checklist is used by those drafting and revising Directions and by the members of the IJB that will be assessing and scrutinising the Directions prior to the Directions being approved for issue. The checklist may form part of the wider IJB policy on Directions.</p>	
<b>5.0 Exempt and/or confidential information:</b>	
5.1 None	
<b>6.0 Implications :</b>	
<b>6.1 Service Users, Patients and Communities:</b>	The Strategic Plan sets out the way in which services will respond to the needs of service users, patients and communities. The Directions, and supporting Service Plans, set out more details of the service delivery arrangements, expected outcomes and performance, and measures to be taken for certain categories of service users.
<b>6.2 Human Resources and Organisational Development:</b>	The decisions in this report will not impact on employees and/or wider workforce management and development. There are no issues relating to health, safety and wellbeing which need to be addressed.
<b>6.3 Equality, Diversity and Human Rights:</b>	The decisions in this report will not impact on Equalities, Diversity or Human Rights and do not require an Equalities Impact Assessment to be undertaken.
<b>6.4 Legal:</b>	<p>The Public Bodies (Joint Working) (Scotland) Act 2014 (the “<b>Act</b>”) requires the IJB to issue Directions in writing. The Directions must set out how each function is to be exercised and the budget associated with that function.</p> <p>Sections 26 to 28 of the Act provides that Directions are the mechanism by which the IJB can action its Strategic Plan.</p>
<b>6.5 Finance:</b>	The IJB have a statutory responsibility for the delivery of services within the budget allocations.

	This report highlights that the IJB must have regard to its finances when drafting Directions. The budget for each function governed by a Direction must be set out clearly in the Direction.	
<b>6.6 Assets and Property:</b>	There are no implications for major assets and property arising from this report.	
<b>6.7 ICT and new technologies:</b>	There are no implications for ICT and ICT systems arising from this report.	
<b>6.8 Environmental:</b>	There are no environmental issues arising from this report.	
<b>6.9 Risk Management:</b>	Having in place formal written Directions between the IJB and the delivery partners will assist with clarity of expectation and therefore minimise any potential for misunderstanding in terms of service delivery and performance. It provides the Chief Officer and Chief Financial Officer with clear instructions on what each partner organisation needs to deliver on behalf of the IJB. In this line, this report highlights the importance of following the Statutory Guidance on Directions when the IJB drafts, issues and reviews its Directions.	
<b>6.10 Policy and Delegated Authority:</b>	The IJB was formally constituted on 27 June 2015 and operates in accordance with the approved Integration Scheme, Scheme of Administration and Financial Regulations. The IJB is responsible for the functions delegated to it by the Council and NHS Shetland. These delegated functions are detailed in the Integration Scheme and the IJB is required to issue Directions to the delivery partners to ensure services are delivered with the allocated budgets.	
<b>6.11 Previously considered by:</b>	None.	

#### **Contact Details:**

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22 May 2020

#### **Appendices:**

Appendix 1 – Statutory Guidance on Directions

Appendix 2 – Revised Directions Template (to follow)

Appendix 3 – Checklist for Drafting IJB Directions

#### **Background Documents:**

- a) Integration Scheme and IJB Scheme of Administration  
[http://www.shetland.gov.uk/Health\\_Social\\_Care\\_Integration/IntegratedJointBoard.asp](http://www.shetland.gov.uk/Health_Social_Care_Integration/IntegratedJointBoard.asp)
- b) Full details of Service provision and Budgetary provisions are contained in (i) the Shetland Islands Health and Social Care Partnership Strategic Commissioning Plan 2017-2020, as approved on 10 March 2017 and updated to 2019-2022 on 3 March 2019 and (ii) the Financial Monitoring Report (ref CC-10-20-F) considered by the IJB on 5 March 2020.

**Health and Social Care Integration**

# **Statutory Guidance**

**Directions from Integration Authorities  
to Health Boards and Local Authorities**

**Public Bodies (Joint Working) (Scotland) Act 2014**

**January 2020**



**Scottish Government**  
Riaghaltas na h-Alba  
gov.scot

# DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

## 1. What is this guidance about?

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control for which we have published statutory guidance:

<https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/>.

Integrated functions and budgets are those delegated by the Health Board and Local Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated:

<http://www.legislation.gov.uk/asp/2014/9/contents/enacted>.

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of **binding directions** from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

1.4 In the case of an Integration Joint Board (IJB), a direction **must** be given in respect of every function that has been delegated to the IJB. In a **lead agency** arrangement, the Integration Authority **may** issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Not unexpectedly, only IJBs have made directions to delivery partners to date and this guidance is therefore mainly aimed at IJBs and their delivery partners in Health Boards and Local Authorities.

1.5 Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

1.6 Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions in order to properly discharge their statutory duties under the Act.

1.7 This guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Note on Directions issued in March 2016.

## **2. Why are we publishing this guidance now?**

2.1 Directions are a key aspect of governance and accountability between partners. This has previously been largely unrecognised, with the effect that there is a lack of transparency, governance and accountability for integrated functions that are under the control of IJBs, and delivered by Health Boards and Local Authorities. This must be a matter of concern for all parties, each of which is responsible for ensuring that they are complying with their individual duties under the Act.

2.2 Scottish Government has worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. We have also discussed the use of directions with a range of local systems at our regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives.

2.3 In February 2019 the Ministerial Strategic Group for Health and Community Care (MSG) published its report on the review of progress with integration: <https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/>. This contains 25 proposals intended to increase the pace and effectiveness of integration. One of these proposals was that statutory guidance on directions would be published to support improved practice in issuing and implementing directions.

2.4 Chairs and Vice Chairs of IJBs have expressed a keen interest in improving practice and in better understanding how they can take responsibility for improvement, and in collaborating with partners to ensure accountability and effective governance. IJBs, Local Authorities and Health Boards must each take individual and several responsibility for complying with their statutory duties, and for being clear about lines of accountability between one another.

