

6. Directions provide the mechanism for delivering the strategic plan, for conveying the decisions of the EIJB, clarifying responsibilities between partners, and improving accountability. The revised policy is intended to better formalise and clarify the process employed by EIJB and the supporting partnership.
7. The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements in respect of directions. As a result, revised statutory guidance on directions is under development and is expected to be finalised by the Scottish Government in the autumn. This statutory guidance has been used to inform the development of the new EIJB directions policy.

Main report

8. The existing EIJB policy on directions dates from January 2016 and it has not been reviewed or revised since this time.
9. The issuing of directions is identified as an area of high risk in the current EIJB risk register, specifically the risk of non-delivery of directions by NHS Lothian and the City of Edinburgh Council because directions are not well-articulated, properly understood, achievable or measurable. As a result, an internal audit of the directions setting framework is scheduled to take place in September 2019.
10. The findings of the MSG in respect of directions and the corresponding development of draft statutory guidance, together with the identification of directions as an area of risk for the EIJB has provided the impetus for a renewed focus on directions. The timeframe for this work is aligned with the development of a new Strategic Plan 2019-2022.
11. The revised statutory guidance on directions, currently under development, underpins the new EIJB policy. The new EIJB policy complies with the guidance by setting out a clear framework for the setting and review of directions and confirming governance arrangements in line with the recent work undertaken by the Good Governance Institute for the EIJB.
12. Key elements of the new EIJB directions policy include:
 - Enhanced governance arrangements to ensure that directions are clearly associated with an EIJB decision, with clear roles and responsibilities defined for both the Strategic Planning Group and the Performance and Delivery Sub-Committee.
 - A focus on delivering change by ensuring that directions are formulated or revised at any point during the year in response to service redesign, transformation and financial developments.

- The approach to be taken in respect of pan-Lothian directions, acknowledging that more work needs to be done in respect of direction setting in a multi-IJB context.
 - A clear statement in respect of partner responsibilities around the implementation of directions together with the process to be undertaken should issues arise.
 - Enhanced performance monitoring arrangements including the development of a remodelled directions tracker.
 - A commitment to reviewing the Directions Policy every two years or sooner in the event of new guidance or good practice becoming available.
13. Subject to EIJB approval, the new policy will be implemented by the end of September 2019 and kept under review. Future iterations of the policy will reflect the further work planned in respect of pan-Lothian oversight and direction setting.

Key risks

14. Failure to comply with the legislative requirement in respect of directions would place the EIJB in breach of its statutory duties.
15. The lack of a comprehensive directions policy prevents the effective utilisation of directions and adds to the lack of clarity around governance and accountability for integration.

Financial implications

16. There are no direct financial implications arising from this report.

Implications for Directions

17. The new Directions Policy clarifies the process for formulating, approving, issuing, monitoring and reviewing directions.

Equalities implications

18. There are no identified equalities implications arising from this report.

Sustainability implications

19. There are no identified sustainability implications arising from this report.

Involving people

20. A draft of the policy was considered by the SPG in June 2019 and the policy has been revised in response to feedback and comment from the SPG in respect of pan-Lothian directions, implementation of directions and performance monitoring. Input has also been provided by Scottish Government officials leading on the development of good practice guidance.
21. The implementation of this new Directions Policy will involve formulating directions to progress the EIJB's strategic plan which has been subject to extensive consultation. Moving forward, partners on the SPG will also help to shape directions as part of the consideration of specific business cases before these are submitted to the EIJB. As directions are formulated at the end of a process of decision-making, there is a clear expectation of prior co-production and engagement with partners.

Impact on plans of other parties

22. The Directions Policy, once approved, will clarify the delivery requirements for integrated functions with NHS Lothian and the City of Edinburgh Council.

Background reading/references

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
[Guidance on Financial Planning for Large Hospital Services and Hosted services \(The Scottish Government, December 2015\)](#)
[EIJB Directions – Policy \(Integration Joint Board, January 2016\)](#)
[Good Practice Note: Directions from Integration Authorities to Health Boards and Local Authorities \(The Scottish Government, March 2016\)](#)
[Ministerial Strategic Group \(MSG\) Health and Community Care Review of Progress with Integration](#)

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Appendices

Appendix 1	Draft EIJB Policy on Directions
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Appendix 2	Draft MSG Directions Guidance
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Directions Policy

Edinburgh Integration Joint Board

Purpose of this policy

This policy sets out the process for formulating, approving, issuing and reviewing directions from the Edinburgh Integration Joint Board (EIJB) to partner organisations National Health Service (NHS) Lothian and The City of Edinburgh Council (Council). This policy has been developed in line with the provisions set out in the Public Bodies (Joint Working) (Scotland) Act 2014 and Scottish Government best practice guidance.

