



**Duty of cooperation framework between Healthcare Improvement Scotland and the Care Inspectorate:
key principles and operating framework**

Date: February 2016

FOREWORD

The Care Inspectorate and Healthcare Improvement Scotland have a close and constructive working relationship, focused on driving improvements in the quality of health and social care services in Scotland.

The purpose of this document is to build on this. This duty of co-operation framework sets out the shared vision for how both organisations will work together, with the goal of promoting open, honest and constructive relationships which support people using health and care services to achieve better outcomes. It also acknowledges that both organisations have a shared interface within integrated health and social care as well as significant and differing individual organisational roles and responsibilities.

The duty of the co-operation is framed from more than a scrutiny standpoint. There is a growing need to ensure our duty of co-operation framework reflects more recent changes and further shifts in the public service landscape and the responsibilities of agencies, including the sharing of intelligence, public involvement, and the planning and delivery of improvement interventions.

The duty of co-operation framework has been formally agreed by the boards of both organisations. It will be kept under regular review.

BACKGROUND

1 This duty of co-operation framework describes the commitment, strategic and organisational arrangements for Healthcare Improvement Scotland and Social Care and Social Work Improvement Scotland (known for the purposes of this document as “the Care Inspectorate”) to work together.

2 We recognise our respective statutory roles, responsibilities and independence but will always seek to collaborate and co-operate in the public interest, striving for true partnership in delivering our core functions, in the course of our day to day working relationship, and in order to support better outcomes for people.

3 This duty of co-operation framework provides the over-arching governance arrangements to underpin the appropriate and effective joint working between our bodies. It sets out the accountability arrangements; the approach to the appropriate strategic alignment of our activities; communication and engagement; and the approach to relationship management.

4 This is also a dynamic document designed to establish an effective operating environment rather than a fixed set of rules. It needs to keep pace with changing circumstances and will therefore be kept under review.

5 The outcome of this duty of co-operation framework will be to further strengthen our relationships based on openness, honesty, mutual support, constructive challenge, and equal decision-making and collaboration in areas of joint or related responsibility, in order to ensure that our activities are planned and delivered with due regard for efficiency, effectiveness and economy.

6 The Public Services Reform Act places an onus on scrutiny bodies to work together to share information and to minimise the burden on those being subject to scrutiny.

Duty of co-operation, s. 114, requires that:

- Scrutiny bodies must co-operate and co-ordinate activity with each other with a view to improving their scrutiny functions around (a) local authorities, (b) social services, (c) health services, “having regard to efficiency, effectiveness and economy”
- This should not prevent or delay action by one body which is necessary as a matter of urgency

7 The Act also states that both the Care Inspectorate and Healthcare Improvement Scotland should undertake joint inspections at the request of Scottish Ministers. The Public Bodies (Joint Working) (Scotland) Act 2014 allows both organisations to undertake such inspections without explicit Ministerial request, and also to undertake scrutiny of strategic commissioning of services by the Integrated Joint Boards, and supporting improvement.

8 This duty of co-operation is framed from more than a scrutiny standpoint. There is a growing need to ensure our duty of co-operation framework reflects more recent changes and further shifts in the public service landscape and the responsibilities of agencies, including the sharing of intelligence, public involvement, and the planning and delivery of improvement interventions.

9 The changes in the landscape include: the integration of health and social care services; changes in policy around children's services; changes in community justice arrangements; the stronger focus on preventative expenditure and tackling inequalities in health; the review of National Care Standards; and the development of the Integrated Improvement Resource in place of the separate roles of JIT / QuEST and HIS.

10 In reflecting these and other changes, the duty of co-operation framework is therefore broader than the interface between Healthcare Improvement Scotland and the Care Inspectorate in relation to joint scrutiny activities or where scrutiny activity in one organisation interfaces with the other organisation. The framework entails the full sweep of our respective roles and contributions as national agencies and how they inter-relate. It is recognised that in different circumstances, the organisations will jointly lead on certain issues, one organisation may lead with the support of the other, and there may be single-agency responsibility.

11 There is also a broader requirement for Healthcare Improvement Scotland and the Care Inspectorate to co-operate with a wide range of other agencies, such as Audit Scotland, Scottish Social Services Council and the Mental Welfare Commission, in carrying out their work.

OVERALL OBJECTIVES

12 The duty of co-operation framework is seeking to achieve:

- effective and appropriate working arrangements between Healthcare Improvement Scotland and the Care Inspectorate which add value;
- risk management arrangements that allow both parties to effectively identify and alert the other to risks and 'early warning' of potential areas of tension;
- effective, strategic trust-based relationships between Healthcare Improvement Scotland and the Care Inspectorate based on a shared understanding of respective roles and responsibilities, involving both informal and formal channels of communication;
- clear two-way communication channel between the bodies;
- a robust system for the shaping and determination of shared priorities;
- constructive dialogue and input to the formulation of policy and initiatives
- effective arrangements for undertaking development work, or delivery programmes, around areas of joint responsibility or interest.