2.5 One issue appears to have been that directions have previously been regarded as being issued by Chief Officers to themselves as senior operational directors in Health Boards and Local Authorities. The Act confers the duty of issuing directions on the Integration Authority to constituent authorities. Directions may be issued on behalf of the IJB by an IJB Chief Officer, in their role as the accountable officer to the IJB, to Chief Executives in the Health Board and Local Authority in their roles as accountable officers to the Health Board and Local Authority. These are senior executives acting on behalf of the three statutory public bodies. It may also be helpful to copy the relevant IJB Chair, Council Leader and the NHS Chair into directions. See Appendix 1 on roles and responsibilities of each of the statutory partners and their accountable officers, under integration.

2.6 Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.

2.7 As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. At the time of publishing this guidance, practice is evidently variable and needs to be improved, with any impediments overcome jointly by partners using a collaborative approach that properly acknowledges the roles of the different partners.

### 3. Process for issuing directions

3.1 It is essential that directions are understood to be the **end point** of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.

3.2 While directions are not a means of launching unheard-of service change onto delivery partners in the Health Board and Local Authority, nor are they something that can be ignored by delivery partners in the Health Board and Local Authority.

3.3 Directions are binding, which is why they come at the end point of a process of planning and decision making. The delivery partners are required to comply with all directions received from the IJB, and the law is clear that they may not amend, ignore, appeal or veto any direction. Neither the Local Authority nor the Health Board may use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended. This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability. **It is designed to help local partners improve quality and outcomes for local populations.**

3.4 Integration Authorities have been established to put in place plans to improve the health and wellbeing of their local populations and to make best use of the total resource available to them, hitherto managed and allocated separately by Health Boards and Local Authorities. They have an agenda of change and improvement, working in partnership with their delivery partners. It can therefore reasonably be expected that a number of decisions made by IJBs will impact on delivery partners that will require directions to be issued. Otherwise, nothing would be changing – which would not help integration's purpose to improve the sustainability and quality of care.

3.5 It has been the practice of most IJBs to issue generic directions to delivery partners at the point of agreeing their budgets for the following financial year. However, it is not possible for IJBs to make all decisions about all service change at this juncture, although they will still require to allocate funding across the functions they are responsible for.

3.6 IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly. The issuing of directions should be taking place at any time throughout the year, as well as at the start of the financial year.

3.7 Some duties conferred on IJBs also relate directly to duties on Health Boards and Local Authorities, such as Equalities, Best Value and Climate Change. This further enhances the need for collaborative working on a formal basis between the partner bodies.

3.8 To assist with the determination of when a direction should be issued, a number of IJBs have added a short section to their report format that requires the author to decide and record if the report requires a direction to be issued to the Local Authority, the Health Board, to both, or that no direction is required. This provides an initial prompt and should be adopted as standard practice across IJBs.



3.9 Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB. It would be helpful for IJBs to develop a directions policy, based on this guidance. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
  - Patients
  - People who use services
  - Carers
  - Local communities
  - Staff
  - Others
- Timescale for delivery

3.10 Overly general or ambiguously worded directions will not be helpful to delivery partners in understanding what they have to deliver. They will also cause problems in identifying whether a direction has been progressed or completed and therefore need to remain on a log of directions indefinitely and be unable to be closed off. This should be avoided by issuing clear directions, thoughtfully constructed and capable of being monitored effectively with delivery timescales, milestones and outcomes.

3.11 Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority of Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role.

#### **4. Form and content of directions**

4.1 Directions must be in writing and should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated. The direction should include information on the required delivery of the function, for example changing the model of care, as well as the financial resources that are available for carrying out the function. The direction may specify in some detail what the Health Board, the Local Authority or both are to do in relation to carrying out a particular function. A lack of detail or specificity in a direction may cause difficulties in performance monitoring and hamper the effective delivery of a function.

4.2 The primary purpose is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and to convey the decision(s) made by the IJB about any given function(s).



4.3 Directions must clearly identify which of the integrated health and social care functions they relate to. The IJB can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

4.4 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is a payment or a sum set aside and made available) is to be used. However, directions should not be seen as a mechanism only to advise the delivery partners of resources available to them. Rather, directions are intended to provide clear advice to delivery partners on the expected delivery of any given function, together with the identified resource available.

4.5 The exercise of each function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the strategic commissioning plan.

4.6 The financial resource allocated to each function in a direction is a matter for the IJB to determine. The Act makes particular provision for the allocation of budgets for the sum “set aside” in relation to large hospital functions, which gives flexibility for the IJB to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes. This requires mature and collaborative working to achieve agreement on the best use of this budget, particularly with those responsible for the delivery of acute services, however the decision about the use of this budget lies with the IJB. The statutory guidance on finance issued in 2015 provides detailed advice on set aside:

<https://www.gov.scot/publications/finance-guidance-health-social-care-integration/>

4.7 The content of a direction should be informed by the content of a report on the function(s) submitted to and approved by the IJB. For example, where an IJB discusses and approves a report that makes changes to arrangements for the provision of day services for people with a learning disability, the direction would draw on the report’s content. The direction should be contained in the same report, using a standard format, in order that it can be approved by the IJB at the same time as the report and its recommendations are approved. There should also be a process in place where the IJB is able to raise queries about the clarity or content of a direction and for these queries to prompt action by officials to make any necessary amendments to the direction.

4.8 The issuing of a direction following such a decision by the IJB is the means by which the IJB will let its delivery partners in the Local Authority, Health Board, or both, know what has been agreed and what is to change in the delivery of the function, together with any concomitant change to the allocation of resources.

## **5. Process for issuing and revising directions**

5.1 Directions should be issued as soon as is practicable following their approval by the IJB.

5.2 A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. A log of all directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum, the function(s) covered, any identifier (such as a log number), date of issue, identify to which delivery partner(s) issued, any delivery issues and the total resource committed. The log should be regularly monitored and reviewed by the IJB and used as part of performance management, including audit and scrutiny. This should include monitoring the implementation and/or status of directions that have been approved by the IJB.

