

EAST RENFREWSHIRE COUNCIL20 April 2016Report by Chief ExecutiveEAST RENFREWSHIRE INTEGRATION JOINT BOARD**PURPOSE OF REPORT**

1. To provide Council with clarification on the responsibilities of the new East Renfrewshire Integration Joint Board (ERIJB) and the relationship between the Council and the ERIJB.

RECOMMENDATION

2. Council is asked to note that:-
- The ERIJB / HSCP will build on the track record of East Renfrewshire for the integrated delivery of Health and Social Care services; and
 - The ERIJB / HSCP will provide the Council with annual plans and performance reports to allow the Council to review performance.

BACKGROUND

3. In 2006, East Renfrewshire Council and the then Greater Glasgow NHS Board, agreed to form a CHCP in which local Health and Social Care Services would be integrated by way of a partnership agreement. The Partnership worked well and over the next few years, a number of other councils and NHS Boards implemented the same model.

4. In 2014 the Scottish Government brought in legislation to ensure that all Health and Social Care Services to adults were integrated across Scotland. The legislation allowed for 2 different delivery options, either a “body corporate” or a lead agency. The “body corporate” model had many similarities in practice to the existing CHCP model and was adopted in East Renfrewshire.

5. The Scottish Government website contains detailed information in “Guidance and Advice to Supplement the Public Body (Joint Working) (Integration Joint Board) (Scotland) Order 2014”.

REPORT

6. The new model has now been in place for several months and is working well. Whilst there are many similarities to the previous CHCP model, there are also some differences that are relevant to the Council’s relationship with the new body and this report aims to identify those differences and highlight these to the Council.

7. It is important to note however, that the strategic direction of the new body builds very much on the principles of the CHCP i.e. that integrated planning and delivery of Health and Social Care Services will benefit our residents.

DELEGATION OF POWERS TO THE IJB

8. In the CHCP model, powers were delegated to the CHCP Committee from both the Council and the GGC NHS. The CHCP Committee then set policy and scrutinised the performance of an integrated delivery mechanism known as the CHCP. The CHCP consisted of an integrated management structure for Health and Social Care staff within a partnership organisation. The staff however, remained employed by either GGC NHS or East Renfrewshire Council.

9. In the new model, as set out in legislation, the Council and NHS delegate powers to the East Renfrewshire Integrated Joint Board. The IJB is a legal entity in its own right, with its own budget and makes decisions for which it is solely accountable. The IJB then gives direction to, and scrutinises, the performance of the integrated delivery mechanism known as the HSCP. The HSCP is very similar in form to the CHCP in that it operates with an integrated management structure responsible for delivery of the objectives of the IJB but staff are still employed by either GGC NHS or East Renfrewshire Council. The intention however, as with the CHCP, is that the staff feel that they are working in a single operational entity, with shared culture and identity.

10. The IJB has a wider range of powers delegated to it as compared to the CHCP Committee. In particular:-

- The delegation of powers to the IJB from the Council and GGC NHS is irreversible and the IJB cannot refer decisions back to the Council or NHS.
- When the Council or NHS delegates funding to the IJB, it is the IJB who will determine how the funding will be spent. The money essentially loses its identity and is distributed by the IJB to the parties as per strategy direction. If savings are required, it will be up to the IJB to determine how these savings will be achieved.

11. The IJB has the power to direct the operations of the HSCP and therefore in practice, the operations of those functions of the Council and NHS, which make up the partnership. This power of direction may seem distinctly different from the powers of the CHCP Committee but in practice, it is likely to be very similar to the direction provided by the CHCP Committee, due to the high degree of delegation from the Council to the CHCP Committee.

12. By legislation the IJB is a Community Planning Partner in its own right and arrangements will be made to seek representation on the East Renfrewshire Community Planning Partnership Board.

ROLE OF IJB BOARD MEMBERS

13. The role of IJB Board members is distinctly different from that of CHCP Committee members. Technically, the CHCP Committee was a concurrent meeting of a committee of the Council and a committee of the Health Board. The IJB is a “body corporate” i.e. a standalone organisation with its own Board with autonomy over its budget and actions. Each Board member must carry out their functions under the Act rather than act as a delegate of their respective organisations. There are equal numbers of council and health board non-executive voting members.