A summary of the process outlined in this policy is provided at Appendix A. Appendix B provides the template for approving and issuing directions, together with an example direction for illustrative purposes only.

Context and background

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) states that an Integration Joint Board must give a direction to a constituent authority to carry out each function delegated to the integration authority.

The Act further places a duty on Integration Authorities to develop a strategic plan for integrated functions and budgets under their control. Integration Authorities require a mechanism to action these strategic commissioning plans and this mechanism takes the form of binding directions from the Integration Authority to one or both of the Health Board and Local Authority.

In February 2016, the Scottish Government issued a 'Good Practice Note' on the utilisation of directions.

The final report of the Ministerial Strategic Group (MSG) Health and Community Care Review of Progress with Integration, published February 2019, proposed enhanced governance and accountability arrangements. Revised statutory guidance on directions is under development and is expected to be finalised by the Scottish Government late summer 2019. This statutory guidance has been used to inform the development of the EIJB directions policy, to ensure it meets key requirements to improve governance, transparency and accountability between partners.

Definition and purpose of directions

Directions are a legal mechanism intended to clarify responsibilities requirements between partners. Directions are the means by which the EIJB directs NHS Lothian and The City of Edinburgh Council what services are to be delivered using the integrated budget (ie the budget which is allocated to the EIJB and for which the EIJB is responsible).

Clear directions must be given in respect of every function that has been delegated to the EIJB. They must provide sufficient detail to enable NHS Lothian and The City of Edinburgh Council to discharge their statutory duties under the Act. Specific directions can be given to NHS Lothian, The City of Edinburgh Council or both organisations depending on the services to be provided (see Appendix B for an example directions). However, directions should not be issued unnecessarily and should be proportionate.

Directions must identify the integrated health and social care function it relates to and include information on the financial resources that are available for carrying out this function. The financial resource allocated to each function is a matter for the EIJB to determine. The Act makes provision for the allocations of budgets for the sums 'set aside' in relation to commissioned services within large hospitals and finance statutory guidance published in 2015 provides detail.

Directions must also provide information on the delivery requirements. Directions may, if appropriate, specify a particular service or services to be provided.

In summary, the purpose of directions is to set a clear framework for the operational delivery of the functions that have been delegated to the EIJB and therefore all directions must be in writing. Functions may be described in terms of delivery of services, achievement of outcomes and/or the strategic plan priorities.

The legislation does not set out fixed timescales for directions. A direction will stand until it is are revoked, varied or superseded by later direction in respect in the same function.

Formulating directions

As noted above, directions provide the mechanism for delivering the strategic plan, for conveying and enacting the decisions of the EIJB, clarifying responsibilities between partners, and improving accountability.

Moving forward, directions will be clearly associated with an EIJB decision, for example to approve a specific business case or to transform a service. Directions are formulated at the end of a process of decision-making which has included wider engagement with partners as part of commissioning and co-production. A direction should therefore not come as a surprise to either partner.

The development of new or revised directions will be informed by a number of factors, including but not limited to:

- Content of the EIJB strategic plan which is reviewed annually and produced every three years.
- Specific service redesign or transformation programmes linked to an approved co-produced business case.
- Financial changes or developments (eg additional funding opportunities, matters relating to set-aside budgets or requirement to implement a recovery plan).
- A change in local circumstances.
- A fundamental change to practice or operations.

The EIJB's Strategic Planning Group (SPG) currently has responsibility for considering all draft business cases before submission to the EIJB and overseeing the delivery of the strategic plan and therefore will play a key role in helping to shape directions.

As directions will continue to evolve in response to service change/redesign and investment priorities, new or revised directions may be formulated at any point during the year and submitted to the EIJB for approval. Please refer to the section below 'Approving and issuing directions' for further detail.

Pan-Lothian directions

In respect of 'hosted' services (ie those services that Edinburgh Health and Social Care Partnership is the lead for a pan-Lothian service) further discussion will be required with the other local IJBs (West Lothian, East Lothian and Midlothian IJBs) about the best approach to utilising and co-ordinating directions. Likewise, a mature and collaborative partnership approach will be required to reach agreement on the use of directions in respect of the sum 'set aside' in respect of large hospital functions.

