

ABERDEEN CITY COUNCIL

COMMITTEE	Council
DATE	14 th December 2016
LEAD OFFICER	Chief Executive
TITLE OF REPORT	Aberdeen City Integration Joint Board
REPORT NUMBER	OCE/16/046
CHECKLIST COMPLETED	Yes

1. PURPOSE OF REPORT

The report provides the Council with details of the arrangements put in place for governance of the Integration Joint Board (IJB).

2. RECOMMENDATION

That the Council notes the content of this report.

3. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report. Finance is, however, a key element of the governance arrangements of which this report provides details.

4. OTHER IMPLICATIONS

None.

5. BACKGROUND/MAIN ISSUES

The Council has instructed the Chief Executive to provide quarterly reports to members on matters relating to the IJB that she considers to be of interest to them at Council meetings such reports including financial monitoring information in relation to the IJB.

The first report was submitted to Council in August 2016 and set out the central elements of governance which have been established from the IJB's arrangements, giving details for each of these. This report further updates Council on these matters.

A. Purpose and Strategic Planning

The purpose of the IJB is set out in its **Strategic Plan 2016 -19** which it agreed in March 2016.

The Strategic Plan includes:-

- A strategic vision statement
- Values
- Strategic priorities for the next 3 years

and places these in the local and national context.

The Board requested that a report be presented to its meeting on 15 November 2016 setting out an indicative timetable focusing on service delivery. The agenda for the Board’s meeting on 15th November, 2016 included a report setting out a proposed strategic planning timetable. This is summarised in the table included in this report at Appendix A.

In terms of accountability, the Scottish Government have identified nine national health and wellbeing outcomes that the partnership must work towards and show what difference it is making. This is supported by a core suite of indicators which are aligned with the national outcomes. It is for these indicators, primarily, on which the IJB’s annual report will provide performance information. The Partnership’s first annual report is due to be published in June 2017. It should be noted that the nine national outcomes are under review to ensure that they are fit for purpose. The review is being led by Sir Harry Burns, previously Chief Medical Officer.

The Partnership is proposing to establish a tiered planning framework that seeks to align governance, strategy, business processes, workforce and outcomes. It is anticipated that this will be completed in late 2017.

An analysis of **national strategies**, in relation to client groups, and their alignment with local strategies and action plans has been undertaken, with the Partnership, in order to prioritise planning activity and resources. A summary is shown below:-

Local Strategy	Action Plan	Thematics
yes	yes	<ul style="list-style-type: none"> • Older People • Mental Health • Autism • Adult Support and Protection • Dementia
no	yes	<ul style="list-style-type: none"> • Sensory Impairment • Choose Life • Substance Misuse
no	no	<ul style="list-style-type: none"> • Carers • Learning Disability

The ongoing development of these strategies and plans is being monitored

	<p>by the Strategic Planning Group and will report to the IJB.</p> <p>Locality Leadership Groups have now been established and will continue to implement and develop the Partnership's four locality areas and their plans. It is envisaged that the Partnership will produce its locality plans in late 2017.</p>
B.	Board Governance
i.	<p>In its "Shadow" form the Board engaged the Good Governance Institute (GGI) to provide support identifying and delivering the key governance requirements in 2015/16. Key governance structures and processes have been developed with this support, including:-</p> <ul style="list-style-type: none"> - a methodology for assessing board effectiveness and establishment of a baseline using a maturity matrix; - production of a Board Assurance and Escalation Framework; - improvement and definition of the Board's organisation, behaviours, dynamics and sense of strategic purpose. <p>GGI remain engaged and have made recommendations for the further development of governance arrangements. These have been agreed by the IJB and progress is being monitored and reported.</p>
ii.	<p>As stated above, a Board Assurance and Escalation Framework (BAF) has been developed with support from GGI. The BAF describes the means by which the Board secures assurance on its activities. It states that it sets out the governance structure, systems and performance and outcome indicators through which the IJB receives assurance. (The ongoing development of the IJB's performance management systems is further discussed in section H. below.) The BAF describes the process for the escalation of concerns or risks which could threaten delivery of the IJB's priorities, including risks to the quality and safety of services to service users, although as seen in section E. below, the application of the system of risk management remains in development.) The BAF also describes the regulatory framework within which the IJB operates and is designed to give assurance to the Board:-</p> <ul style="list-style-type: none"> • that decision making is underpinned by principles of good governance; • on the quality of its services; • on the probity of its operations; and • on the effectiveness of its system of risk management. <p>The Assurance Framework is owned and will be regularly reviewed by the IJB's Audit and Performance Systems Committee.</p> <p>As part of its normal operations, the IJB is subject to independent assurance through the Care Inspectorate; Healthcare Improvement Scotland; the Health and Safety Executive; as well as its external auditors. All relevant external independent assurance reports will be reported to the Council.</p> <p>Members will be aware that the Care Inspectorate and Healthcare</p>

