

REVISED GOVERNANCE ARRANGEMENTS - INTEGRATED CARE FUND

Aim

- 1.1 This report highlights the challenges of the current system for the use of the Integrated Care Fund (ICF) and proposes actions to address these. These will improve the speed of decision-making and performance monitoring; they will also ensure more coherent governance. Moreover, these arrangements will ensure that the focus of the ICF projects will be driven by strategic priorities in line with the Commissioning and Implementation Plan.

Background

- 2.1 The existing arrangements for the governance of the ICF have proved to be poorly understood, cumbersome, slow and so delaying implementation of new models of service delivery. The current process had its inception in a workshop in September 2014 to look at various initiatives which might be funded by the ICF in line with a spending plan agreed in March 2015 with the Scottish Government. This spending plan was superseded by the development of the Strategic Plan for Health and Social Care Integration. The workshop helped assess how proposals would align with the key themes and outcomes developed in the strategic planning process. As a result of this it was agreed to fund various proposals. The process has been to take these to the ICF Steering Group. At this group proposals are assessed for fit to the strategic approach and where appropriate there is work with the project lead to develop a satisfactory formal project application. These are then scored by a small executive group (ICF chair, vice-chair, finance representative and others). Scored applications are then considered by the ICF Steering Group. Those that have a low score are dismissed and those that are high-scoring are recommended for approval to the Strategic Planning Board (SPB). The SPB has delegated authority to approve projects up to £75K to maximum cumulative total of £500K in the financial year. Projects exceeding these financial limits are put to the Executive Management Team (EMT) for approval. Because of the difficulty in arranging meetings process has proved slow and virtual approval has been required. The experience of the current ICF process has demonstrated that it is not fit for purpose.
- 2.2 For the Integration Joint Board to have assurance that these challenges are being dealt with, it requires a more in-depth appreciation of the issues and the planned remedial action.

Assessment

Current Challenges

- 3.1 The current approval process is too slow because of
 - The number of inappropriate proposals being put forward for consideration
 - Protracted, inconclusive discussion between the ICF Steering Group and applicants for funding.
 - The number of groups involved in the chain of decision-making.

- 3.2 Performance monitoring has been slow to highlight initiatives that have not been progressing satisfactorily. Not all projects have progressed since approval.
- 3.3 Information flow to executive and board level could be greater and give board members more satisfactory assurance.

Proposed Revised Process

- 4.1 A more overt, strategic commissioning approach would ensure far fewer inappropriate proposals put forward. The Health and Social Care Partnership should proactively plan the use of the ICF from 2016/17 onwards to commission large-scale projects. These should deliver sustainable, transformational change in models of service delivery which improve outcomes for individuals and communities. The aims are expressed in the local objectives of the Strategic Plan. The IJB needs to be sufficiently informed to provide governance to the work. To do so, in terms of existing structure it needs to be supported by the SPB via the EMT and the advice of the Strategic Planning Group. The SPB needs to ensure that collaboratively commissioned changes are significant, evidence-based and fit with the Strategic Plan and locality planning. They should be reflected in the Commissioning and Implementation Plan. There should be strategic support to this from the Executive Management Team.
- 4.2 Return on investment, including “reach” amongst the target population, could be more robustly assessed for each proposal. It is proposed that the ICF Programme Manager would coordinate applications for funding and arrange for a small panel similar to that of the Executive Group of the ICF to score proposals more robustly before they are considered at the SPB. Initiatives would have to reach an agreed threshold score before being presented to the SPB for consideration. This would enable rapid decision making and prevent protracted, inconclusive discussion. The consequence is that the current ICF Steering Group would not be required. There is considerable cross-membership and duplication of function between that and the SPB. Stakeholders currently involved in that group have the opportunity to advise through the SPG.
- 4.3 A more robust performance monitoring framework should be put in place to give the IJB assurance that the fund is being invested to good effect. More rigorous performance monitoring should be used to identify projects that are not delivering with a view to driving improvement or decommissioning. Should services be decommissioned, the funding would be allocated to more appropriate initiatives
- 4.4 The flow of decision-making would be as follows:
 - 4.4.1 The IJB would agree strategic direction and priorities for ICF investment as part of a financial plan, reflected in or drawn from the Strategic Plan and locality planning.
 - 4.4.2 The EMT, supported by the SPB, would give strategic direction for commissioning using the ICF and decide on funding projects with an annual budget in excess of £500K.
 - 4.4.3 The SPB would only consider high-scoring, fully worked up bids and make quick decisions within delegated level of an annual budget of £75K.

Exceptional requests for extension of funding or requests for additional funding requests would only be considered from highly performing projects.

4.4.4 The membership of the SPB would need to be checked to ensure it is appropriate for the purpose. The role of the EMT would become one of giving strategic direction to the use of the ICF and identifying major initiatives that should be funded from this source. In addition, EMT would be informed about all proposals approved by the SPB; the SPB would make recommendations on those exceeding delegated limits for approval to the EMT, asked it to decide whether to progress these. All decisions in relation to the use of the ICF would be reported to the IJB.

4.4.5 Appendix A illustrates the proposed interim process.

Summary

5.1 The current arrangements for managing the use of the ICF are not fit for purpose. This paper proposes a streamlined process which should prove more efficient and effective. It involves abolishing one of the three groups currently involved in the process. The revised process will entail more rigorous assessment of proposals for funding and performance monitoring with clarity around what decisions each group makes. This will ensure more effective use of the ICF and speedier decision-making in relation to proposals for funding by the ICF. It will deliver more coherent governance to the use of the ICF.

Recommendation

The Health & Social Care Integration Joint Board is asked to **note** the proposals in this report to improve the process for the use of the Integrated Care Fund.

Policy/Strategy Implications	The implementation of the revised process described in the report will ensure more effective use of the ICF.
Consultation	
Risk Assessment	The revised process will increase the speed of decision-making in relation to proposals for funding by the ICF. It will deliver more coherent governance to the use of the ICF and improved performance monitoring.
Compliance with requirements on Equality and Diversity	The use of funding in this way will promote inclusion.
Resource/Staffing Implications	The ICF is £6.39M over the three years 15/16, 16/17, 17/18.

Approved by

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Summary of Proposed Interim Governance for Integrated Care Fund