The establishment of the Lothian Integrated Care Forum (ICF), comprising senior representation from the four Lothian Integration Joint Boards, NHS Lothian and the four Lothian Local Authorities, provides a mechanism for discussing pan-Lothian issues and arrangements for co-ordination across partners for hosted services and large hospital functions, prior to progression through EIJB decision-making processes. While this is a useful forum for the development of pan-Lothian co-ordination (where this is thought to be appropriate), the Lothian ICF is neither a decision-making nor direction-setting group. More work is required to ensure appropriate and proportionate oversight and governance of hosted services and direction setting in a multi-IJB context and a future iteration of this policy will reflect this.

Approving and issuing directions

The EIJB is responsible for approving all directions.

All reports to the EIJB will identify the implications for directions and will make a clear recommendation regarding the issuing of directions, for example if a new direction is required, or an existing direction is to be varied or revoked. The detail of the new or revised direction will be appended to the EIJB report using the agreed tracker template and will be submitted to the EIJB for approval.

Once approved, written directions will be issued formally by the Chief Officer, on behalf of the EIJB, to the Chief Executives of both partner organisations (NHS Lothian and The City of Edinburgh Council) as soon as practicably possible. Partners will be asked to acknowledge receipt of directions and advised of performance reporting arrangements (as indicated in the section below).

Directions will be reviewed and issued at the start of the financial year. However, in order to provide flexibility and take account of strategic and financial developments and service changes, or a change in local circumstances, directions may be issued at any time, subject to formal approval by the EIJB.

Implementation of directions

NHS Lothian and The City of Edinburgh Council are responsible for complying with and implementing EIJB's directions. Should either partner experience difficulty in implementing a direction, or require further detail regarding expectations, this should be brought to the attention of the Chief Officer in the first instance.

Initially, the Chief Officer will seek to resolve issues, liaising with and involving the EIJB Chair or Vice-Chair accordingly. If resolution proves difficult, for example if issues are particularly complex, the EIJB will be informed prior to initiating the dispute resolution process outlined in the Final Integration Scheme for the EIJB (19 May 2015).

The Final Integration Scheme also sets out the procedures for raising concerns and seeking resolution in the unlikely event that the EIJB issues a direction that compromises professional clinical or social work standards. These procedures will continue to be followed.

Monitoring and review of directions

The existing directions tracker has been enhanced and will be used as the template for monitoring progress on the delivery of each direction on a six-monthly basis. The EIJB's Performance and Delivery Committee will assume responsibility for maintaining an overview of progress with the implementation of directions, requesting progress reports from NHS Lothian and The City of

Edinburgh Council, and escalating key delivery issues to the EIJB. The responsibility for maintaining an overview of directions and ensuring that these reflect strategic needs and priorities sits with the Head of Strategic Planning.

The Chief Officer will ensure that all directions are reviewed annually through the work of the Performance and Delivery Committee. Recommendations for variation, closure and new directions will be brought to the EIJB at the start of each financial year.

This annual process does not preclude in-year formulation or revision of directions. It is expected that new directions will be brought forward throughout the year to reflect strategic developments and service transformation.

Review of directions policy

This directions policy will be reviewed every two years or sooner in the event of new guidance or good practice becoming available.

Date of policy approval:

Date of implementation:

Date of review:

Appendices

Appendix A: Summary of process

Appendix B: Template for approving / issuing directions and example directions.

Background reading / reference documents

[Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

[Guidance on Financial Planning for Large Hospital Services and Hosted services \(The Scottish Government, December 2015\)](#)

[Final Integration Scheme, EIJB, May 2015](#)

[EIJB Directions – Policy \(Integration Joint Board, January 2016\)](#)