5.3 To assist with monitoring and reviewing directions issued, the IJB may seek information from either the Health Board or the Local Authority, or both, about the delivery of a function that is the subject of a direction, including, but not exclusively, when issues are identified in implementation and delivery of a direction.

5.4 The Act does not set out fixed timescales for directions. This flexibility allows directions to ensure that the delivery of integrated health and social care functions is consistent with the strategic commissioning plan and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in respect of particular functions.

5.5 A level of detail and specificity is highly desirable in directions, especially where a service is new or to be radically redesigned, or where a complex set of interdependent changes is planned.

5.6 Directions issued at the start of the financial year should subsequently be revised during the year in response to ongoing developments, including as a consequence of decisions made in year about service change by the IJB.

5.7 For example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority, the Chief Officer will need to agree a recovery plan to balance the overspending budget (this must be done in line with the Integration Scheme, which will detail arrangements for managing the balance of any over or underspends, and statutory guidance for finance under integration). This may require an increase in payment to either the Health Board or Local Authority funded by either:

- Utilising underspend on the other part of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance of the general fund, if available, of the Integration Joint Board.

5.8 A revision to the directions will be required in either case.

## **6. Multi-partnership co-ordination**

6.1 Effective co-ordination arrangements between contiguous IJBs within a Health Board area is essential where directions for acute care are under consideration. This will assist in effective planning for services that may be destabilised by conflicting or incompatible directions from different IJBs within the one area.

6.2 When unscheduled acute care is being planned, Chief Officers and their senior teams from across local partnerships should be meeting regularly in a joint forum with colleagues from the acute system. This will ensure effective co-ordination and collaboration across the multi-partnership area. This will also enable a joint plan to be developed that recognises the context, complexity or features relevant to each IJB. There may be other services and functions that also require this level of co-ordination.

6.3 Detailed directions will be necessary and particularly important where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services” or less often, lead partnership arrangements.

6.4 In such arrangements, all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements are in place for hosting services. Detailed directions will facilitate a feedback loop and IJBs should be seeking from the delivery partners any necessary information regarding progress with service change, investment or disinvestment. The issuing of more detailed directions will also be important for any other services not under the direct operational management of the Chief Officer.

6.5 In addition to officer level co-ordination, IJBs also require a degree of co-ordination in terms of governance and decision making when considering plans and therefore directions that span more than their area of jurisdiction. An IJB cannot delegate its responsibilities to another IJB or back to a Health Board or Local Authority. This, therefore, may be best managed by the same report being considered by each relevant IJB supplemented with any additional information or reflections required by each to ensure very localised matters are taken account of. The sequencing and co-ordination of this will require the full support of relevant IJB Chief Officers and others.

6.6 It is essential in pursuing effective co-ordination and collaboration on operational arrangements for managing delegated services and functions through the Chief Officer that this is not conflated with the statutory duties of the IJB for governance, decision making and resource allocation.

6.7 IJBs should maintain active consideration of whether the effect of delivery partners carrying out any direction they propose to issue would have an undesirable impact on another IJB (and its population) or for the local health and social care system more broadly. A process of co-ordination and mitigation will be needed in circumstances where issues of this nature are identified.

## **7. Improving practice and summary of key actions**

7.1 This guidance is intended to provide impetus to improving practice in the issuing of directions by IJBs and their implementation by Health Boards and Local Authorities, and to deliver the proposal made in the MSG review about providing statutory guidance on directions.

7.2 The importance of directions as a vital aspect of governance and accountability between partners cannot be overstated. The need to learn from and implement good practice is evident. Chief Officers, through their network, are well placed to facilitate the sharing of practice and are key to implementing this locally.

7.3 As practice develops further, IJBs should continue to develop and improve their practice in respect of issuing directions. Local Authorities and Health Boards as the key delivery partners also need to accept and work with these new arrangements, and respond positively to direction issued to them, including the provision of any information regarding the delivery of a function that is the subject of a direction.

7.4 This guidance has been prepared as part of wider work to accelerate the pace and impact of integration. This can only be achieved by the partners working closely together, in mutual regard, and demonstrating a strong, shared commitment to integration through concerted action to deliver sustainable, and improved health and social care services, capable of delivering good outcomes for the people of Scotland.

7.5 Key actions identified throughout this guidance, which should be implemented as consistent practice include:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.
- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.

## APPENDIX 1

### **Statement of responsibilities and accountabilities of Integration Authorities, Health Boards and Local Authorities and their accountable officers under integration.**

Integration Authorities bring together Health Boards, Local Authorities and others to ensure the delivery of efficient, integrated services. Demographic change, rising demand and growing public expectations means that radical service redesign is required in health and social care in order to deliver sustainable services that meet these challenges and improve outcomes for people.

The Public Bodies (Joint Working) (Scotland) Act 2014 establishes governance and financial arrangements, together with principles and a set of outcomes. It is predicated on a collaborative approach between Integration Authorities, Local Authorities and Health Boards, each with their own accountabilities and responsibilities, to ensure effective delivery of integration.

**Integration Authorities** - are responsible for planning, designing and commissioning services in an integrated way from a single budget in order to take a joined up approach, more easily shifting resources to best meet need. They have a duty to publish a strategic (commissioning) plan for integrated functions and budgets under their control. Collectively, Integration Authorities manage almost £9 billion of resources that Health Boards and Local Authorities previously managed separately, and they have the power and authority to drive real change.

All requirements for quality and safety apply to the Integration Authority just as they do to the Local Authority and Health Board. Integration Authorities have available clinical and professional advice from a range of advisors to assist them in making decisions and explore issues of quality, supported by integrated clinical and care governance arrangements.