	Improvement Scotland undertook a Joint Inspection of Services for Older People. The final report was reported to Council at its August meeting where it was agreed that ongoing oversight of the action plan would be undertaken by the IJB and its committees.
iv.	<p>In line with the Model Code of Conduct for Devolved Public Bodies the Board has appointed Roderick MacBeath as its Standards Officer with the following duties:-</p> <ul style="list-style-type: none"> - Providing advice to the IJB on standards and conduct; - Establishing and maintaining registers of interests and registers of gifts and hospitality; - Ensuring the provision of appropriate training on ethical standards and the Code of Conduct; - Advising members on declarations of interest; - Reporting to the Board as appropriate on any matter relating to the Code of Conduct; - Dealing with complaints about the conduct of members submitted locally; - Assisting the Commissioner in any formal investigation of members; and - Generally, liaising with the Standards Commission as appropriate.
v.	Clarity has been obtained via The Standards Commission , which has issued a revised dispensation to Councillors who are Board members which allows them to stay in Council meetings when IJB matters are being discussed.
vi.	<p>Two Committees have been established as undernoted. Terms of reference agreed and are now meeting:</p> <ul style="list-style-type: none"> - Audit & Performance Systems - Clinical & Care Governance Committee <p>Aberdeen City Council is represented as follows:</p> <ul style="list-style-type: none"> • Audit & Performance Systems: Cllrs Ironside and Young; • Clinical & Care Governance Committee: Cllrs Donnelly and Cameron.
vii.	The Board has established an Integration and Transformation Programme Board to consider priorities as identified through localities and provide added value and influence strategic decision making in relation to improving health and wellbeing.
C. Reserved and Delegated Powers	
i.	Aberdeen City Council and NHS Grampian have delegated a range of statutory functions in respect of health and social care to the IJB. It is important to note that these functions have been delegated and not transferred. This means that the statutory accountability for the functions

	<p>still remains with the Council and NHS Grampian, under the direction of the IJB.</p> <p>As I advised in August, a Scheme of Delegation has been developed and considered twice by the Board, although not yet approved by the Board. The draft Scheme sets out:-</p> <ul style="list-style-type: none"> - the powers which are reserved to the IJB or its committees. Comprised of those which must, in terms of statute, be reserved, and those which the IJB has, itself, chosen to reserve; - an “Operational Protocol” which specifies the remit and responsibilities of the Chief Officer and the Chief Financial Officer in respect of the operational management and deliverability of the integrated services. <p>The Board have been advised that the Scheme will be “aligned” to the development of Aberdeen City Council’s revised Scheme of Delegation, which, as Members will be aware, is being reviewed as part of a comprehensive review of the Council’s governance arrangements. This review will provide clarity on the nature and applicability of ACC’s Scheme of Delegation to the role of Chief Officer.</p>
ii.	<p>Legislation requires the IJB to set out a mechanism for implementing the Strategic Plan and this takes the form of Directions from the IJB to Aberdeen City Council and NHS Grampian which set out the services and functions to be delivered by each organisation and the associated budget for this.</p> <p>The Directions are to be reviewed by the Audit and Performance Systems Committee as and when updates are required, and, at a minimum, on an annual basis.</p> <p>It is the responsibility of the Chief Officer to ensure that the IJB Directions are made in accordance with the legislative framework and regulations which apply to NHS Grampian and Aberdeen City Council and that they are, consequently, legally competent.</p> <p>I have requested that an agreed process be adopted for the issuing of IJB Directions. Specifically, it is proposed:-</p> <ul style="list-style-type: none"> - that an appropriate template is developed and consistently used for all Directions; - that consultation is undertaken with the Council’s Head of Legal Services to provide assurance that proposed Directions are legally competent; - that IJB Directions which propose “major changes” to the delivery of services, be issued only following engagement with the Council’s elected members; and - that where IJB Directions are required for the delivery of services, but no “major change” is proposed, these be submitted to the Council annually for information.