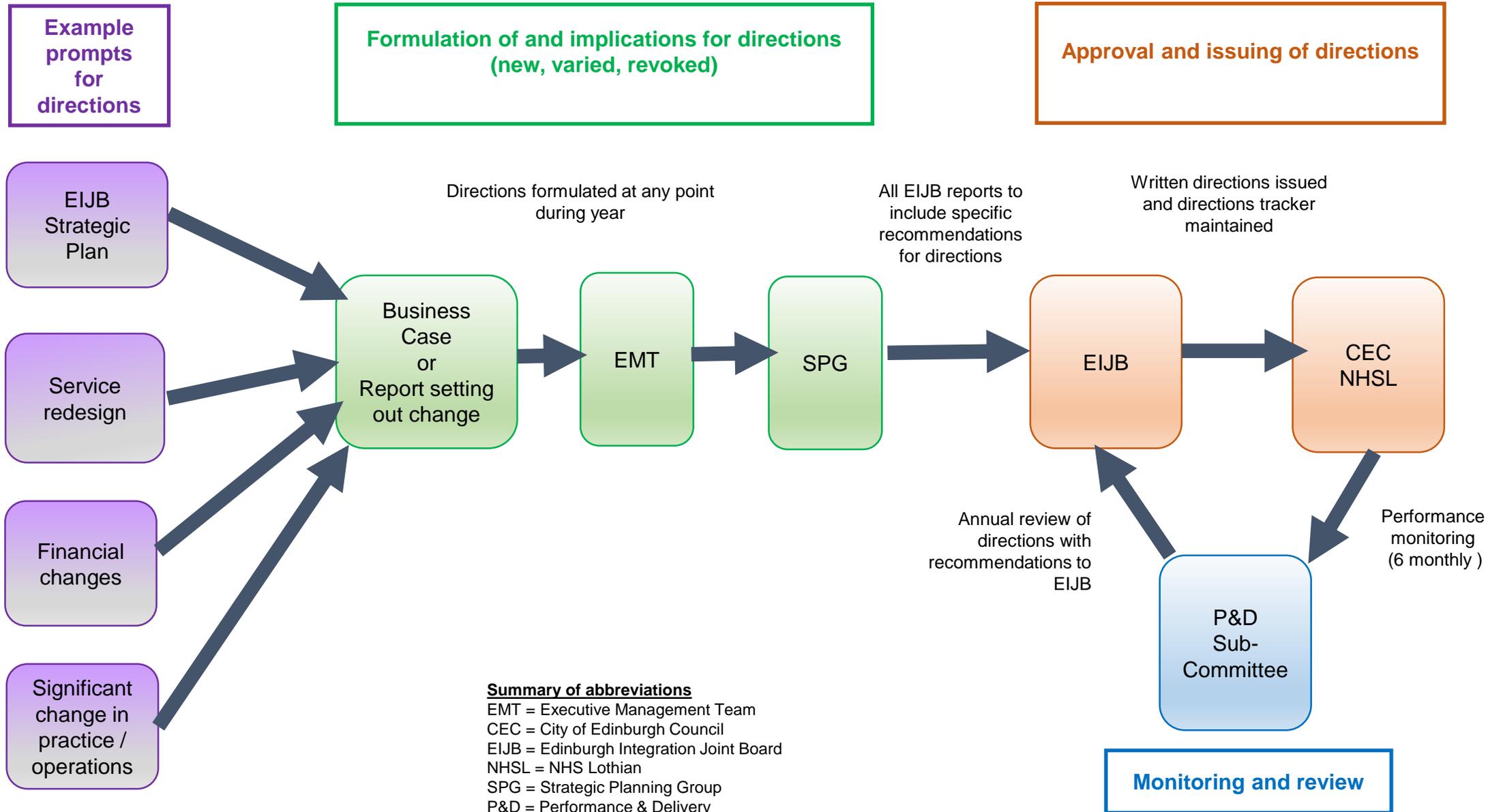
[Good Practice Note: Directions from Integration Authorities to Health Boards and Local Authorities \(The Scottish Government, March 2016\)](#)

[Ministerial Strategic Group \(MSG\) Health and Community Care Review of Progress with Integration](#)

[Lothian Strategic Planning Forum \(EIJB, March 2019\)](#)

The Scottish Government revised statutory guidance once published will be available online.