Directions are vitally important in clarifying responsibilities and requirements between partners, that is, between the Integration Authority, the Local Authority and the Health Board. Directions are the legal mechanism by which Integration Authorities action their strategic commissioning plans. These binding directions are issued to one or both of the Health Board and Local Authority. They are the means via which clarity and transparency on decision making and budgets is achieved under integration.

**Chief Officers** – are the chief accountable officer to the Integration Joint Board. Chief Officers also accountable to each of the constituent authorities, and report jointly to the relevant Chief Executive of the Health Board and Local Authority as senior operational directors.

**Health Boards** – are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Local Authority for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Health Boards must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Health Board may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

**Health Board Chief Executives** – are the chief accountable officer to the Health Board. They are jointly responsible, together with the relevant Chief Executive of the Local Authority, for the line management of the Chief Officer. They should ensure that directions issued to the Health Board by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.

**Local Authorities** - are responsible for delegating functions and budgets to the Integration Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. They are jointly responsible with the Health Board for the development of an Integration Scheme and for submitting these to Scottish Ministers for approval.

Local Authorities must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. The Local Authority may not use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended.

**Local Authority Chief Executives** – are the chief policy adviser to the Local Authority and are the link between Local Authority officials and elected members. They are jointly responsible, together with the relevant Chief Executive of the Health Board, for the line management of the Chief Officer. They should ensure that directions issued to the Local Authority by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated.



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W W W . g o v . s c o t





# IJB DIRECTIONS TEMPLATE – MAY 2020

## DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)

### ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

<b>Direction:</b> <i>[Title of Direction]*</i>		<b>Direction to:</b> <i>[SIC / NHSS / Both]</i>		<b>Overall Budget allocated by IJB for Direction:</b> £ <i>[x]</i>	
<b>Reference Number:</b> <i>[x]</i>		<b>Relevant Function(s):</b> <i>[e.g. Adult Social Work]</i>		<b>Review Date:</b> <i>[MM/YYYY – Directions should be reviewed within one year of taking effect.]</i>	
<b>IJB Report(s) Reference Number:</b> <i>[include the reference number of the relevant IJB Report(s) the Direction relates to.]</i>					
<b>Date Direction issued/authorised by IJB:</b> <i>[DD/MM/YYYY]</i>		<b>Date Direction takes effect:</b> <i>[DD/MM/YYYY]</i>		<b>Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction:</b> <i>[Yes/No] [Reference No.]</i>	
<b>How does the Direction link to:</b>	Strategic Plan Actions and Outcomes: <i>[x]</i>	IJB Key Priorities: <i>[x]</i>	National Health and Wellbeing Outcomes: <i>[x]</i>	National Planning and Delivery Principles: <i>[x]</i>	

#### Purpose of Direction

*[Insert details of the purpose/objectives of the Direction. Details can be inserted as a list if appropriate.]*

#### Overarching Directions to Function(s)

*[List overarching directions to the function(s) relating to the delivery of services covered by the Direction, and the relevant performance measures / objectives associated with each direction. Use headings as appropriate, e.g. for different services within the function(s).]*

## IJB DIRECTIONS TEMPLATE – MAY 2020

Directions:	Performance / Objective(s):

	Improvement Plan <i>[Set out the more specific instructions to the function(s)]</i>						
Expected Outcomes	Actions	Forecast on performance	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate	Project reference number <i>[Insert the reference number for the project that each action relates to.]</i>	Budget breakdown – list source and amount of funding / savings <i>[If it is not possible to include this information here, please include as an appendix to the Direction.]</i>	Milestones; deadlines; and/or review dates

### Accountability and Governance

## IJB DIRECTIONS TEMPLATE – MAY 2020

*[Briefly explain the accountability and governance arrangements that are in place for the relevant function(s) as relate to the Direction – e.g. what are the lines of accountability between the IJB and the function(s).]*

*\* Please remove all drafting instructions in the square brackets above once drafting of the Direction is complete.*



## IJB – CHECKLIST FOR DRAFTING DIRECTIONS

The primary purpose of Directions is to set out a clear framework for the operational delivery of the functions that have been delegated to the IJB and to convey in a transparent manner (i) the decision(s) made by the IJB about the functions and (ii) the budgets allocated to the functions.

Directions are vitally important in clarifying responsibilities and requirements between the IJB, NHSS and SIC and are the mechanism by which the IJB can action its strategic commissioning plan.

This checklist should be used when drafting Directions to ensure that all the requirements set out in the Scottish Government's Statutory Guidance on Directions (January 2020) are complied with.

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GUIDANCE	COMMENTS
Is the Direction sufficiently detailed so as to: <ul style="list-style-type: none"><li>- allow the NHSS or SIC to properly discharge their statutory duties under the Act*?</li><li>- ensure the intention of the IJB is adequately captured and effectively communicated?</li></ul> E.g. the Direction should not be overly general or ambiguously worded.	
Does the Direction clearly set out which function(s) it relates to?	
Does the Direction contain clear advice, instructions and information on the required/expected operation of the function? E.g. the exercise of the function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the strategic commissioning plan.	
Does the Direction contain information on the financial resources that are available for carrying out the function? E.g. does the Direction contain information on the allocated budget and how that budget is to be used?	
Can the Direction be effectively monitored? E.g. does the Direction contain delivery timescales, milestones and outcomes?	
Does the Direction set out accountability and effective governance?	

## IJB – CHECKLIST FOR DRAFTING DIRECTIONS

E.g. the line of accountability between the IJB, NHSS and SIC	
Does the Direction clarify responsibilities and requirements between the IJB, NHSS and SIC?  E.g. is it clear what each partner is to do in relation to carrying out the particular function? Is it clear if the Direction is issued to one partner, or to them jointly?	
Does the Direction represent the end-point of a process of decision making by the IJB in respect of the specific function?	
Is the Direction proportionate and necessary?  E.g. Directions should not be issued unnecessarily	
Does the Direction meet all relevant clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance?	
Has the content of the Direction been informed by a report on the function submitted to and approved by the IJB?	
Does the Direction relate solely to a function to be delivered in Shetland, or does it span over more than the Shetland area?  E.g. is there interaction with an IJB, Health Board or Local Authority in another area?	