D.	Financial Governance																												
i.	A Chief Finance Officer has been appointed on a permanent basis by the IJB and regular contact will be maintained with the Council's own S95 officer.																												
iii.	<p>As advised in August, the 2016/17 budget was been approved on the basis of existing Council and NHS budgets, in addition to actual spend and financial plans for delegated services.</p> <p>The Board received a financial update at their November 2016 meeting covering the year to date budget performance. In this report a £0.931m year end overspend was projected and attributed, mainly, to an overspend on prescribing budgets. This has reduced from the previous reporting period projection of £1.26m. A Local Enhanced Service (LES) was agreed by the IJB at its November meeting to support work in primary care to reduce this pressure further, however the Board were also advised that should there be a failure to manage the projected overspend it would require to be met from Transformational Funding.</p> <p>The sources of Transformational Funding are:-</p> <table border="1"> <thead> <tr> <th></th> <th>2016/17</th> <th>2015/16 c/fwd</th> <th>Total</th> </tr> <tr> <th></th> <th>£m</th> <th>£m</th> <th>£m</th> </tr> </thead> <tbody> <tr> <td>Integrated Care Fund</td> <td>3.750</td> <td>2.436</td> <td>6.186</td> </tr> <tr> <td>Delayed Discharge Fund</td> <td>1.125</td> <td>0.921</td> <td>2.046</td> </tr> <tr> <td>Winter resilience</td> <td></td> <td>0.190</td> <td>0.190</td> </tr> <tr> <td>Social Care transformation funding</td> <td>4.754</td> <td></td> <td>4.754</td> </tr> <tr> <td></td> <td>9.629</td> <td>3.547</td> <td>13.176</td> </tr> </tbody> </table> <p>The IJB in April 2016 requested that a report on the principle of ring-fencing transformational funding be presented to the Audit and Performance Systems Committee. It is planned that a paper on this will come to Audit and Performance Systems Committee in January 2017.</p> <p>The report further updated the Board on progress with delivery of agreed savings for 2016/17. This shows £0.514m achieved to date compared to a total target of £2.218m. Whilst the year to date position is given, there is no projected year end position. Officers from the AH&SCP have advised that they expect the majority of savings to be achieved and where this is not possible, other funds are being identified to cover any potential shortfalls. The reporting arrangements for savings are being reviewed by the Chief Finance Officer.</p> <p>The Integration Scheme makes provision, in the first year of operation, for any overspend which cannot be recovered or funded from uncommitted reserves to be met by the partner organisation to which the spending</p>		2016/17	2015/16 c/fwd	Total		£m	£m	£m	Integrated Care Fund	3.750	2.436	6.186	Delayed Discharge Fund	1.125	0.921	2.046	Winter resilience		0.190	0.190	Social Care transformation funding	4.754		4.754		9.629	3.547	13.176
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	<p>Direction for the service is given i.e. the partner organisation with operational responsibility for the services. In future years, both partners, or one partner, can make a one off payment to be recovered from their baseline payment to the IJB in the next financial year.</p> <p>In the event of a forecast underspend the IJB will need to decide if this will result in a redetermination of payments or if the surplus will contribute to the IJB's reserves. The IJB has now agreed a reserves policy. The policy is supported by the Director of Finance of NHS Grampian and the Section 95 Officer of the Council. The reserves will be reviewed annually as part of the IJB's Budget and Strategic Plan; and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process. Whilst not set out within the Reserves Policy, in the event of a return of funds to the Parties, the split of returned payments between the Partners will be based on each Party's proportionate share of the baseline payment to the IJB.</p>
iv.	<p>The Chief Finance Officer (CFO) of the IJB will be responsible for developing the financial strategy of the IJB including the production of its Medium Term Financial Plan to link to the IJB's Strategic Plan. The CFO will also be responsible for the completion of the IJB's Annual Financial Statement, which outlines the financial resources included in the Strategic Plan and the use of those resources in each financial year of the Plan.</p>
v.	<p>The arrangements for financial management and financial reporting are set out within the Integration Scheme. The Scheme requires the appointment of a chief finance officer, who will be accountable for the financial management of the IJB. The CFO will also be responsible for the preparation of financial reports to the IJB, which will be presented to the Audit & Performance Systems Committee. In order to give assurance to the Partners that the delegated budgets are being used for their intended purposes, financial monitoring updates will be reported to the Partners throughout the year. This will include monitoring the deliverability of savings and efficiency targets agreed via the budget setting process.</p> <p>The Chief Officer is expected to deliver the agreed outcomes within the total delegated resources of the IJB. Where a forecast overspend against an element of the operational budget emerges during the financial year, in the first instance it is expected that the Chief Officer, in conjunction with the CFO will agree corrective action with the IJB. If this does not resolve the overspending issue then a recovery plan must be agreed with the Director of Finance of NHS Grampian and the Section 95 Officer of the Council. In the event that the recovery plan is unsuccessful and an overspend is evident at the year-end, uncommitted reserves held by the IJB, in line with the reserves policy, would firstly be used to address any overspend. In the event that an overspend is evident following the application of reserves, the following arrangements will apply for addressing that overspend:-</p> <ul style="list-style-type: none"> - In the first complete financial year of the IJB the overspend will be met by the Partners with operational responsibility for the service that overspends.

