



RISK, AUDIT AND PERFORMANCE COMMITTEE

Date of Meeting	02 May 2023
Report Title	Directions Update Report
Report Number	HSCP23.032
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Consultation Checklist Completed	Yes
Appendices	Appendix A – Directions Tracker

1. Purpose of the Report

- 1.1. This report presents the six-monthly update on the status of Directions made by the Integration Joint Board (IJB) to Aberdeen City Council (ACC) and NHS Grampian.

2. Recommendations

- 2.1. It is recommended that the Risk, Audit and Performance Committee:
- a) Notes the updates in Appendix A.

3. Summary of Key Information

- 3.1. As per the Roles and Responsibilities Protocol of the Integration Joint Board (IJB) and its Committees, the IJB are obliged, “to issue Directions to the Partners under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) Act 2014, in line with the Integration Scheme and legislative framework sitting around the CEOs of the Partners.”

As agreed by the RAPC on 23 September 2020 a report will be presented every 6 months to provide assurance to the Committee on the ongoing directions.



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- 3.2.** The Directions Tracker indicates when they were submitted to the constituent organisation(s), the financial commitment, and the status of each direction. Most of the Directions issued by the IJB are to incur financial expenditure and are therefore centred around commissioning or our transformation programme.
- 3.3.** The Directions Tracker is provided for review at the Chief Officers' monthly performance meeting. This ensures overview from ACC and NHSG Chief Executives and the Chair and Vice Chair of IJB. The tracker is regularly updated by the leadership team and lead officers.
- 3.4.** Members agreed at the RAPC on 23rd June 2022 to a new 'traffic lights' system with four classifications to indicate the status of Directions,
- 3.5.** The classifications are as follows;
1. GREEN (Ongoing) represents where the current direction is still valid, in place and not due for renewal or completion.
 2. AMBER (Due) Directions which are due for renewal or completion within the next 6 months including those which are at risk of not being completed within the timescale and / or within the allocated budget. Update to RAPC required.
 3. RED (Concern) Directions which have either
 - a. Not been implemented due to issues with implementation e.g., no service available to deliver on the direction.
 - b. Directions which have expired and have not been reported as renewed or completed.
 4. GREY (Complete) - represents a direction where the date has expired, and the direction is either no longer required or has been superseded by a new direction. It also includes directions which have been completed within a set timescale and will not be required to continue beyond that.
- 3.6.** Appendix A shows all 'open' directions which total 40. 72.5% of these are classified as Green, 17.5% as Amber and 10% as Red. Six, or 15%, of the Directions have an end date of 30th April 2023 or before, and 31, or 90% have an end date of more than six months from the date of this meeting.
- 3.7.** Six of the 11 Red and Amber Directions relate to the Primary Care Improvement Plan (PCIP) and the national Mental Health Strategy Action 15. Plans for these were delayed due to the uncertainty of future funding however



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work is currently being undertaken to clarify a revised plan and a report with the associated Directions will be submitted in due course.

- 3.8. One of the Red and Amber Directions relate to the Neuro Rehabilitation Review which was originally intended to be reported to IJB in April 2023. Further scoping is being undertaken and the report has been deferred until August 2023, at which point the Direction will be superseded. A further two Red and Amber Directions relate to Rosewell House which is in the process of undergoing a full evaluation with a view to making a proposal for future arrangements beyond the expiry date of the Direction of October 2023.
- 3.9. Plans are underway for confirming proposed actions on the final two Red and Amber Directions (one for Project Search – Direction end date 30 July 2023, and one for an Intensive Support Service – Direction end date 30 September 2023).
- 3.10. As part of the 2022/23 Internal Audit Programme an audit was undertaken on Data Sharing. One of the recommendations was to ensure assurance is obtained that Data Protection Impact Assessments (DPIAs) are completed where appropriate and that a register of these is held by each Data Controller. The management response was that DPIA's are undertaken, where relevant for projects which are in turn reported to IJB and the subject of a Direction. It was agreed to explore whether this assurance could be added to the process of capturing and monitoring Directions.
- 3.11. The statutory guidance on Directions states that “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”. Ensuring data is shared safely is crucial for patient safety and public protection and it is proposed that the internal guidance on the Directions process and the Directions Tracker are updated accordingly to meet this additional requirement.

4. Implications for IJB

- 4.1. **Equalities, Fairer Scotland and Health Inequality** – there are no direct implications arising from this report.
- 4.2. **Financial** – there are no direct implications arising from this report.
- 4.3. **Workforce** - there are no direct implications arising from this report.



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4.4. Legal – Scottish Government guidance which provides that there should be a log kept of all Directions made - Health and Social Care Integration Statutory Guidance- Directions from Integration Authorities to Health Boards and Local Authorities (Jan 2020). RAPC monitoring and reviewing Directions issued ensures that the IJB is discharging this requirement.

4.5. Other – NA

5. Links to ACHSCP Strategic Plan

5.1. Ensuring that the RAPC has overview of the Directions process will help ensure that the IJB achieves the strategic aims and priorities as set out in the strategic plan.

6. Management of Risk

6.1. Identified risk(s):

Good governance and ensuring that the IJB's committees are delivering on their roles and responsibilities are fundamental to the delivery of the Strategic Plan and therefore applicable to most of the risks within the Strategic Risk Register.

6.2. Link to risk number on strategic or operational risk register:

This report links to Risk 4 on the Strategic Risk Register,

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.



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6.3. How might the content of this report impact or mitigate the known risks:

This report proposes a revised reporting model for Directions as part of our governance framework, and in the discharge of or requirements within the statutory guidance outline at paragraph 4.4 above.