



Directions Policy

Argyll & Bute Integration Joint Board

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Introduction

In November 2022 The IJB was internally audited on its use of Directions resulting in the following recommendations to strengthen the control and governance environment. These are summarised below:

- A Directions Policy should be prepared and submitted to the IJB Committee for approval and subsequent implementation.
- A process should be put in place to monitor progress in implementing directions and this information should be used to update the Directions Log. A unique reference number field should also be added to the Log.
- Performance reports submitted to IJB Committee meetings should include a summary of directions issued and the progress made towards implementing the content of those directions.

This policy outlines the guidance for directions as prescribed by the Scottish Government and appendices the procedure and directions template. Action has been taken to update the referencing and monitoring of the directions for the board.

Background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic plan, also known as a strategic commissioning plan, for integrated functions and budgets under their control. Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26-28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision making terms.

Put simply, directions are the means by which an IJB tells the Health Board and Local Authority what is to be delivered using the integrated budget and for the IJB to improve the quality and sustainability of care, as outlined in its strategic commissioning plan.

Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB. If directions are not being provided or they lack sufficient detail, Health Boards and Local Authorities should be actively seeking directions in order to properly discharge their statutory duties under the Act

Statutory Guidance is available from the Scottish Government on Directions from integration authorities to health boards and local authorities published on 27 January 2020:

[Directions from integration authorities to health boards and local authorities: statutory guidance - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Purpose

Directions are a legal mechanism and are intended to clarify responsibilities and requirements between partners, that is, between the IJB, the Local Authority and the Health Board. They are the means via which clarity on decision making is achieved under integration. Directions are therefore both a necessary and important aspect of governance under integration, providing a means by which responsibilities are made clear and evident.

As a legal requirement, the use of directions is not optional for IJBs, Health Boards or Local Authorities, it is obligatory. How local systems are using them will be subject to internal and external audit and scrutiny. At the time of publishing this guidance, practice is evidently variable and needs to be improved, with any impediments overcome jointly by partners using a collaborative approach that properly acknowledges the roles of the different partners.

When should a Direction be issued

Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB accompanied by a supporting report. This policy is in place to support the Argyll & Bute IJB to consider when a direction should be issued and what it might include. The following might be considered when thinking about when a direction requires to be issued and what it might include:

- Scope and scale of the function
- Finance involved
- Scale and nature of change
- Those impacted by the change
 - Patients
 - People who use services
 - Carers
 - Local communities
 - Staff
 - Others

Process for issuing Directions

It is essential that directions are understood to be the ***end point*** of a process of decision making by the IJB. Directions should not contain surprising or completely unknown information about service change or redesign and should follow a period of wider engagement on the function(s) that are the subject of the direction. This would normally be part of the service planning and design phase of strategic commissioning.

Argyll & Bute Integrated Joint Board has supporting governance processes through its senior operational, Transformation and Strategic Planning Group terms of reference to ensure that Directions are the end point of a process of collaborative working.

While directions are not a means of launching unheard-of service change onto delivery partners in the Health Board and Local Authority, nor are they something that can be ignored by delivery partners in the Health Board and Local Authority.

Timescale for Delivery

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. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority or Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role.

Delivery against timescale will be monitored on a 6 monthly basis and reported directly to the IJB.

Form and Content of Directions

Directions must be in writing and should be sufficiently detailed to ensure the intention of the IJB is adequately captured and effectively communicated.

The direction should include information on the required delivery of the function, for example changing the model of care, as well as the financial resources that are available for carrying out the function.

The direction may specify in some detail what the Health Board, the Local Authority or both are to do in relation to carrying out a particular function.

Appendix 1 contains a template for guidance for a written Direction. Appendix 2 notes the process for issuing and revising directions.

Compliance with Directions

Directions are binding, which is why they come at the end point of a process of planning and decision making. The delivery partners are required to comply with all directions received from the IJB, and the law is clear that they may not amend, ignore, appeal or veto any direction. Neither the Local Authority nor the Health Board may use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that intended. This demands a mature and collaborative approach to the planning and delivery of change in health and social care services that delivers sustainability. **It is designed to help local partners improve quality and outcomes for local population.**

Appendix 1 Directions Template– Argyll & Bute HSCP

Day date time location

Reference Number	<i>Date of IJB Meeting [DD/MM/YY /001]</i>
Date direction approved by IJB	<i>To be completed once direction is formally approved</i>
Date from which direction takes effect	
Direction to	
Does this supersede, revise or revoke a previous direction?	<i>Yes/No (include detail of previous direction if applicable)</i>
Functions covered by direction	
Full text of direction	
Budget allocated by IJB to carry out direction	
Performance Monitoring Arrangements	
Date direction will be reviewed	

Appendix 2 Processing for issuing and revising Directions

Directions should be issued as soon as is practicable following their approval by the IJB.

A direction will remain in place until it is varied, revoked or superseded by a later direction in respect of the same functions. A log of all directions issued, revised, revoked and completed should be maintained, ensuring that it is checked for accuracy and kept up-to-date. This log should include, as a minimum,

- the function(s) covered, any identifier (such as a log number),
- date of issue,
- identify to which delivery partner(s) issued,
- any delivery issues and the total resource committed.

The log will be regularly monitored and reviewed by the IJB (at least six monthly) and used as part of performance management, including audit and scrutiny. This should include monitoring the implementation and/or status of directions that have been approved by the IJB.

Overly general or ambiguously worded directions will not be helpful to delivery partners in understanding what they have to deliver. They will also cause problems in identifying whether a direction has been progressed or completed and therefore need to remain on a log of directions indefinitely and be unable to be closed off. This should be avoided by issuing clear directions, thoughtfully constructed and capable of being monitored effectively with delivery timescales, milestones and outcomes.