	<ul style="list-style-type: none"> - In future years either one of the Partners may make an additional one off payment to the IJB or the Partners may jointly make additional one off payments to the IJB in order to meet the overspend. The split of one off payments between Partners in this circumstance will be based on each Partner's proportionate share of the baseline payment to the IJB. - The recovery plan may include provision for the Partners to recover any such additional one off payments from their baseline payment to the IJB in the next financial year.
	<p>The Audited Annual Accounts 2015/16 were approved by the Board in August. These only cover the period from 6th February 2016, when the Partnership was established, to 31st March 2016. Since full delegation of functions did not take place until 1st April, there were no transactions of significant value included in the accounts. The Accounts do highlight that <i>"The IJB has a significant financial challenge ahead to deliver better outcomes for its service users in a climate of increasing demographic pressures."</i></p> <p>Included within the Accounts was the "Annual Governance Statement" which described the governance framework. In stating that the IJB has responsibility for conducting a review of the effectiveness of the governance arrangements at least annually, the Governance Statement highlights that since the IJB was established on 6th February 2016, the first review of governance will be undertaken during 2016/17.</p>
	<p>Audit Scotland reported their "Annual Audit Report to members and the Controller of Audit" to the Board in August. The "Key Messages" from the report covering financial matters and governance were those highlighted in my report to Council in August. In terms of outlook, Audit Scotland stated:-</p> <ul style="list-style-type: none"> • <i>The board will continue to operate in a period of financial pressure with reduced funding in real terms, increasing cost pressures and a growing demand for services. All integration authorities need to continue to shift resources, including the workforce, towards a more preventative and community based approach;</i> • <i>The board has put a range of structures and processes in place which will require regular review as they bed in to ensure they work as effectively as possible in supporting the work of the board;</i> • <i>It is important that the board can demonstrate that these changes, which may take several years to fully evolve, are making a positive impact on service users and improving outcomes.</i>
<p>E. System of Risk Management</p>	
<p>i.</p>	<p>A Risk Management Framework has been developed and approved by the Board. This includes:</p> <ul style="list-style-type: none"> a. A Risk Management Policy; b. Both strategic and corporate operational risk registers; c. A "Statement of Risk Appetite", developed with the support of "The Good Governance Institute".

