

Integration Joint Board

Date of Meeting: 22 January 2024

Title of Report: Category 1 Responder Assurance and Development

Presented by: Charlotte Craig

The SLT is asked to:

- Consider the review for assurance
- Support the proposed recommendations
- Note update to the Strategic Risk Register to reflect both response and continuity

1. EXECUTIVE SUMMARY

On 24 March 2021 the Integration Joint Board agreed to accept the responsibility for compliance with the duties of a Category 1 Responder which had come into force on 17 March 2021.

[Amendment to Civil Contingencies Act 2004 to include Integration Joint Boards as Category 1 Responders argyll-bute.gov.uk](https://www.argyll-bute.gov.uk)

Integrated Joint Boards are not operational, do not employ staff and are dependent on the HSCP whose partner bodies who also share Category 1 Responder status to provide the physical response.

The HSCP has a particular remit in delivering a Caring for People response (see guidance link appendix 2) and otherwise requires to meet the breadth of the duties noted below.

The IJB has no dedicated resilience resource, however the Chief Officer has a responsible role with each partner and the HSCP and operational arrangements are in place utilising current strategic leadership and operational staffing to both prepare for and deploy a joint response.

The IJB and HSCP has tested its capacity to respond in 2023. It evidences its planning through the documentation of each corresponding partner as the employing bodies. The IJB has representation within the resilience structures (appendix 1) through the HSCP staff and has good participation in the delivery of exercises and training. However it is not yet consistently involved in the breadth of planning exercised by partners.

When an incident requires that the Argyll and Bute Local Resilience Partnership initiates an incident response, the IJB is represented by the Chief Officer, the on-call manager and the appropriate professional leadership/operational management from the wider senior leadership team.

Business Continuity Planning (a statutory duty) is undertaken at local level using templates provided by Argyll and Bute Council and NHS Highland, these are also informed by NHS Highland Service Impact Assessments. Service Continuity Plans are owned by the teams who develop and use them, with assurance provided by existing line management processes. Support and oversight is provided fortnightly by Resilience within Argyll and Bute Council and the Resilience Committee within NHS Highland. The Public Health response is explicit within plans.

This approach was adopted to minimise duplication of effort however partner plans can be at differing stages of maturity and completion and some of the available templates do not map easily onto services or functions, their risks and needs. We would seek to work further with partners to ensure this can effectively be delivered as a single exercise for HSCP staff with ongoing review.

Council resilience are undertaking the deployment of a new Business Continuity system in February across council services, Persons At Risk Database using geolocation which includes the sharing of data within a response has been actioned and is progressing well.

We do not currently seek formal assurance through the board in terms of prevention.

2. INTRODUCTION

Role of Integration Joint Boards (IJBs)

IJBs are identified as Category 1 responders under Schedule 1 Part 2 17A of the Civil Contingencies Act (2004).

IJBs employ no specific staff and own no facilities, and their business-as-usual function is to offer strategic direction to Health Boards through Health and Social Care Partnerships (HSCPs). They primarily operate a strategic and planning role in their relationships with Health Boards and Local Authorities.

This strategic function should be recognised in emergency planning, where IJBs should play a key role in preparing the strategy for responses. Part of this strategic planning should involve considerations of service recovery at the appropriate stage of the emergency response.

By contributing a strategic view to emergency response, IJBs can identify solutions to be delivered during an emergency, but their primary function should be the strategic planning of emergency responses, supporting and co-ordinating with Health Board and Local Authority preparations.

Duties

1. Carry out a risk assessment and contribute to the development of a community risk register.
2. Plan for emergencies, including training and exercising.
3. Ensure robust business continuity arrangements are in place to maintain service delivery.
4. Ensure arrangements are in place to warn & inform the public both before and during emergencies.
5. Co-operate with partner agencies.
6. Share information with partner agencies.

3. DETAIL OF REPORT

Duty: Carry out a risk assessment and contribute to the development of a community risk register.