\* “The Act” means the Public Bodies (Joint Working) (Scotland) Act 2014

# Shetland Islands Health and Social Care Partnership

Agenda Item

**6**



<b>Meeting(s):</b>	Integration Joint Board	28 <sup>th</sup> May 2020
<b>Report Title:</b>	Oversight of COVID 19 activity in Care Homes in Shetland	
<b>Reference Number:</b>	CC-14-20-F	
<b>Author / Job Title:</b>	Susan Webb, Director of Public Health	

## **1.0 Decisions / Action required:**

- 1.1 The Integration Joint Board is asked to consider the enhanced system of assurance around the safety and wellbeing of care home residents and staff and endorse the approach taken.

## **2.0 High Level Summary:**

- 2.1 The First Minister and Cabinet Secretary for Health and Sport requested on 20 April 2020 that Directors of Public Health take immediate action to deliver an enhanced system of assurance around the safety and wellbeing of care home residents and staff during these extraordinary times.
- 2.2 There was already close working between the Health and Social Care Partnership, Public Health, Infection Prevention and Control team as a result of an outbreak in one care home. To supplement this activity a multi-disciplinary group formed which included the Care Inspectorate, chaired by the Director of Public Health, that met weekly to consider and assess the following areas:
- a) Knowledge and implementation of infection prevention and control measures
  - b) Knowledge and observance of social distancing measures, both for staff and residents
  - c) Staffing levels at all times and for all functions
  - d) The availability and quality of training for all staff in particular on infection control and the safe use of PPE
  - e) The effective use of testing.
- 2.3 An audit was undertaken (using a template agreed with the Directors of Public Health in Scotland, Public Health Scotland and the Care Inspectorate) to assess all care homes in Shetland. Visits were undertaken by the Infection Prevention and Control Team from the 9-30<sup>th</sup> April and information gathered together with the knowledge of all agencies was used to complete the template.

- 2.4 In addition, a review of practice on Shetland was completed against good practice gathered from elsewhere. The two pieces of work identified that care homes were managing the situation well. In order to enhance the support a number of actions have been implemented.
- a) All care homes are proactively contacted by the Public Health Team twice weekly to pick up any issues or cause for concern.
  - b) All care homes or H&SCP managers contact Public Health Team if they have any concerns.
  - c) An online training programme is in place and all staff have completed the PPE module with timescales in place for completion of the full programme
  - d) A review has been undertaken to ensure staff who require to visit care homes for clinical reasons are cohorted.
- 2.5 Weekly submissions are provided to Scottish Government on our assessment.
- 2.6 Directors of Public Health in Scotland are meeting weekly with Public Health Scotland and the Care Inspectorate to share good practice, enhance guidance and outbreak management support to care homes across Scotland and Shetland Public Health Team are part of this arrangement.
- 2.7 Guidance for the management of COVID 19 is constantly being reviewed and updated as new evidence comes to light. At the beginning of May guidance from Health Protection Scotland, changed to include testing of all residents and staff if there was a case in a care home. In addition, a programme of surveillance testing was announced. As at the 8<sup>th</sup> May 18 residents and 61 staff had been tested on Shetland. The surveillance programme will commence week of 18<sup>th</sup> May.

### **3.0 Corporate Priorities and Joint Working:**

- 3.1 As an integrated health and care system in Shetland we were keen to ensure any actions taken in no way undermine the accountabilities already in place for care homes through the Integration Joint Board and Care Inspectorate. We believe that having additional public health input to our existing governance structures in these unprecedented times has served to strengthen these arrangements.
- 3.2 Engagement of the Care Inspectorate in our governance arrangements enables us to triangulate feedback and offer support early to our care homes should it be required.

### **4.0 Key Issues:**

- 4.1 The multi-agency assessment is that we have 8 care homes rated as green (no issues) and 1 amber. The amber relates to one care home with an outbreak on Shetland. This outbreak is ongoing, all appropriate action has been taken and the situation is improving.
- 4.2 Testing has been undertaken in other care homes but results have been negative.
- 4.3 Weekly meetings are in place to monitor on an ongoing basis infection prevention and control measures, physical distancing, staffing levels, PPE availability and appropriate usage, testing.



4.4	Surveillance testing in care homes will commence week beginning 18 <sup>th</sup> May.	
4.5	Contact tracing of any positive results has also commenced.	
4.6	Since the pandemic began 464 tests in total have been undertaken on Shetland with 54 positive results. There have been no new cases identified since 20 <sup>th</sup> April on island.	
5.0	Exempt and/or confidential information:	
6.0	Implications :	
6.1 Service Users, Patients and Communities:	This paper seeks to outline and provide assurance that robust governance arrangements in place around the safety and wellbeing of care home residents and staff.	
6.2 Human Resources and Organisational Development:	These enhanced arrangements have strengthened partnership working.	
6.3 Equality, Diversity and Human Rights:	N/A	
6.4 Legal:	The arrangements set out in this report have sought to support the Integration Joint Board in delivering its responsibilities, as set out in the IJB's Joint Strategic Commissioning Plan and The Public Bodies (Joint Working) (Scotland) Act 2014.	
6.5 Finance:	<p>The additional costs incurred as a result of the Covid-19 response are being monitored and reported to the Scottish Government.</p> <p>The Scottish Government announced initial funding for £50m for IJBs to support the immediate challenges in the social care sector. Shetland's share of this funding is £298k.</p> <p>The cost associated with enhanced assurance in care homes can be met from within existing resources.</p>	
6.6 Assets and Property:	N/A	
6.7 ICT and new technologies:	Should a visit be required to a care home this will be undertaken virtually as in other areas.	
6.8 Environmental:	N/A	
6.9 Risk Management:	See attached framework.	
6.10 Policy and Delegated Authority:	The Integration Joint Board is accountable for care home provision and needs to be assured that this process has enhanced existing arrangements.	
6.11 Previously considered by:	N/A	