Appendix A – summary of process for formulating, approving, issuing and monitoring directions



APPENDIX B - DIRECTIONS TEMPLATE TO ACCOMPANY EIJB REPORTS

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD

Reference number	Use format: EIJB-approval date-sequential number eg EIJB-20/08/2019-001
Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction	Yes / No (delete as appropriate) If yes, provide details here
Approval date	Insert date of EIJB meeting (day/month/year format)
Services / functions covered	List all services subject to direction eg mental health services, disability services, general medical services
Full text of direction	
Direction to	NHS Lothian The City of Edinburgh Council (delete as appropriate)
Link to relevant EIJB report / reports	Provide hyperlinks
Budget / finances allocated to carry out the detail	State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction. Provide sufficient detail especially if the direction relates to multiple functions or services
Performance measures	Please list performance measures specific to the project or programme or refer to the section of the business case which contains this information.
Date direction will be reviewed	Provide month / year. No more than 1 year from date of approval

Health and Social Care Integration

Statutory Guidance

Directions from Integration Authorities to Health Boards and Local Authorities

Public Bodies (Joint Working) (Scotland) Act 2014

September 2018

DIRECTIONS FROM INTEGRATION AUTHORITIES TO HEALTH BOARDS AND LOCAL AUTHORITIES UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

1. What is this guidance about?

1.1 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 which we have published statutory guidance. (*attach link here*) for integrated functions and budgets under their control. Integrated functions and budgets are those delegated by the Health Board and Local Authority. The legislation sets out what functions and budgets must be delegated and those that may be delegated. (*Attach links to legislation and statutory guidance here*).

1.2 Each Integration Authority must produce a strategic commissioning plan that sets out how they will plan and deliver services for their area over the medium term, using integrated budgets under their control. Stakeholders must be fully engaged in the preparation, publication and review of the strategic commissioning plan, in order to establish a meaningful co-production approach, to enable Integration Authorities to deliver the national outcomes for health and wellbeing, and achieve the core aims of integration.

1.3 Integration Authorities require a mechanism to action their strategic commissioning plans and this is laid out in sections 26 to 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 to transparently see which body decided what, which body is responsible for what and which body should be audited for what, whether in financial or decision making terms.

1.4 In the case of an Integration Joint Board (IJB), a direction **must** be given in respect of every function that has been delegated to the IJB. Where the lead agency model is used, the Integration Authority **may** issue directions or may opt to carry out the function itself. In either case, a direction must set out how each integrated function is to be exercised, and identify the budget associated with that. Not unexpectedly, only IJBs have made directions to delivery partners to date and this guidance is therefore mainly aimed at IJBs and their delivery partners in Health Boards and Local Authorities.

1.5 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.

1.6 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.

1.7 This guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Notice on Directions issued in March 2016.

2. Why are we publishing this guidance now?

2.1 Directions are a key aspect of governance and accountability between partners. To date, this appears to have been largely unrecognised, with the effect that there is a lack of transparency, governance and accountability for integrated functions that are under the control of IJBs, and delivered by Health Boards and Local Authorities. This must be a matter of concern for all parties, each of which is responsible for ensuring that they are complying with their individual duties under the Act.

2.2 Scottish Government has worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. We have also discussed the use of directions with a range of local systems at our regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives.

2.4 Chairs and Vice Chairs of IJBs have expressed a keen interest in improving practice and in better understanding how they can take responsibility for improvement and in collaborating with partners to ensure accountability and effective governance. IJBs, Local Authorities and Health Boards must each take individual and several responsibility for complying with their statutory duties, and for being clear about lines of accountability between one another.

2.5 One issue appears to have been that directions have been regarded as being issued by Chief Officers to themselves as senior operational directors in Health Boards and Local Authorities. The Act confers the duty of issuing directions on the Integration Authority to constituent authorities. Directions may be issued on behalf of the IJB by an IJB Chief Officer, in their role as the accountable officer to the IJB, to Chief Executives in the Health Board and Local Authority in their roles as accountable officers to the Health Board and Local Authority. These are senior executives acting on behalf of the three statutory public bodies.

2.6 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. They are neither unnecessary – unless a local system is choosing to ignore its duties under integration – nor bureaucratic – unless, locally, they are not being used properly. Nor are they an inconvenience to be worked around: although that accusation often, somewhat curiously, goes hand-in-hand with a complaint that the responsibilities under integration are unclear.

2.7 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. Practice must be improved and impediments overcome, and in particular a much more collaborative approach acknowledged in the process.

3. Process for issuing directions

3.1 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.

3.2 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.

3.3 The delivery partners are required to comply with all directions received from the IJB, and may not amend, ignore, appeal or veto any direction. *The Local Authority nor the Health Board may not 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, and improves quality and outcomes for local populations.