How we do this: Operational risk assessment is undertaken as described in the summary, the IJB does have a responsibility to ensure participation at a strategic level. All Category 1 responders have a role developing their local Community Risk Register ([West of Scotland Community Risk Register, 2022](#)) by participating in the civil contingencies regional risk assessment process ([Risk Assessment legislation](#)). The Argyll and Bute Resilience Manager, in her role as Local Resilience Partnership chair, takes a leading role in this with NHS Highland supporting where needed. Currently the Argyll and Bute HSCP does not have a distinct role in the process and as such there is a risk that local health and social care issues may not be reflected in the outcome in line with their Category 1 responder duty.

Recommendation: The HSCP will work closely within local LRP process to ensure that it fully represents risk within health and social care services as part of the wider response.

Duty: Plan for emergencies, including training and exercising.

How we do this: The HSCP takes advantage of the training and exercise opportunities offered by the Argyll and Bute Local Resilience Partnership, Argyll and Bute Council and NHS Highland. These are designed to support a generic response to local hazards and different specialist responses for known risks, for example an incident caused by a transport accident.

Further work is needed to document the roles and responsibilities of both the HSCP and the IJB during the initial and longer-term response to an incident and ensure this is recorded in line with guidance.

Planned training in 2024 will inform our understanding and participation in delivering the wider resilience response.

Recommendation: monitoring of staff training completion, participation in exercises to support and evidence locality capacity, plan, do and review process to ensure continual improvement.

Duty: Ensure robust business continuity arrangements are in place to maintain service delivery.

As noted previously Business Continuity planning is undertaken at a Service and function level across the HSCP, and this is supported by both Argyll and Bute Council and NHS Highland. There is an opportunity for the IJB to continue to develop assurance processes around these to improve.

- How teams consider and plan for service interruption risks and consequences

- Opportunities for self-generated training and exercise
- Information sharing about critical eHealth and digital services
- Links between continuity planning and major incident response

Recommendation: Develop an HSCP assurance framework supported by the partnership for consideration at Audit and Risk Committee and reported to the to the IJB

Duty: Ensure arrangements are in place to warn and inform the public both before and during emergencies.

How we do this: The HSCP/IJB has no independent communications facility and during an incident (once the Resilience Partnership is in place) fulfils this duty by informing and directing the activity of Communication Teams within both Argyll and Bute Council and NHS Highland. These teams, in turn co-ordinate public messaging through the West of Scotland Public Communications Group.

Before an emergency, the HSCP can develop and share messaging independently again through Council and NHS communication teams. However, roles and responsibilities in this area are sometimes unclear and this could lead to the public not receiving important information.

Recommendation: Review HSCP warning and informing routes and ensure that senior leadership teams are aware of the need to develop and disseminate risk-based community information in line with national guidance provided in response.

Recommendation: Include this within the assurance framework for the IJB to ensure that plans are in place to communicate the appropriate hazards and threats faced by the local community.

Duty: Co-operate with partner agencies.

The Argyll and Bute Local Resilience Partnership (LRP) is the principal local mechanism for multi-agency co-ordination under The Civil Contingencies Act (2004). The LRP convenes regularly to promote co-operation between organisations and to develop local plans and procedures that can be used to respond to emergencies and major incidents within their boundaries. The Argyll and Bute LRP is also part of the wider West of Scotland Regional Resilience Partnership which is chaired by Police Scotland. The HSCP delivers the response on behalf of the IJB.

During a response, the Resilience Partnership is chaired by Police Scotland and representatives are requested from the constituent organisations. If strategic representation is sought, then the representative should be able to commit their agency's resources without referencing back to higher levels of management.

Whilst the HSCP can provide this level of representation for short running incident, a more protected response would place considerable pressure on the Partnership. Local work is needed to document processes to ensure that the IJB remains up to date and influences decision making through the Chief Officer during an incident.

Recommendation: Review best practice in the inclusion of IJB alongside HSCP representatives within Local and Regional Resilience Partnerships

Recommendation: Review availability of senior managers within the HSCP to take part within a Resilience Partnership during an extended response

Recommendation: Review and confirm the role of the IJB during an incident

Duty: Share information with partner agencies.

