REVISED GOVERNANCE ARRANGEMENTS FOR INTEGRATED CARE FUND

Aim

1.1 To provide Integration Joint Board (IJB) members with an overview of the proposed revised governance arrangements for the Integrated Care Fund (ICF) and other resources which will enable, through organisational transformation, the development and implementation of health and social care integration.

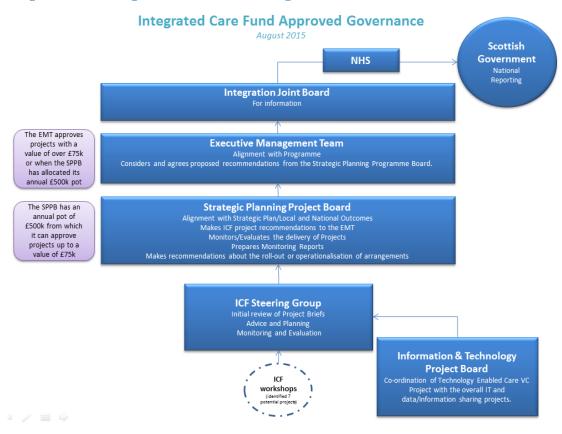
Background

- 2.1 The Scottish Government has made £100m available to Health and Social Care Partnerships in each of the next three years to support the delivery of improved outcomes for health and social care integration. For the Scottish Borders Partnership, this amounts to £2.13m per annum (2.13% of £100m p.a.), a total allocation of £6.39m over the 3 years. The ICF is available to test and drive innovative and preventative approaches to reduce future demand, support adults with multi-morbidity and address issues of inequity of access to health and social care services.
- 2.2 Effective use of the ICF will only be achieved by adopting the principles of strategic commissioning. The IJB is therefore ultimately responsible for the effective use of the ICF, as well as ensuring that the fund is utilised as a key enabler to demonstrate medium-term transformation, better outcomes for the people of the Scottish Borders and in essence, the delivery of the Partnership's new Strategic Plan.
- 2.3 The ICF is only one of a number of enabling component resources and tools. Other enabling financial resources include the Partnership's core delegated and notional set-aside budgets including how social care funding is used. Additionally, Directions are the instrument through which redesign, increased or decreased service levels and resource shifts will be exercised and commissioned. Across partner organisations, there are a range of other tools and processes such as people planning, which will also enable delivery.

The Case for Change

3.1 Since its inception on 1st April 2014, governance of the ICF, the planning and management of the projects it supports and the outcomes delivered has been governed within the structure detailed below:

Diagram 1 – Existing ICF Governance Arrangements



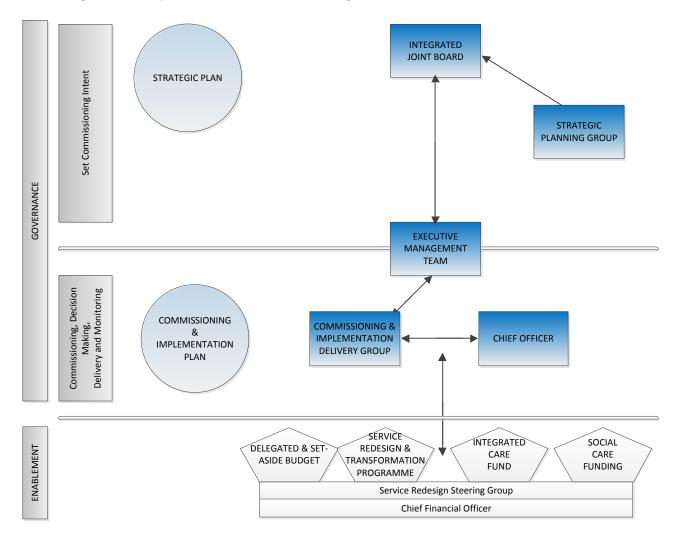
- 3.2 The ICF existed a full year before the IJB was established and before a strategic vision for the Partnership had been formed. Governance arrangements previously developed now require review, clarification and updating in line with the Strategic Plan, the Commissioning and Implementation Plan and the Scheme of Integration.
- 3.3 Any proposed governance over the use of the ICF should closely align with wider Partnership governance and enable and not encumber flexible and responsive direction of resources to ensure the timely delivery of the Partnership's strategic objectives.
- 3.4 The existing governance model (above Diagram 1) requires review for the following reasons:
 - The need for ICF to be consistent and wholly integrated with the wider Partnership governance arrangements;
 - To clarify roles and responsibilities within these arrangements clearly differentiating between the functions of strategic planning & outcomes, decisionmaking and planning and delivery;
 - To accelerate the process of planning and commissioning and the use of all supporting resources;
 - To delegate decision making, responsibility and accountability for the delivery of new models of care;
 - To reduce bureaucracy and duplication and increase clarity of roles and responsibilities.

