

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/21</b>
<b>Meeting:</b>	<b>NHS Greater Glasgow and Clyde Board</b>
<b>Date of Meeting:</b>	<b>25<sup>th</sup> February 2020</b>
<b>Purpose of Paper:</b>	<b>For Approval</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Ms Elaine Vanhegan, Head of Corporate Governance and Board Administration</b>

### **Paper Title – Review of Integration Schemes**

#### **Recommendation**

That the NHS Greater Glasgow and Clyde Board:

1. Note the content of the report;
2. Note the current content of each draft revised Scheme of Integration; and
3. Approve the issuing of draft revised Schemes of Integration for consultation.

#### **Purpose of Paper**

To update the NHS Greater Glasgow and Clyde Board on the on the process adopted for reviewing the six Integration Schemes, to advise of the current content of each draft revised Scheme of Integration for the Board area, which have been made available to members prior to publication via Admin Control and by email, and to seek approval for the draft schemes for each of the six Integration areas to be issued for consultation.

#### **Key Issues to be considered**

The Board is a party to each of the six Integration Schemes for the Board area which create the Health and Social Care Partnerships for each integration area. The relevant local authority for each area is the other party to the relevant Scheme. The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Schemes are reviewed within a 'relevant period' of 5 years from approval by the Scottish Ministers. The Board and each relevant local authority are now required to review each Integration Scheme. This review process will constitute the first full review of the Integration Schemes in which NHS Greater Glasgow and Clyde is a partner.

Public consultation requirements for review of an Integration Scheme mirror those applicable at the time of introduction of the Schemes. The parties to each Scheme are required to jointly consult persons or groups of persons appearing to the Scottish Ministers

to have an interest in the Scheme, with these persons and groups being prescribed, and also such other persons as the parties think fit. The parties must take account of views from these consultees in finalising the Scheme.

In preparation for public consultation, a working group of representatives of each Health and Social Care Partnership, a representative of the Chief Officers' Group, and a representative of the Board met regularly to agree a framework for reviewing of the Schemes and to jointly consider changes to Schemes. Advice on some elements was received from the Scottish Government Directorate for Community Health and Social Care. There are limited substantive changes being proposed to the existing Schemes, with primary elements of change described below. Significant portions of the Schemes derive directly from legislation and accordingly are not open to substantive amendment at this point.

### Initial Review Process

Recognising the local nature of Health and Social Care Integration, a primary focus of preparation for review of the Schemes was ensuring where possible consistency across the six Schemes to which the Board is a party. This consistency was sought both in application, to ensure where possible that across the Board area there is consistency in how Schemes provide for managing Integration, and in content and presentation, to ensure where possible that each Scheme is presented in a user-accessible and understandable style.

Achieving consistency in the application of the terms of each of the Board area's six Integration Schemes will be beneficial for the Board in that the Board's agreements with each of the relevant local authorities will be consistent in effect, and this will additionally provide a more beneficial environment in which cross-IJB work can be carried out.

As the extant Schemes date, with some review due to legislative change, from the point at which Integration was introduced, it was identified that portions of each Scheme would require to be updated to appropriately reflect the existence of Integration in the preceding five years. For example, whereas the extant Glasgow City Scheme states at paragraph 6.2.1:

*'The full list of performance targets and measures will be developed through the Parties' strategic planning and performance structures, the integrated Strategic Planning Group, and approved through joint management structures and the Integration Joint Board. This will be completed by 1st April 2016 and be subject thereafter to a regular review process';*

it is proposed that this be updated to state:

*'The list of performance targets and measures has been developed through the Parties' strategic planning and performance structures, the integrated Strategic Planning Groups, approved through joint management structures and the Integration Joint Board, and will be subject to a regular review process';*

to reflect the ongoing existence of the Integration Joint Board and its management and oversight structures. Equivalent changes are proposed in each Scheme to ensure ongoing validity.

A number of changes are proposed within the interpretation and definitions section of each Scheme to ensure consistency in application of terms, both within and across Schemes. Further, a number of changes are proposed within each Scheme to maintain appropriate up-to-date references to party and Partnership internal structures and to legislation. Within the next 'prescribed period' of five years, further legislative changes relevant to matters delegated to Integration Joint Boards may require Schemes to be amended, similar to amendments made subsequent to the introduction of the Carers (Scotland) Act 2016.

### Strategic Planning

The Integration Schemes set out the agreed application of the legislative requirements for strategic planning and operational delivery of services. No substantial change is proposed to the arrangements for strategic planning or the operational delivery arrangements, though these provisions should be read in conjunction with the recently published Scottish Government statutory guidance on directions and the Standards Commission for Scotland Advice for Members of Health and Social Care Integration Joint Boards, both of which provide fuller exploration of the complementary roles of the IJB, the Board and local authority as parties, and the individuals who constitute these bodies. As described in the Schemes, the Public Bodies (Joint Working) (Scotland) Act 2014 provides that IJBs will be responsible for the strategic planning and commissioning of integrated services, and that the IJB will direct NHS Board and local authority parties to carry out actions in fulfilment of the functions delegated to the IJB. The statutory guidance on directions confirms that such directions from an IJB to a party are binding (paragraph 1.3), and goes on to state (paragraph 1.5) that, *'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'*. The guidance further reminds that directions are a core element of the governance system which provides clarity on decision making and responsibility.