ESSENTIAL ELEMENTS OF THE DUTY OF CO-OPERATION FRAMEWORK

13 The following are the essential elements of the duty of co-operation framework. It is not intended to govern but rather to guide the relationship between Healthcare Improvement Scotland and the Care Inspectorate

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| <p>Accountabilities, roles and responsibilities</p> | <p>Overall roles and responsibilities of both bodies are clear, understood by all parties and kept up to date in line with underpinning legislation. Both sides have the same expectations about the role and responsibilities of each other where there are shared responsibilities. The Chairs of both bodies having non executive positions on the other's body, which reinforces the shared working.</p> |
| <p>Strategic Alignment</p> | <p>There is a strong strategic alignment between the development of national policy and the priorities of the Care Inspectorate and Healthcare Improvement Scotland.</p> <p>Both bodies understand how they contribute to policy making in the Scottish Government and ensure an appropriately shared and cohesive approach in the influencing and informing of policy in areas of mutual interest.</p> <p>Where risks are identified that impact on both organisations, appropriate mitigation measures are developed in collaboration.</p> |
| <p>Communication and engagement</p> | <p>Communications are respectful and consistent.</p> <p>There is a common understanding in both organisations on public positioning with a 'no surprises' policy observed; potentially sensitive issues are raised well in advance to allow due consideration to take place and both organisations are committed to being publicly supportive of the other.</p> <p>Where work is planned and delivered jointly, both bodies commit to ensuring that the other is engaged as a full and equal partner, including when interfacing with third parties. Where one body is leading on work which is supported by the other, the lead body will ensure that the other body is properly engaged, as appropriate to the circumstance.</p> |

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| Relationship management | <p>Relationships between Healthcare Improvement Scotland and the Care Inspectorate should be open, honest and constructive; expectations are made clear.</p> <p>There is mutual respect and understanding; the terms and language used in communication are appropriate.</p> <p>There is a clear and agreed map of relationships with a regular schedule of meetings.</p> <p>Quality of relationships is good with sufficient time invested in building them.</p> <p>Clear processes are in place to resolve any disputes in a timely and effective manner.</p> <p>Senior managers take responsibility to ensure that staff understand the importance and implications of this framework.</p> |
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CLARITY OF ACCOUNTABILITIES, ROLES AND RESPONSIBILITIES

14 Healthcare Improvement Scotland is a health body accountable to Scottish Ministers for the delivery of its strategic objectives and, directly to the Scottish Parliament, through the Chief Executive, as the delegated Accountable Officer. The Care Inspectorate is a non-departmental public body which operates independently and at arm’s length from Scottish Ministers but is accountable to them through the Scottish Parliament. **This operating framework does not undermine or disturb existing statutory arrangements but seeks to give clarity and strength to the day to day relationships between both organisations.**

STRATEGIC ALIGNMENT

15 Healthcare Improvement Scotland and the Care Inspectorate will ensure close and appropriate alignment of relevant areas of their work. This will be reflected in appropriate operational, corporate and strategic plans, with operational staff having due regard for the need to work in partnership.

16 Both organisations will seek to ensure an appropriate share of resourcing of joint initiatives and which signals to other stakeholders the shared commitment to work co-operatively and constructively together.

17 Neither the Care Inspectorate nor Healthcare Improvement Scotland will make advance operational, corporate, strategic or financial commitments that have a direct and material impact on the other organisation, without the prior and meaningful involvement of the other party.

COMMUNICATIONS AND ENGAGEMENT

18 Healthcare Improvement Scotland and the Care Inspectorate will work closely in the development of their approaches to communications and engagement.

19 Both organisations will continue to strengthen their relationships with a wide range of stakeholders to ensure that their different roles and responsibilities are understood but that there is also a full understanding of areas of joint work and common interests.

20 Healthcare Improvement Scotland and the Care Inspectorate will work closely with MSPs and the Committees of the Scottish Parliament as well as other representative national bodies such as CoSLA.

21 Healthcare Improvement Scotland and the Care Inspectorate will keep Scottish Government informed, in advance, on a day-to-day basis of significant announcements by the organisations or where there may be matters of public/media/political interest, in accordance with the relevant protocols for doing so and with due regard to the necessarily different relationship that each organisation has with Scottish Government.

22 Both organisations will keep each other advised, in advance, of significant announcements that may directly impact on the areas of responsibility of the organisation and where such announcements may impinge on wider strategic relationships.

RELATIONSHIP MANAGEMENT

23 The relationship is based on mutual respect, openness and a commitment to 'no surprises'. The Chairs and Chief Executives will meet every quarter.

24 Alongside this, the senior executive teams will meet on a more regular basis to:

- explore priorities;
- consider resource utilisation;
- horizon scan;
- consider new or existing risks.

25 Both boards will receive formal reports for consideration and updates on progress regarding the development and implementation of joint work. This will be progressed

through the full board meetings or governance committees of the Care Inspectorate and Healthcare Improvement Scotland.

26 The Boards of both organisations will also meet on an annual basis to explore strategy and future priorities.

27 Directors from each organisation will meet regularly to ensure work is planned and delivered in accordance with the approaches laid out in this document. In the unlikely event this gives rise to disagreement which cannot be resolved by relevant senior managers, matters should be escalated to the Chief Executives of the organisations in the normal way.