In both the planning for and responding to incidents there is a requirement for agencies to pay particular attention to those who may need more help than others, this is often referred to as the Vulnerable People's list and referenced as PARD. The list should contain the details and needs of people who meet agreed local criteria and available in a format that be used to allow their home location to be mapped against the geography of the incident.

The HSCP update vulnerable adults lists weekly in each locality and has facility for tracking children at risk. The ongoing work with Peaople at Risk Database recommendations will support a coordinated approach that includes these vulnerable across disciplines. Data on some people whose support needs would put them into this category and this information can be prioritised and shared in the lead up and response to an emergency within current legislation.

Recommendation: Completion of the planned PARD approach to the management of vulnerable people data both before and during an incident

Recommendation: Invite feedback from agency partners on any improvement and information sharing not already governed.

Corporate approach and operational resourcing, reporting and adherence to the duty.

Following the initial report to the IJB, the role of the Chief Officer was outlined with supporting strategic leadership and operational input from Health and Community Care and the Business Improvement Manger.

Appendix 1 notes the governance structure and the volume of activity required. While the Caring for People response is likely to be led by area-based managers this also reflects the person led approach.

Increasing capacity in training incident officers enabled to make decisions with Chief Officer/on call manager led support, training support staff to support in delivering emergency centre responses would offer an HSCP wide capacity which can work alongside professional Social Work and Health input making effective locality focussed use of staffing. This would build locality-based resilience and allow for a planned staff response with outlined roles and ensure that staff could change shifts minimising clinical and care risks due to tiredness.

Each response will require a tailored and individual requirement and the response will not necessarily be consistent across localities. There are noticeable impacts of climate change in respect of increased weather response highlighting the need to consider community resilience.

Recommendation: Review of the on call pack and approach to response utilising current planning and identified need.

4. RELEVANT DATA AND INDICATORS

Reporting on training, incident management and planning

5. CONTRIBUTION TO STRATEGIC PRIORITIES

Assurance of delivering public duty.

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact – as per response requirements.

6.2 Staff Governance – Requirement to focus on staff wellbeing undertaking response, provide and record appropriate planning and training to function within the response.

6.3 Clinical and Care Governance – Requirement to address recommendations for a safe Caring for People response delivering the key components of Psychological First Aid and provide debrief and learning points from incident management.

Key Components of Effective Psychological First Aid

- provide immediate care for physical needs
- protect from further threat and distress
- provide comfort and consolation for people in distress
- provide practical help and support for real-world-based tasks (e.g. arranging funerals, information gathering)
- provide information on coping and accessing additional support
- facilitate reunion with loved ones where possible and/or connection with social supports
- provide education about normal responses to trauma exposure including two essential elements: o recognising the range of reactions o respecting and validating the normality of the post-trauma reaction

The likelihood of a person developing more serious psychosocial problems or mental disorders will depend on many factors including the intensity and duration of their exposure to emergency-related stressors, certain prior experiences, and the availability, or otherwise, of social support. The stepped care model should be applied in ways that include a clear pathway for accessing specialist services for those people who are thought to be at particular risk. As with other aspects of caring for people and managing the recovery following an emergency, the best outcomes are likely to be achieved by working in partnership with the affected people

and communities, and by facilitating a high level of self determination by those affected

Figure 2

7. PROFESSIONAL ADVISORY

Role of the Integration Joint Board is to provide strategic planning input and support the fulfilment of the duties in partnership.

8. EQUALITY & DIVERSITY IMPLICATIONS

Argyll & Bute’s geography and settlements require different responses and each area can be impacted differently and is experiencing different impacts from weather through climate change.

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Data sharing agreements are in place and provision is made to ensure wider data can be shared during a response period.

10. RISK ASSESSMENT

Request to update Strategic Risk SS17 to reflect both response and business continuity and support activity for the relevant planning with partners.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Community resilience is not an alternative to response but a supporting facet of the ongoing wellbeing of a community. At present Council resilience holds community resilience plans on a voluntary basis for communities but there is potential to explore a wider ongoing community resilience approach with partners for Argyll & Bute in general.