	<p>Both the Risk Management Policy and the “Statement of Risk Appetite” will be reviewed during 2016/17.</p> <p>As stated above, the Board Assurance and Escalation Framework also describes the process for the escalation of concerns or risks.</p> <p>Strategic and Operational Risk Registers were reported to the Board in November 2016. Whilst progress is being made, some gaps remain in the presentation of risks, including the stated “Date Last Assessed” and, in some cases “Risk Owner”, therefore, I will continue to monitor the development of the registers to ensure they adequately reflect the risks being carried by the IJB on behalf of the Council.</p>
ii.	<p>The Board have now formally appointment the Joint Aberdeen City Council/ Aberdeenshire Council Internal Audit Team to undertake internal audit function on an interim basis until 31st March 2017. They have also Instructed a review of the appointment of the Chief Internal Auditor and Internal Auditors before the 31 March 2017.</p> <p>An annual audit plan has been agreed which has 2 reviews:-</p> <ul style="list-style-type: none"> • Purchasing and Creditors • Carefirst <p>It remains a responsibility of the Council, through its Audit, Risk & Scrutiny Committee, to assess risks and commission internal audit reviews on the control environment for the delivery of adult social care.</p> <p>At their meeting in August 2016, the Council agreed that the conveners of audit committees from Aberdeen City Council; Aberdeenshire Council; and the IJB should come together to avoid duplication of effort, whilst ensuring that both parent bodies receive necessary assurances. A meeting had been arranged for 20th December, 2016, but is now likely to be rescheduled for early 2017.</p>
iii.	<p>Audit Scotland has been appointed by the Accounts Commission to perform the 2015/16 audit of the Integration Board final accounts. Following the national procurement process for external auditors the Integration Joint Board external audit function will be performed by KPMG for the 2016/17 accounts.</p>
iv.	<p>A three year Civil Contingencies Plan has been prepared and agreed by the IJB. A focus on civil contingencies is welcome, and it was recognised that these arrangements sit within the broader context of the emergency planning arrangements of NHS Grampian and Aberdeen City Council, which are both Category 1 responders, as well as the Local Resilience and Regional Resilience Partnerships.</p> <p>The overarching business continuity plan for Health was tested during a table-top exercise on 14th September 2016 and a number of actions resulted. The business continuity plan has been updated and the action plan is being worked through. Social Care colleagues were in attendance at the exercise as the scenario used for the exercise impacted on both</p>

	<p>health and social care services.</p> <p>As Chief Executive and Chair of the Local Resilience Partnership I have instructed that the Civil Contingencies Plan be reviewed by the City's Emergency Planning officers and referred to the Council, NHS Grampian and the Local Resilience Partnership for agreement</p>
F.	Information Governance
i.	As instructed in the legislation, IJBs are required to have a streamlined complaints process and “single point of access” for complaints. Notwithstanding that single point of entry, the statutory process for dealing with Social Work complaints remains in place and statutory complaints which reach the Complaints Review Committee stage are brought to the IJB for noting, after they have been considered by the Council.
G.	Clinical Care Governance
i.	Through an interim Clinical and Care Governance Framework, based on existing systems and processes, arrangements have been put in place by the IJB to comply with the National Framework for Clinical and Care Governance .
ii.	A Clinical and Care Governance Group and a Clinical and Care Governance Committee have been established to oversee the Clinical and Care Governance Framework . Specifically, a review of the Framework's fitness for purpose will be completed by the Clinical and Care Governance Committee within its first year of operation.
iii.	The Clinical and Care Governance Committee provides assurance to the IJB in relation to the quality and safety of services planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control for the achievement of the IJB's priorities, where these relate to regulator compliance, service user experience, safety and the quality of service outcomes. To support this role, the CCGC is informed by the clinical and care governance arrangements in place across NHS Grampian and Aberdeen City Council. It also assures the IJB that services respond to requirements arising from regulation, accreditation and other inspections' recommendations. The Committee will consider and approve high value clinical and care risks, consider the adequacy of mitigation, the assurance provided for that mitigation and refer residual high risks to the Board. It has a key role in assuring the Board that learning from governance systems across services, including learning arising from incidents, complaints and identified risks, is shared and embedded as widely as possible.
iv.	Work is required to bring the processes for Health and Safety assurance together. A workshop to take this forward has been proposed at the Clinical and Care Governance Committee.
v.	<p>Functions of the Chief Social Work Officer. The Social Work (Scotland) Act 1968 requires Local Authorities to appoint a single Chief Social Work Officer (CSWO) for the purposes of listed social work functions. The role provides a strategic and professional leadership role in the delivery of social work services. In addition there are certain functions conferred by legislation directly on the CSWO by name.</p> <p>The Public Bodies (Joint Working) (Scotland) Act 2014 provides for the delegation</p>

of certain social work functions by a local authority to an integration authority. The CSWO's responsibilities in relation to local authority social work functions continue to apply to functions which are being delivered by other bodies under integration arrangements. However, the responsibility for appointing a CSWO cannot be delegated and must be exercised directly by the local authority itself.