14. The IJB is chaired by an NHS Board member or a Council Board member on a rotating basis.

FINANCE AND IJB AUDIT

15. The IJB as a body corporate requires its own governance i.e. annual accounts, audit programme, risk register etc. The financial affairs of the IJB are expected to be fairly simple with 2 transactions in and 2 transactions out.

16. The IJB requires to have its own Audit and Performance Committee. Although financial audit of the IJB itself will be light, the IJB needs to be satisfied that its directions to the HSCP are being implemented effectively and efficiently and are achieving the objectives of the IJB. Therefore the Audit and Performance Committee of the IJB will have an important remit covering internal audit, performance monitoring, risk management and information governance.

17. The IJB requires to have their own Internal Audit function. The IJB has appointed the Chief Auditor of the Council to provide this function on their behalf.

18. Funds directed to the HSCP will go into the accounts of either the Council or the NHS and will be spent according to the Financial Regulations of the relevant party. In the case of the Council, the Council's Internal Audit Team will audit any financial transactions reporting to the Chief Executive of the Council and the Council's Audit and Scrutiny Committee. It will be important that in the spirit of partnership, any Council audit reports, which will impact on the ability of the IJB to carry out its role effectively, will be brought to the attention of the IJB Audit and Performance Committee. The Council's Chief Auditor and Chief Executive and the Chief Officer of the HSCP have agreed that each of them can independently, if they choose, refer an audit report to the IJB.

CHIEF OFFICER ROLES

19. The Chief Officer of the HSCP has three parallel roles. In East Renfrewshire, the Chief Officer is an employee of the Council and has responsibility delegated from the Council to carry out her operational role in a similar manner to a Director of the Council. She has a secondary contract with the NHS as she carries out a similar operational role on behalf of the NHS. In addition, she is seconded to the IJB and is a non-voting Board member. Whilst these arrangements sound very complex, in practice they allow the Chief Officer to advise the IJB on policy matters and then take operational delivery responsibility for the HSCP.

20. In a similar manner, the IJB has a Chief Finance Officer who is the Section 95 Officer for the IJB. In East Renfrewshire, the Chief Finance Officer will also be responsible for the financial management and accountancy services for both the Council and NHS parts of the HSCP leading to clear financial accountability. This is a change to the present structure where financial management and accountancy services for the CHCP were delivered by an embedded team within the CHCP but managed by the Head of Accountancy for East Renfrewshire Council with a "dotted line" to the Director of the CHCP. The new Chief Finance Officer will report to the Chief Officer of the HSCP with a "dotted line" responsibility to the Head of Accountancy in East Renfrewshire Council and to the equivalent in GGC NHS.

STRATEGIC PLANNING

21. The IJB must prepare a strategic plan which is developed jointly with the Council and the NHS and will be formally presented to Council. Only when the 2 parties act jointly have they the power to ask for the plan to be replaced.

22. In practical terms, the plan will be developed in collaboration with both parties and as part of the wider community planning process. It is unlikely therefore that the plan would go forward for formal Council approval without a recommendation to Council for approval.

PERFORMANCE SCRUTINY AND MANAGEMENT

23. An annual report of the IJB / HSCP will be presented to Council annually. The Performance Measures included in the report will include the national measurements set out in legislation and supporting guidance plus any others measures required by the Council or NHS, as set out in the integration scheme.

24. Key measures will also be reported as part of the Community Planning process. In the first instance some IJB / HSCP measures will also be contained in the Council's Outcome Delivery Plan. This will be reviewed in the future to ensure that it does not lead to unnecessary duplication in reporting.

25. Line management of the Chief Officer will be undertaken, as at present, by the Chief Executive of the Council and the Chief Executive of GG&C NHS.

RECOMMENDATION

26. Council is asked to note that:-

- The ERIJB / HSCP will build on the track record of East Renfrewshire for the integrated delivery of Health and Social Care services; and
- The ERIJB / HSCP will provide the Council with annual plans and performance reports to allow the Council to review performance.

Lorraine McMillan
Chief Executive