**Contact Details:**

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16<sup>th</sup> May 2020

**Appendices:**

Care Homes: Enhanced System of Assurance – Residents and Staff

**References:**

Health Protection Scotland guidance

<https://www.hps.scot.nhs.uk/web-resources-container/covid-19-information-and-guidance-for-care-home-settings/>

## CARE HOMES: ENHANCED SYSTEM OF ASSURANCE - RESIDENTS & STAFF

### Action plan for NHS Shetland - update 06/05/2020 at meeting

Requirement for Assurance	Action	Lead	Deadline / Progress
<b>Assessment of Individual care homes</b>			
Overview	Self Assessment tool to be completed by each Care Centre	Jaine Best (Executive Manager Community Care Resources) & All Care Centre Managers (Incl W&JG)	06/5 Received back from all 9 care homes
Knowledge and implementation of infection prevention and control measures	Generic IP&C guidance (including respiratory) already in place in care centres, supplemented by COVID-19 specific guidance as becoming available	Dr Susan Laidlaw (CPHM)	Already in place and ongoing
	Visits by (Hospital) IC&P Team to each care centre in Shetland on a prioritised basis – see detailed programme for visits.	Carol Colligan (ICM)	Visits started on 9/4/2020. All care centres have been visited by 22/04/2020. Visits involved care centre team along with local community nursing team and the IP&C team.  Visits to be repeated (virtually) in 4 weeks and ongoing on a monthly basis. Face to face visit only if deemed essential.
	All Care Centres are considered to be areas of sustained transmission regardless of any possible or confirmed cases.	Agreed by Control of Infection Committee on 17/04/2020	Information on sustained transmission circulated via CHCP managers on 17/04/2020
	Circulate Covid -19 specific Outbreak control toolkit to all	Jaine Best (Executive Manager)	Circulated to relevant CHCP Exec Managers on 20/04/2020

	care centres (published 17/04/20)	Community Care Resources)	Also re-iterated in IP&C team visits
Knowledge and observance of social distancing measures, both for staff and residents	Visits by (Hospital) IP&C Team to each care centre on a prioritised basis.	Carol Colligan (ICM)	As above
Staffing levels at all times and for all functions	Obtain information from the care centre managers	Jaine Best (Executive Manager Community Care Resources)	No issue re staffing on self assessments or on twice weekly phone calls.
Availability and quality of training for all staff in particular on infection control and the safe use of PPE	All staff have access to the Scottish Infection Prevention and Control Education Pathway (SIPCEP) modules via Turas  All staff have access to specific COVID training resources on HPS website	Jaine Best (Executive Manager Community Care Resources)	SIPCEP modules information already re-issued to staff  Reinforced through IP&C visits
The effective use of testing	The HPT arranges testing of all care centre residents who develop symptoms, including those with atypical symptoms.  (As identified by care centre staff and / or GPs or Community Nursing Staff)	Dr Susan Laidlaw (CPHM)	Already in place for suspected outbreaks of two or more cases.  Process re-enforced through IP&C team visits  Implemented testing of all symptomatic residents on 16/04/2020  Symptomatic staff are also tested as part of cluster outbreak management or through OH procedures.  Scottish Policy has now changed.
Scottish policy on Testing	If one person in a care home tests positive then all residents and staff should be tested, regardless of symptoms , subject to consent.		06/05 Implemented as of today

	Care homes with no COVID-19 should be sample tested		Prioritisation discussed - start with homes where there have been symptomatic (but negative) cases. Needs careful consideration re size of home (esp ET &T) and potential impact should anyone test positive.
Availability of PPE	All Care Centres have been supplied with appropriate PPE, in appropriate quantities.	Andrew Kinnear (PPE co-ordinator)	Care centres all had an outbreak kit including PPE initially, and supplied with more as required.  All care centres now supplied with PPE and process in place for rapid supply of more as required, through Shetland PPE co-ordinating centre

### Visits to Individual Care Homes - Refer to attached programme

### Testing

Robust pathway for workers or household members to tested with a single point of access	Local pathway through Occupational Health – all social care managers can refer staff and household members for testing via NHS Shetland Occupational Health Team.  Testing of care home staff may also be requested by the HPT as part of outbreak or cluster management	Elsbeth Clark (Public Health) / Bernadette Dunne (Senior Occupational Health Advisor)	Pathway already in place
Communicated to all staff and employers	Pathways circulated to all staff and managers	Bernadette Dunne (Senior Occupational Health Advisor) /	Pathways already circulated via management routes. Reiterated through IP&C team visits

		Jaine Best (Executive Manager Community Care Resources)	
Collation of data related to staff testing	Process in place through Public Health working with the Laboratory and Occupational Health	Dr Louise Polson (Working for Public Health) / Elsbeth Clark (Public Health)	Data collated on a daily basis through single point of contact to provide local reports and reports to Government from Friday 24 <sup>th</sup> April (interim arrangements in place until then)  6/5 Data is now being reported daily
<b>Assurance process</b>			
Public Health regular contact with care centres.	Public health team will proactively contact care centres on at least a twice weekly basis initially, more frequently if any asymptomatic residents or staff or other issues.  In addition, reports on new notifications that are received from the Care Inspectorate will prompt a contact if PH not already notified.	Elizabeth Robinson (Public Health Principal)	Already in contact with those care centres that have had symptomatic cases and the one centre where there is an ongoing outbreak (daily contact).  Commencing from week beginning 27/04/20 PH will ensure contact on at least a twice weekly basis and has a process in place for recording the contacts and any issues.  In addition all individual confirmed cases, issues, clusters and outbreaks are recorded on HPzone.  6/5 in place
IP& C Team - monthly contact with care centres	Refer to IP&C team visit programme	Carol Colligan (ICM)	Monthly contact following the initial visit in April. Any issues to be escalated to Public Health (Susan Laidlaw) and CHCP (Jaine Best)
Weekly review	Weekly t/c or Teams meeting with DPH; Care Inspectorate; CPHM; Joint Director CHCP; Executive Manager Community Care Resources	Dr Susan Laidlaw (CPHM)	Commenced 29/4  6/5 Regular meeting not required