### Finance

Consistency in statement of the Finance arrangements within Schemes across the Board area has been achieved through discussion and agreement of standardised wording by the Director of Finance and Chief Finance Officers of each Partnership. This proposed wording is set out at the Finance section of each of the revised Schemes, and supports consistency in understanding and application of finance arrangements across each of the Integration areas. This provides a benefit to the Board in ensuring a common application of financial arrangements relating to payments, set aside budgets, and any variation of these, across all the areas relevant to the Board.

Within the revised finance section, consistent provisions set out annual budget-setting processes, wherein IJB Chief Financial Officers will develop draft proposals taking account of agreed assumptions, and parties will thereafter approve final budgets, again to take account of specified assumptions, to be advised to the IJB by 1<sup>st</sup> March in each year. By 31<sup>st</sup> March in each year, the IJB is required to approve the budget allocation and provide direction to the Board and relevant local authority regarding the functions that are to be delivered, how they are to be delivered, and the resources which are to be used in delivery. Agreement of set aside budget, to be undertaken in accordance with guidance from the Integrated Resources Advisory Group and to take account of notional direct costs for use of hospital services, is set out, along with provision for adjustment annually through amendment to the relevant Strategic Plan.

## BOARD OFFICIAL

Management of overspends is set out, with primary focus upon remedial action within the IJB, and thereafter a recovery plan agreed by finance officers of the IJB and parties and approved by the IJB. Should such a recovery plan be unsuccessful, the Scheme sets out that uncommitted general reserves may be utilised, and thereafter additional funds may be provided by parties on a basis to be agreed taking into account the nature and circumstances of the overspend. Mediation in accordance with the dispute resolution mechanism set out in the Scheme provides a final mechanism if required.

Where an underspend is achieved, the Scheme provides that, with the exception of ring-fenced budgets, this will be retained by the IJB to fund additional capacity in-year in line with the strategic plan, or carried forward to fund capacity in future years in accordance with the IJB's reserves policy.

### Hosted Services

Consideration has been given through the Chief Officers Group to the content as well as the style of sections setting out arrangements for hosted services. This sets out provisions for functions which are delegated by NHS Greater Glasgow and Clyde to all six IJBs to be provided as part of a single Greater Glasgow and Clyde-wide service. This section provides the arrangements to govern the hosting of services within one Partnership where they are then provided on a pan-Partnership basis, including consultation between the lead Partnership and others where changes are planned which may result in service levels changing.

Hosted services are set out in Annex 3 to the Schemes, along with specification as to which IJB 'hosts' the service. The Schemes note that the host IJB bears the risk and rewards associated with service delivery in terms of the demand and financial resource required to provide, and sets out that where a host IJB plans to make significant change to a hosted service which will increase or decrease the level of service available in specific localities or service-wide, other affected IJBs will be consulted prior to making the planned change.

In terms of specifics, the arrangements for GP Out of Hours Services are under review to host both strategic planning and operational management within one HSCP. This will be considered and finalised prior to the final Integration Schemes being brought to the Board in April for approval.

### Consultation and Engagement Process

Within each Scheme a section sets out the communication and engagement processes adopted in the development of the Scheme. As with the extant Schemes, which contain details on the communication and engagement processes adopted during their development, the current proposed Schemes will be, subsequent to the planned public consultation phase, updated to reflect the actions taken during their development.

### Next Steps

Within the Board's corporate governance arrangements it is proposed that approval to take the draft Schemes to public consultation is provided by the Board. Within each local authority, appropriate management and governance groups are requested to provide approval to undertake public consultation.

BOARD OFFICIAL

As set out above, this consultation will take place in accordance with statutory requirements, and will directly engage statutory consultees and relevant others.

Subsequent to consultation a report will be brought to the Board meeting in April, and an equivalent report to the relevant body within each local authority, which will present a proposed revised Integration Scheme for each Integration area for agreement.

**Any Patient Safety /Patient Experience Issues**

None

**Any Financial Implications from this Paper**

None

**Any Staffing Implications from this Paper**

None

**Any Equality Implications from this Paper**

None

**Any Health Inequalities Implications from this Paper**

None

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.**

N/A

**Highlight the Corporate Plan priorities to which your paper relates**

N/A

**Author – Graeme B. Forrester**

**Tel No – 0141 211 0246**

**Date – 14<sup>th</sup> February 2020**