3.4 Integration Authorities have been established to put in place plans to improve the health and wellbeing of their local populations and to make best use of the total resource available to them, hitherto managed and allocated separately by Health Boards and Local Authorities. They have an agenda of change and improvement. It can therefore reasonably be expected that a number of decisions made by IJBs will impact on delivery partners that will require directions to be issued. Otherwise, nothing would be changing – which would not help integration's purpose to improve the sustainability and quality of care.

3.5 It has been the practice of most IJBs to issue generic directions to delivery partners at the point of agreeing their budgets for the following financial year. However, it is not possible for IJBs to make all decisions about all service change at this juncture, although they will still require to allocate funding across the functions they are responsible for.

3.6 IJBs make decisions about service change, service redesign, and investment and disinvestment at many of their meetings. Such decisions will necessitate directions to the Health Board or Local Authority, or both, and may indeed require the delivery partners to carry out a function jointly. *The issuing of directions should be taking place at any time throughout the year, as well as at the start of the financial year*.

3.7 To assist with the determination of when a direction should be issued, a small number of IJBs have added a short section to their report format that requires the writer to decide and record if the report requires a direction to be issued to the Local Authority, the Health Board, to both, or that no direction is required. This provides an initial prompt and should be adopted as standard practice across Integration Authorities.

3.8 Directions should not be issued unnecessarily and should be proportionate. A direction should always be prompted by a decision made by the IJB. 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
- Timescale for delivery

4. Form and content of directions

4.1 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 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. A lack of detail or specificity in a direction may cause difficulties in performance monitoring and hamper the effective delivery of a function.

4.2 The primary purpose is to set a clear framework for the operational delivery of the functions that have been delegated to the IJB and to convey the decision(s) made by the IJB about any given function(s).

4.3 Directions must clearly identify which of the integrated health and social care functions they relate to. The Integration Authority can direct the carrying out of those functions by requiring that a particular named service or services be provided. Where appropriate, the same document can be used to give directions to carry out multiple functions.

4.4 Directions must include detailed information on the financial resources that are available for carrying out the functions that are the subject of the directions, including the allocated budget and how that budget (whether this is a payment or an amount is made available) is to be used. However, directions should not be seen as a

mechanism only to advise the delivery partners of resources available to them. Rather, directions are intended to provide clear advice to delivery partners on the expected delivery of any given function, together with the identified resource available.

4.5 The exercise of each function can be described in terms of delivery of services, achievement of outcomes and/or by reference to the strategic commissioning plan.

4.6 The financial resource allocated to each function in a direction is a matter for the IJB to determine. The Act makes particular provision for the allocations of budgets for the sum “set aside” in relation to large hospital functions, which gives flexibility for the IJB to direct how much of the sum set aside is to be used for large hospital services and for the balance to be used for other purposes. This requires mature and collaborative working to achieve agreement on the best use of this budget, particularly with those responsible for the delivery of acute services, however the decision about the use of this budget lies with the IJB. The finance statutory guidance issued in 2015 provides detailed advice on set aside. (add *link* here)

4.5 The content of a direction should be informed by the content of a report on the function(s) submitted to and approved by the IJB. For example, where an IJB discusses and approves a report that makes changes to arrangements for the provision of day services for people with a learning disability, the direction would draw on the report’s content. The direction should be contained in the same report, using a standard format, in order that it can be approved by the IJB at the same time as the report and its recommendations are approved. There should also be a process in place where the IJB is able to raise queries about the clarity or content of a direction and for these queries to prompt action by officials to make any necessary amendments to the direction.

4.6 The issuing of a direction following such a decision described at 4.5 above is the means by which the IJB will let its delivery partners in the Local Authority, Health Board, or both, know what has been agreed and what is to change in the delivery of the function, together with any concomitant change to the allocation of resources.

5. Process for issuing and revising directions

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

5.2 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 should be regularly monitored and reviewed by the IJB 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.

5.3 To assist with monitoring and reviewing directions issued, the IJB may 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.

5.4 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.

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

5.6 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.

5.7 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.

5.8 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 (in line with the Integration Scheme 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.

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

6. Improving practice and summary of key actions

6.1 This guidance is intended to provide impetus to improving practice in the issuing of directions by IJBs and their implementation by Health Boards and Local Authorities.

6.2 **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. As practice develops further, IJBs 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.

6.3 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 for the people of Scotland.

6.4 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.
- *Any other action that is important to highlight insert here.*

Still to add footnotes of all references to Act, guidance links etc.