Weekly report to Government	Further details awaited	Susan Laidlaw (CPHM)	Initial report due 24/04/20  6/5 reporting template received – first one due on 7/5
Internal NHS /CHCP reporting / governance	Exception reporting included in Public Health and CHCP reports to Pandemic Management Team  Verbal update to Executive Management Team (Gold Command).  Regular report to Board  Report to next IJB on 28 <sup>th</sup> May	Susan Laidlaw (CPHM)  Susan Webb(DPH)	Pandemic Management Team currently meets three times a week.  EMT meets daily  Board meetings are currently fortnightly. Next one will be on Friday 1 <sup>st</sup> May.  Next IJB is 28 <sup>th</sup> May.





# Shetland Islands Health and Social Care Partnership

Agenda Item

**7**



<b>Meeting(s):</b>	Integration Joint Board	28 May 2020
<b>Report Title:</b>	COVID-19 – Governance Update Report	
<b>Reference Number:</b>	GL-14-D1	
<b>Author / Job Title:</b>	Jan R Riise Executive Manager - Governance and Law (SIC)	

## 1.0 Decisions / Action required:

Integration Joint Board resolves to:

- 1.1 Note the cancellation of all meetings of the Integration Joint Board and its audit committee from 23<sup>rd</sup> March 2020 (the date when the coronavirus lockdown and requirements were brought into effect) until the date of this meeting.
- 1.2 To delegate authority to the Chief Officer, in consultation with the Executive Manager – Governance and Law (SIC), the Chief Executives of the partner organisations of the Shetland Islands Council and NHS Shetland, and the chair and vice chair of the Integration Joint Board, to approve the cancellation of any scheduled meetings or to call any special meetings as required during the period of response to the COVID-19 outbreak.
- 1.3 Note that these temporary arrangements will be kept under review, taking cognisance of national guidance and direction, and may, by reporting to the Integration Joint Board be extended or revoked at the appropriate time.

## 2.0 High Level Summary:

- 2.1 The purpose of this report is to provide information regarding decision making arrangements undertaken by the various parties to Shetland Islands Health and Social Care Partnership. In particular the arrangements for conducting Integration Joint Board meetings are described in this report and will continue in place of the procedures set out in the Integration Joint Board constitution and standing orders, recognising that it is not feasible at this time to conduct face-face meetings or enable full attendance by members of the public.
- 2.2 In early March as positive tests were taken in Shetland, the IJB partners invoked their respective emergency plans, and elements of their pandemic flu plan. Whilst this empowered officers at an operational level to take action in the implementation of their emergency planning functions, individual services also updated and applied their business continuity plans. In order to maintain an adequate overview and

scrutiny by members of the Integration Joint Board, where actions have been taken by either Shetland Islands Council or NHS Shetland this shall come in due course via a report to a future Integration Joint Board meeting so that a formal recorded decision of any such actions can be noted by the board.

### **3.0 Corporate Priorities and Joint Working:**

- 3.1 The terms of this report support the Integration Joint Board's participation with its partners in performance of statutory duties, including responding to several contingency incidents and also supports the overall shared vision and priorities of the Shetland Partnership Plan in relation to people and participation. The current arrangements fundamentally underpin the activities of Shetland Islands Council and NHS Shetland in their participation in the resilience response as key partners in the Shetland Emergency Planning Forum (SEPF).
- 3.2 Ordinarily, events such as a pandemic emergency are led from the outset by the local health board. In this instance, recognising the significant pressure placed on the local health board and its staff and the work required to be undertaken by the council in its adult social care functions and its responsibility for the caring for people strand of the civil contingencies response, the local area Chief Inspector, Lindsay Tulloch, on behalf of Police Scotland, undertook the coordination and chairing of the local emergency planning partnership. The partnership meets on a weekly basis with all category 1 responders routinely participating and the meetings are also augmented from time to time by representatives of transport, utilities, food suppliers, both retailers and wholesalers and the voluntary sector.

### **4.0 Key Issues:**

#### **Actions and Delegated Authority during Emergencies**

- 4.1 In light of the legislation and further developing plans in both Scotland and the UK which include requirements for physical distancing and other preventative measures to curtail the spread of the disease, it remains clear that COVID-19 has already had a significant impact and is likely to continue to have such an impact on the ability of the Integration Joint Board, the Council and the NHS to provide services across the full range of all of their functions. All parties have had to act to suspend certain services, restrict access to public buildings, not undertaking public gatherings and rules similar to those will continue to impact on services and our engagement with the public and communities as public health guidance, government direction and legislation continues to develop.
- 4.2 The delivery of public services and the way in which these services are resourced will require decisions over the next weeks and months to be made frequently often at short notice and increasingly likely to respond to request for support from not just the Shetland Islands Health and Social Care Partnership but other partners of the emergency planning forum. We are committed to the provision of such support not just in terms of our commitment under the Shetland Partnership Plan but also in relation to reciprocal arrangements providing for mutual aid between public sector parties.
- 4.3 Both the council and NHS Shetland have delegated authority in place to enable the taking of prompt action applying powers available to promote or improve wellbeing

within Shetland Islands area during any emergency. These powers include powers to:-

- (a) incur expenditure,
- (b) give financial assistance to any person,
- (c) enter into arrangements or agreements with any person,
- (d) cooperate with or facilitate or coordinate activities of, any person,
- (e) exercise on behalf of any person any functions of that person, and
- (f) provide staff, goods, materials, facilities, services or property to any person.