To assist with monitoring and reviewing directions issued, the IJB will seek information from either the Health Board or the Local Authority, or both, about the delivery of a function that is the subject of a direction, including, but not exclusively, when issues are identified in implementation and delivery of a direction.

The Act does not set out fixed timescales for directions. This flexibility allows directions to ensure that the delivery of integrated health and social care functions is consistent with the strategic commissioning plan and takes account of any changes in local circumstances. In contrast with the strategic commissioning plan, there is therefore scope for directions to include detailed operational instructions in respect of particular functions.

A level of detail and specificity is highly desirable in directions, especially where a service is new or to be radically redesigned, or where a complex set of interdependent changes is planned.

Directions issued at the start of the financial year should subsequently be revised during the year in response to ongoing developments, including as a consequence of decisions made in year about service change by the IJB.

For example, should an overspend be forecast in either of the operational budgets for health or social care services delivered by the Health Board and Local Authority, the Chief Officer will need to agree a recovery plan to balance the overspending budget

(this must be done in line with the Integration Scheme, which will detail arrangements for managing the balance of any over or underspends, and statutory guidance for finance under integration). This may require an increase in payment to either the Health Board or Local Authority funded by either:

- Utilising underspend on the other part of the operational integrated budget to reduce the payment to that body; and/or
- Utilising the balance of the general fund, if available, of the Integration Joint Board.

A revision to the directions will be required in either case.

Multi-partnership co-ordination

Argyll & Bute IJB has been delegated all health and social care services across the lifespan and utilises an acute pathway to NHS Greater Glasgow and Clyde via a Service Level Agreement. As such it operates over multiple Health Board areas. It may also utilise specialise services in other health board areas based on needs of an individual or mutual aid.

Effective co-ordination arrangements between contiguous IJBs within a Health Board area is essential where directions for acute hospital care are under consideration. This will assist in effective planning for services that may be destabilised by conflicting or incompatible directions from different IJBs within the one area.

When unscheduled acute care is being planned, Chief Officers and their senior teams from across local partnerships should be meeting regularly in a joint forum with colleagues from the acute system. This will ensure effective co-ordination and collaboration across the multi-partnership area. This will also enable a joint plan to be developed that recognises the context, complexity or features relevant to each IJB. There may be other services and functions that also require this level of co-ordination.

Detailed directions will be necessary and particularly important where one Chief Officer is the lead for operational delivery of any given function on behalf of other Chief Officers, usually within the confines of a Health Board area and often referred to as “hosted services” or less often, lead partnership arrangements.

In such arrangements, all decisions about delegated functions still require to be made by constituent IJBs, whatever the operational delivery arrangements are in place for hosting services. Detailed directions will facilitate a feedback loop and IJBs should be seeking from the delivery partners any necessary information regarding progress with service change, investment or disinvestment. The issuing of more detailed directions will also be important for any other services not under the direct operational management of the Chief Officer.

In addition to officer level co-ordination, IJBs also require a degree of co-ordination in terms of governance and decision making when considering plans and therefore directions that span more than their area of jurisdiction. An IJB cannot delegate its responsibilities to another IJB or back to a Health Board or Local Authority. This, therefore, may be best managed by the same report being considered by each relevant IJB supplemented with any additional information or reflections required by

each to ensure very localised matters are taken account of. The sequencing and co-ordination of this will require the full support of relevant IJB Chief Officers and others.

It is essential in pursuing effective co-ordination and collaboration on operational arrangements for managing delegated services and functions through the Chief Officer that this is not conflated with the statutory duties of the IJB for governance, decision making and resource allocation.

IJBs should maintain active consideration of whether the effect of delivery partners carrying out any direction they propose to issue would have an undesirable impact on another IJB (and its population) or for the local health and social care system more broadly. A process of co-ordination and mitigation will be needed in circumstances where issues of this nature are identified.

Improving practice and summary of key actions

This guidance is intended to provide impetus to improving practice in the issuing of directions by the IJB and the implementation by Health Boards and Local Authorities, and to deliver the proposal made in the MSG review about providing statutory guidance on directions.

The importance of directions as a vital aspect of governance and accountability between partners cannot be overstated. The need to learn from and implement good practice is evident. Chief Officers, through their network, are well placed to facilitate the sharing of practice and are key to implementing this locally.

As practice develops further, the IJB should continue to develop and improve their practice in respect of issuing directions.

Local Authorities and Health Boards as the key delivery partners also need to accept and work with these new arrangements, and respond positively to direction issued to them, including the provision of any information regarding the delivery of a function that is the subject of a direction.

This guidance has been prepared as part of wider work to accelerate the pace and impact of integration. This can only be achieved by the partners working closely together, in mutual regard, and demonstrating a strong, shared commitment to integration through concerted action to deliver sustainable, and improved health and social care services, capable of delivering good outcomes for the people of Scotland.

Key actions identified throughout this guidance, which should be implemented as consistent practice include:

- A standard covering report format, which includes a brief section requiring the report author to decide and record if the report requires a direction to be issued to the Health Board, the local Authority or both, or that no direction is required.
- Directions should include detail on the required delivery of the function and financial resources.

- The content of a direction should be informed by the content of a report on the function(s) approved by the IJB and should be contained in the same report, using a standard format.
- Directions should be issued as soon as practicable following approval by the IJB, usually by the IJB Chief Officer to the Chief Executive of either the Health Board or the Local Authority, or both. Each in their role as accountable officers to the relevant statutory body.
- A log of all directions issued, revised, revoked and completed should be maintained. This log should be periodically reviewed by the IJB and used as part of performance management processes, including audit and scrutiny.