

Integration Joint Board

Date of Meeting: 24th March 2021

Title of Report: Amendment to Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 Responders

Presented by: Douglas Hendry

The Integrated Joint Board is asked to:

- Note the content of the report of the amendment to The Civil Contingencies Act 2004 (Amendment of List of Responders) (Scotland) Order 2004
- Agree to accept responsibility for compliance with the duties as described

1. EXECUTIVE SUMMARY

1.1 This report provides the IJB with:

- information on an amendment now in force as of 17 March 2021 laid before Scottish Parliament which includes IJB's as Category 1 responders under the Civil Contingencies Act 2004
- A summary on consultation and an outline of the duties

2. INTRODUCTION

In September 2020, Jeane Freeman, Cabinet Secretary for Health and Sport wrote a letter to the chair of the Scottish Resilience Partnership to give notification of an amendment the Scottish Government intended to make to the Civil Contingencies Act 2004 (hereinafter referred to as the Act) to add IJB's as Category 1 responders in Scotland.

A further letter was sent by Jeane Freeman to NHS and Local Authority Chief Executives, and IJB Chief Officers in January 2021, outlining the next steps in the inclusion of IJB's as Category 1 responders under the Act.

Following consultation it was concluded that there were no equality, operational nor strategic planning barriers to progression and the amendment would be laid before the Scottish Parliament in January 2021 for due consideration with the aim to come into effect in the Spring of 2021. Scottish Ministers concluded that there was no reason not to legislate for IJB inclusion within the Civil Contingencies Act 2004 to ensure formal coordinated and appropriate arrangements are in place.

3. DETAIL OF REPORT

3.1 The Civil Contingencies Act (2004) makes the following requirements for those listed as Category 1 responders:

1. Assess the risk of emergencies occurring and use this to inform contingency planning.
2. Put in place emergency plans.
3. Put in place business continuity management arrangements.
4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
5. Share information with other local responders to enhance co-ordination.
6. Co-operate with other local responders to enhance co-ordination and efficiency.
7. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

NHS Boards and Local Authorities are currently Category 1 responders under the Act.

Integration Joint Boards, Health Boards and Local Authorities share a joint responsibility and accountability for drawing up suitable plans which take account of functions managed by each individual body. Therefore, the Integration Joint Board Chief Officer and their team are expected to work alongside Health Board and Local Authority colleagues when carrying out the duties relevant to the Civil Contingencies Act 2004.

The excerpt below from the Scottish Government website highlights the rationale for extending cat 1 Responder status to IJB's and specifically the role of the Chief Officer.

Whilst Chief Officers have already been contributing to local emergency and resilience planning, they have only formally done so through their roles as directors of Health Boards and Local Authorities and without the appropriate reference to their accountable officer status within the Integration Joint Boards.

By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal coordinated and appropriate arrangements in place for: emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.

The Integration Joint Boards' key resource are the Chief Officers who hold multi-faceted roles as the accountable officer of the Integration Joint Board and as directors of Health Boards and Local Authorities. The Chief Officer would lead for the Integration Joint Board and can draw on resource from their integrated teams (both Health Board and Local Authority employed staff). It would be expected that the Chief

Executives of the Health Board and Local Authority be involved, or have put in place appropriate representation to ensure the views of those bodies are well covered.

The Scottish Government does not envisage that including Integration Joint Boards as Category 1 responders under the Civil Contingencies Act 2004 will cause significant additional burden to them. Although the Act sets out a number of requirements, the main addition will be the formal inclusion of Integration Joint Board Chief Officers in emergency planning, not just in their role as a director within a Health Board or Local Authority, but also in their role as the accountable officer of the Integration Joint Board.

As highlighted above, to meet their requirements, we would expect the Chief Officer to draw on resources from their integrated teams, many of whom will already be involved in this work as Health Board and Local Authority staff.¹

- 3.2 The amendment is now passed it will place IJB's at the heart of, and formalises their inclusion in, planning for and responding to disruptive challenges as set out by the above duties.
- 3.3 The aim of the amendment is to consolidate the partnership relationship, ensuring an effective and efficient and timely response for services delegated to IJB's.
- 3.4 Resilience structures in Scotland for planning and response which are set out to comply with the duties require adequate representation from Health and Social Care Partnerships (HSCP's).
- 3.5 The amendment to the Act provides an opportunity to formalise arrangements. The duty now ensures that representation is mandatory with accountability to the IJB.
- 3.6 Emergency and business continuity planning is a continuous cycle that is flexible and should adapt to the internal and external environment and requires to be reviewed on an ongoing basis. The recommendation is the IJB delegate to the Audit and Risk committee to review business continuity planning and preparation in each locality and outline the representation of HSCP officers in resilience partnership activity.

4. RELEVANT DATA AND INDICATORS

¹ [Civil Contingencies Act 2004 amendments - including Integration Joint Boards: consultation - gov.scot \(www.gov.scot\)](http://www.gov.scot/CivilContingenciesAct2004amendments-includingIntegrationJointBoards-consultation)

Argyll & Bute Health and Social Care Partnership has been an active partner through both partnerships participating in both Tactical Group in the council, Caring for People response and subsequently the newly formalised Strategic Resilience Partnership. It has also been in an active partner in the NHS Command Structure and been instrumental in delivering the clinical guidance and pathways from the NHS board operationally.

The Health and Social Care Partnership was a direct recipient of national Guidance during the pandemic response and provided accountability through the IJB and partner organisations where statutory responsibility is maintained.

5. CONTRIBUTION TO STRATEGIC PRIORITIES

The duty applies to both the planning and the response and should be a consideration within the ongoing development of the strategic plan.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

The Scottish Government has indicated that this should be a consolidation of the relationship with partners increasing resilience and without additional resource. The IJB does not employ officers to support this area of work specifically and indeed the Health and Social Care Partnership has no specific officers. On the basis the IJB's are compliant and additional duties should be minimal. It would be recommended that the Audit AND Risk committee monitor appropriate resource being provided and review whether this would require anything

6.2 Staff Governance

Review of the governance to ensure adequate participation and engagement within partner organisations and subsequent compliance with the duties of the Act.

6.3 Clinical Governance

Clinical and Care Governance Committee provides an existing forum to ensure providing accountability to clinical and care guidance and currently reports to the IJB directly.

7. PROFESSIONAL ADVISORY

No clinical and care advisory required for this paper.

8. EQUALITY & DIVERSITY IMPLICATIONS

Equality and diversity implications will be considered in response.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant

10. RISK ASSESSMENT

It is requested that Audit and Risk Committee be asked to monitor the ongoing risks in compliance.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

None directly required for this paper.

12. CONCLUSIONS

In conclusion this paper outlines the new duty which came into force on 17 March 2021 and asks the IJB to accept this duty. It further requests that the IJB request the Audit and Risk Committee to monitor compliance with the duty and any resources it may require ongoing.

13. DIRECTIONS

| Directions required to Council, NHS Board or both. | Directions to: | tick |
|--|---|------|
| | No Directions required | x |
| | Argyll & Bute Council | |
| | NHS Highland Health Board | |
| | Argyll & Bute Council and NHS Highland Health Board | |

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