- 4.4 Supplementing these general powers both the Council and the Health Board are, as category 1 responders subject to a duty under the Civil Contingencies Act 2004 to give advice and assistance to the public in connection with the making of arrangements for continuation of for example commercial activities by the public or the carrying on by voluntary organisations of their activities in the event of an emergency. All of those powers taken together will continue to enable the Chief Executives and the Chief Officer to respond, rapidly if necessary, to requests for support throughout Shetland's community.

### **Meetings of the Integration Joint Board**

- 4.5 The Integration Joint Board is comprised of decision makers of both Shetland Islands Council councillors and Shetland NHS board members as well as representatives of other key organisations. Collectively they support the decision making processes of the IJB. As a result of the guidance and directions when the country moved in to "lockdown" the normal means by which the IJB members came together to make decisions were operationally compromised and those restrictions will continue for the foreseeable future. One requirement which by law required meetings of the integration joint board to be held in public fundamentally meant that meetings could not take place until the law was changed. Those changes were brought about firstly in legislation of the UK parliament and then by subsequent Coronavirus legislation enacted by the Scottish Government. This now enables meetings to be held "virtually" and with specific resolutions to enable them to take place without attendance of the public.
- 4.6 Public bodies are still encouraged to make arrangements, so far as possible, to enable meetings to be as open as possible and in that regard efforts have been made to enable attendance by representatives of the local media whilst at the same time ensuring that in so far as there is any requirement to exclude the public for reasons of confidentiality or sensitivity of matters being discussed, that such exclusions can be securely and effectively achieved.
- 4.7 Whilst these provisions now enable a resumption of meetings to take place, hence today's meeting, the strictures around only undertaking business which is essential and in all instances seeking to limit the transmission of the disease, as such that best practice would suggest that the numbers of meetings required to be held by the Integration Joint Board and its Audit Committee should be limited. The Chief Officer, consulting senior management of the other partner agencies and the chair and vice chair should be granted delegated authority to determine the diary of future meetings, in that context, and until such time as these restrictions are lifted.
- 4.8 In the meantime, having approved its strategic commissioning plan and elsewhere on today's agenda giving effect to the statutory guidance on issuing directions, the board has established the outcomes expected and the means by which those outcomes should be achieved. Coupled with the powers available to managers of

the health and social care partnership, this should ensure that the majority of decisions required can be taken at an operational level.	
4.9	All managers operating within those parameters recognise the requirement to option appraise, risk assess, consult in relation to staff issues and otherwise be prepared to provide assurance to the Integration Joint Board, in the course of taking and implementing such decisions.
<b>5.0 Exempt and/or confidential information:</b>	
5.1	None
<b>6.0 Implications:</b>	
<b>6.1 Service Users, Patients and Communities:</b>	The key decisions in this report will ensure that the IJB is able to continue to or expand its efforts along with its community planning partners in providing and protecting public services, users, patients and communities.
<b>6.2 Human Resources and Organisational Development:</b>	The IJB has no direct responsibility for workforce management. In the implementation of decisions of the IJB including those during periods of emergency, the other partners who deliver the services as directed by the IJB have prime responsibility for the health and safety and wellbeing of their staff.
<b>6.3 Equality, Diversity and Human Rights:</b>	An equalities impact assessment is not required as this is in most respects a procedural report.
<b>6.4 Legal:</b>	<p>The terms of this report are consistent with provisions under the public bodies (joint working) (Scotland) Act 2014, associated regulations and guidance. It also embraces the responsibilities of the partner organisations and other local government and public health primary legislation.</p> <p>The Civil Contingencies Act 2004 doesn't bear directly on the IJB but it's provisions do apply to the IJBs main partners, particularly in relation to public health and in the case of the local authority the preparations for recovery and means by which the community is supported through the caring for people strand of national and local emergency planning. All of this legislation has been impacted and amended by the Coronavirus (Scotland) Act 2020 and is anticipated that there will be further amendments arising from that Act and other similar legislation.</p>
<b>6.5 Finance:</b>	There are no financial implications in relation to the decisions required of this report. Provision has been made to ensure that where particular financial pressure emerges for any of the services directed by the Integration Joint Board that the Chief Finance Officer would be involved. In due course, the IJB will be provided with detailed reports regarding the financial impacts for the Council, the Health Board and the IJB in handling the current crisis and its aftermath. The Integration Joint Board Scheme provides mechanisms for dealing with any additional funding

	provided by the UK or Scottish government in response to the Coronavirus emergency and the scheme also provides mechanisms whereby any overspend across budgets will be addressed and require further decision by Integration Joint Board.
<b>6.6 Assets and Property:</b>	There are no implications for major assets and properties i.e. buildings and equipment arising directly from this report.
<b>6.7 ICT and new technologies:</b>	There are no implications for ICT and ICT systems arising from this report.
<b>6.8 Environmental:</b>	There are no implications for the local environment, climate change or carbon management arising from the terms of this report.
<b>6.9 Risk Management:</b>	<p>In the overall approach to requirements for speedy but robust decision making, the Chief Officer will continue with the message to all managers that “normal rules apply” in relation to the management of risks. This means that proper risk assessment, opportunity for consultation with unions where applicable, adherence to financial regulations (and no significant override of normal management controls) will continue to form part of the decision making which is, on a daily basis, being undertaken at present.</p> <p>In the matter of internal controls the IJB’s Audit Committee will in due course, receive a detail report on areas where the measure of relaxation of internal controls have been required. These will also be routinely notified to the board’s Chief Internal Auditor who has asked to be notified of such matters throughout this period.</p>
<b>6.10 Policy and Delegated Authority:</b>	Other than the matters directly addressed in this report no other delegated authority exists for this matter to be addressed other than by the Integration Joint Board itself.
<b>6.11 Previously considered by:</b>	The matters addressed in this report have not been presented to any other committee of organisation.

**Contact Details:**

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27 May 2020

**Appendices:**

None

**Background Documents:**

None