The CSWO must be empowered and enabled to provide professional advice and contribute to decision-making in the local authority and health and social care partnership arrangements, raising issues of concern with the local authority Elected Members or Chief Executive, or the Chief Officer of the Integration Joint Board as appropriate (or the Chief Executive of a Health Board if appropriate in the context of a lead agency model), in regard to:

- i. effective governance arrangements for the management of the complex balance of need, risk and civil liberties, in accordance with professional standards;
- ii. appropriate systems required to 1) promote continuous improvement and 2) identify and address weak and poor practice.
- iii. the development and monitoring of implementation of appropriate care governance arrangements;
- iv. approaches in place for learning from critical incidents, which could include through facilitation of local authority involvement in the work of Child Protection Committees, Adult Support and Protection Committees and Offender Management Committees where that will result in the necessary learning within local authorities taking place;
- v. requirements that only registered social workers undertake those functions reserved in legislation or are accountable for those functions described in guidance;
- vi. workforce planning and quality assurance, including safe recruitment practice, probation/mentoring arrangements, managing poor performance and promoting continuous learning and development for staff;
- vii. continuous improvement, raising standards and evidence-informed good practice, including the development of person-centred services that are focussed on the needs of people who use services and support;
- viii. the provision and quality of practice learning experiences for social work students and effective workplace assessment arrangements, in accordance with the SSSC Code of Practice for Employers of Social Service Workers.

The CSWO is an advisory member of the IJB and also sits on the Clinical and Care Governance Committee.

In the light of the new delivery arrangements created by the formation of the IJB and my need, on behalf of Council, to receive robust assurance around our adult, child and broader public protection arrangements, I have instructed an independent review which will examine our existing arrangements and make recommendations for improvement. I will share the findings of the review with Council in due course.

H.	System of Performance Management
i.	<p>The Audit and Performance Systems Committee performs the role of reviewing and reporting on the effectiveness of the governance structures and systems in place and on the quality of the assurances the Board receives. It has a moderation role in relation to the consistency of risk assessment. It also has oversight of information governance issues.</p> <p>The Committee considered a report on the developing Performance Management Framework at its meeting in October 2016. This included monitoring information with respect to:-</p> <ul style="list-style-type: none"> • Delayed Discharge • Emergency Admissions • Unmet social care needs <p>Whilst progress has been made it is acknowledged that there is still work to do to make the framework more reflective of the full extent of the IJB's delegated functions and services. In part this reflects the challenge of information sharing and integrated systems, and this is being addressed through information infrastructure groups across all three HSCPs in Grampian.</p>
ii.	<p>The Audit and Performance Systems Committee considered a report at its October meeting which provided an update on transformational activity. The Transformation programme is overseen by the Integration and Transformation Programme Board. The report noted that whilst "many of the work streams are currently progressing slower than we would wish" it is anticipated that this position will improve once the additional resource (i.e. new posts) is in place.</p> <p>Work is ongoing to develop an evaluation framework to evaluate all of the Partnership's transformational activities to evidence the extent to which these are attaining their specific objectives and contributing to the implementation of the strategic plan.</p>
iii.	<p>The Partnership is required to produce an annual report on performance using the 'core suite of indicators' developed by the Scottish Government. The Annual Report will be submitted to Council around June 2017.</p>
iv.	<p>A Joint Information Sharing Group has endorsed a proposed Data Sharing Agreement with National Services Scotland (NSS) and consideration is now being given as to how Council and NHSG approve this agreement. (Update)</p>
v.	<p>Regular one to one meetings between Joint Accountable Officer and ACC and NHS Grampian CEOs continue and are attended by the Council's S95 Officer where the financial and non-financial performance of the IJB is reviewed.</p> <p>At the most recent meeting, further refinement was agreed to the regular performance dashboard. In addition, it was agreed that 4 key improvement plans would be reviewed in future, along with the Board's Transformation Programme. The group also agreed to formalise the collaborative approach to budget setting across the executive teams. This protocol will</p>