12. CONCLUSIONS

The report notes a reasonable level of assurance for the board and demonstrates capacity for response and participation.

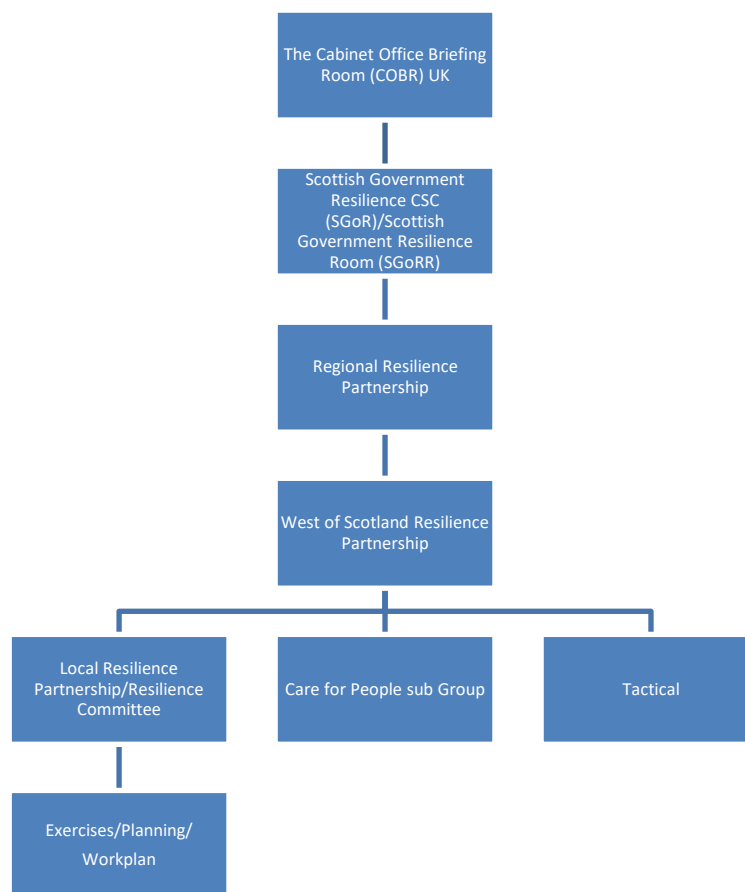
Business continuity and response is mainstreaming into operational workforce management by the nature of the professional approach and an assurance framework will provide a route to the IJB that evidences approach with this recommending this is reported annually with any continuous improvement recommendations addressed.

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	

REPORT AUTHOR AND CONTACT

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 Appendix 1



- Regional Resilience Partnership: Chief Officer
- West of Scotland RRP (quarterly plus topical/response): Chief Officer or delegated Strategic Lead and Associate Director for Public Health
- Local Resilience Partnership (quarterly plus topical/response/contribution to plans): Chief Officer or delegated Strategic Lead* and Associate Director for Public Health
- Care for People subgroup(quarterly): Senior Manager Health and Community Care
- Exercises (as planned, operational staff): All identified relevant staff
- Planning/Workplan: Chief Officer or delegated Strategic Lead and Associate Director for Public Health approved
- Understanding the role of Public Health and Civil Contingencies

Strategic Lead:

- Corporate assurance: proposed governance moves to quarterly reporting to SLT unless otherwise required and annual assurance to the IJB via the Audit committee.
- Systems – establish operational risk register
- Communications – seek clarification on the communication routes of the HSCP within an emergency response setting, prevention and preparedness.
- Staff Governance – monitoring of trained staff not currently undertaken – commence this with corporate reporting.
- Action recommendation and improvement actions/learning

Appendix 2 Guidance for Emergency Response

[Advice for emergencies in Scotland \(ready. Scot\)
care-for-people-affected-by-emergencies-november-2017.pdf \(ready. Scot\)](#)