Proposed Arrangements

- 4.1 It is proposed that a more simplified model of governance is implemented for the ICF to include clearly defined governance arrangements for:
 - Strategic Planning and Policy Formulation;
 - Decision Making, Operational Planning and Commitment of Resources;
 - Implementation and Delivery;
 - Monitoring and Reporting.

The proposed arrangements are as follows:

Diagram 2 - Proposed ICF Governance Arrangements



4.2 The proposed model differentiates between Strategic and Operational responsibilities of key stakeholder groups.

The IJB

4.3 The role of the IJB, supported by the Strategic Planning Group is to set the strategic intent of the Partnership, define what it will look like and achieve in the medium-term and identify what resources will be available to deliver these achievements.

4.4 With an oversight and governance role, the IJB will be required to monitor progress and performance against its targeted aims and objectives. This includes delivery of services within budget and seeking maximum effectiveness in the timely use of resources. Frequent and regular reporting to the IJB will be a pre-requisite enabler of this and will be asked to ratify proposals approved by the Executive Management Team and may, when appropriate, refer proposals back to the EMT for further development before doing so.

Executive Management Team

- 4.5 It is proposed that the IJB will delegate responsibility for the delivery of the Commissioning and Implementation Plan, commissioning of projects and services, issuing of directions, investment/ disinvestment decisions and all management responsibilities to the Executive Management Team. The EMT will be responsible for contributing to, refining and approving proposals brought forward by the Chief Officer and the Commissioning & Implementation Group. Once approved, these proposals can be implemented by the Chief Officer as Chair of the C&I Group.
- 4.6 The EMT will also be responsible for their onward reporting to the IJB for ratification. With decision-making retained at EMT level, this is not full delegation of responsibility to the Chief Officer, which whilst less flexible, will still enable decisions to be made more flexibly and quicker than previously.

The Commissioning & Implementation Planning Group

- 4.7 The Chief Officer will be held to account by both EMT and IJB for the delivery of the partnership's planned objectives, service decision-making and delivery of redesign and be responsible operationally for all resource decisions. It is through commissioning of redesign by the IJB via directions issued by the Chief Officer that transformation will be delivered. Again, regular and frequent performance, financial and programme monitoring reports via the EMT to the IJB will provide assurance to the Board that its plans are being discharged and that sufficient and timely progress is being made in the transformation of services. Similarly, as Chair of the Commissioning & Implementation Planning Group, the Chief Officer will seek assurance that all deliverables are in line with the targets set out in the partnership's Commissioning and Implementation Plan. It is this group that will have responsibility for the delivery mechanisms through which the IJB will achieve its aims and objectives.
- 4.8 Further linkages require to be developed in relation to the redesign and transformation programmes across NHS Borders and Scottish Borders Council given the wider impact of such change and such projects will also form part of each individual organisation's wider transformation and redesign programme and within its own governance arrangements.
- 4.9 As schemes supporting the delivery of the ICF programme develop, reports will be brought forward to the IJB providing further detail on each project for ratification, following endorsement by the EMT.

Enablement of the Governance Model

- 4.10 It is proposed that a new Steering Group responsible for the planning, delivery, monitoring and reporting of all service redesign across the health and social care Partnership will replace the existing ICF Steering Group and support the Commissioning & Implementation Planning Group as the delivery unit of transformation.
- 4.11 These arrangements will also require adjustment to the membership of the key stakeholder groups detailed above. Similarly, revised terms of reference for each group will require to be developed which will further demonstrate how the arrangements will operate.

Recommendation

The Health & Social Care Integration Joint Board is asked to <u>approve</u> the revised governance arrangements for the Integrated Care Fund.

Policy/Strategy Implications	ICF supports the delivery of the Strategic Plan and the proposed governance aligns to the strategic planning and commissioning approach.		
Consultation	Discussions held with key strategic leads.		
Risk Assessment	To be reviewed in line with agreed risk management strategy.		
Compliance with requirements on Equality and Diversity	Compliant.		
Resource/Staffing Implications	No resourcing implications.		

Approved by

Name	Designation	Name	Designation
Susan Manion	Chief Officer, Health	David Robertson	Chief Financial
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