	also set out how the IJB budget will be taken through the Council's budget process whilst respecting the decision making role of the IJB.
H.	Procurement Governance
i.	<p>A commissioning plan will be developed showing, in more detail, the IJB's commitment to transform the configuration and delivery of the integrated health and social care services across all sectors to meet the needs of the local population. The Plan will be a statement of intent and as such an invitation to the third, independent and housing sectors to participate in the collaborative development and implementation of these.</p> <p>The substance and detail of this commissioning plan will influence future directions that the IJB gives to Council and Health Board in respect of delegated services that they deliver on behalf of the IJB. This plan will be produced in the second quarter of 2017.</p> <p>A Market Facilitation steering group has been established to oversee the development of a Market Facilitation plan. It is envisaged that this plan will be presented to the IJB for approval and publication, along with the Commissioning Plan referred to above, in the second quarter of 2017. Market facilitation is an integral element of the commissioning cycle and the Partnership intends to build on ongoing dialogue with partners in the third, independent and housing sectors to develop a market facilitation plan which will outline the key principles to underpin commissioner provider relationships as well as activities which will support the reshaping of existing care models across all of the sectors.</p>
ii.	<p>Bon Accord Care remains an ALEO of Aberdeen City Council. The establishment of Aberdeen Health and Social Care Partnership means:-</p> <ol style="list-style-type: none"> a. that the strategic priorities for social care will be determined by the IJB, who then make Directions to NHS Grampian and Aberdeen City Council with regard to the services and functions to be delivered, as well as the associated budget; b. following this Direction, Aberdeen City Council procures services, as appropriate, from Bon Accord Care; c. the Council's governance with respect to its ALEO - Bon Accord Care - is managed through the Governance Hub, both for issues of finance, risk, HR, etc as well as service delivery. <p>In practice, however, roles and responsibilities are more complex. The IJB is advised on strategic priorities and supported in issuing Directions by the Chief Officer. It is also the Chief Officer who commissions services from Bon Accord Care, on behalf of the Council and the Chief Officer who supports the Governance Hub undertake scrutiny and give assurance on the service delivery provided by Bon Accord Care.</p>

Additional notes:-

1.	National Living Wage
i.	<p>The IJB received additional funding of £1.6 million through the Scottish Government budget settlement process to implement the living wage to home care providers for the half year 1 October 2016 to March 2017.</p> <p>The IJB in August considered an options appraisal and agreed:-</p> <ul style="list-style-type: none"> i. a 6.4% uplift to all rates for purchased services across all client groups and for all hours worked (except those already covered by the National Care Home Contract) from 1 October 2016; ii. to submit a Direction to ACC to provide a 6.4% uplift, at a cost of £1.6million, to external care providers; iii. to instruct the Chief Officer to ensure the implementation of the Living Wage and Fair Working Practices through appropriate contract monitoring processes to provide assurance to the IJB that this had been implemented by the end of the financial year; and iv. to request that the Chief Officer meet with the Chief Executives of ACC and NHS Grampian to discuss the arrangements for submitting IJB directions to its two partner organisations.

6. IMPACT

Improving Customer Experience –
None direct.

Improving Staff Experience –
None direct.

Improving our use of Resources –
None direct.

Corporate –

The report supports the awareness of Council of the developing arrangements for the IJB.

Public –

The report may be of public interest as the new arrangements are developed and embedded.

7. MANAGEMENT OF RISK

Any significant risks will be identified and managed as appropriate. The report includes details of the system of risk management as well as identified financial risks.

8. BACKGROUND PAPERS

“Aberdeen: the Smarter City”

“Aberdeen City Health and Social Care Partnership Strategic Plan”

“Aberdeen City Health & Social Care Partnership – Integration

Scheme”

9. REPORT AUTHOR DETAILS

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APPENDIX A

Integration Joint Board – Planning Activity

Activity	Priority	Timescale	Comment
strategic plan review	medium	July-September	Priority relates to significance of strategic plan rather than activity given that this would be first review.
locality planning	high	September - December	Statutory requirement but needs to be aligned with development of operational structure esp Heads of Localities.
transformation programme	high	ongoing	Capacity issues will be eased by emerging Strategy and Transformation team.
strategic planning framework	low	September - December	Desirable but not strictly necessary.
commissioning plan	high	January- July	Will provide necessary detail for commissioning intentions/procurement parameters.
market facilitation plan	high	January-July	Supplementary to commissioning plan.
client group strategies & plans	low	January - December	Production of plan(s) needs time/resource. acute sector planning high n/k Statutory obligation but clarification needed re timeline & resource.
local outcomes improvement plan	high	December 2016	Statutory requirement of CPP; ACHSCP statutory partner & contributor to LOIP.
community justice outcomes improvement plan	high	January – March	Statutory requirement by 1st April; ACHSCP statutory partner in CJA.