



Membership

Edinburgh Integration Joint Board

17 July 2015

Purpose of report

1. The purpose of this report is to advise the IJB of the statutory arrangements for membership and to outline options for moving forward.
2. It references the shadow arrangements for the statutory Strategic Planning Group (SPG), which is a key collaborative group in the planning and design of integrated services.

Recommendations

That the IJB:

- a) notes the need to modify shadow arrangements ensure the IJB is compliant with statute
- b) notes the recruitment process is in progress for the Chief Officer and Chief Finance Officer
- c) notes NHS Lothian has determined the health professionals to be appointed to the IJB
- d) appoints the Chair and Vice Chair of the Professional Advisory Committee (PAC) as 'additional' non-voting members in the first instance
- e) requests a review the role and remit of the PAC
- f) appoints two staff representatives, one from NHS Partnership and one from Council Trade Unions
- g) appoints the services user and carer members from the shadow arrangements
- h) requests further details on the mechanism to support wider stakeholder engagement will be developed
- i) does not appoint any additional members (over and above those in point e) in the first instance.

Main report

3. The arrangements for many elements of membership of the IJB are set down in regulations as detailed below.

Statutory Requirements

Voting Membership

4. The Health Board and Council must nominate the voting members. The number from each party must be: equal in number; not less than three

NHS Board and three Council members; nor exceed ten per cent of the number of members of the local authority.

5. The Health Board nominees must be non-executive Directors unless the Health Board is unable to nominate the required number as non-executive directors. In such an instance at least 2 nominees must be non-executive directors and the remainder should be 'appropriate persons'. An appropriate person is a member of the Health Board but does not include any person who is both a member of the Health Board and a councillor.
6. The chairperson is appointed by a constituent authority from the nominated membership above and for a term of office as agreed by them (but not more than 3 years). The vice chairperson is appointed by the remaining authority. The chairperson and vice chairperson roles are alternated and the constituent authorities may change the person in these roles during the term of office.
7. The Edinburgh Integration Scheme notes that the chairperson and vice chairperson role will alternate every 2 years from the relevant date (i.e. formal date of delegation of functions).
8. The Council and NHS Lothian have recently nominated their voting members. The number is 10 in total, 5 councillors and 5 NHS Board members; four non-executive directors and one executive director (i.e. an appropriate person).

Non-voting Membership

9. The following professionals must be members in a non-voting capacity.
 - a) Chief Social Work Officer of the local authority
 - b) the Chief Officer of the IJB
 - c) the proper officer appointed under S95 of the Local Government (Scotland) Act 1973a), i.e. Chief Finance Officer.
 - d) a registered medical practitioner (GP within the Health Board)
 - e) a registered nurse (employed by the Health Board)
 - f) a registered medical practitioner (employed by the Health Board and not a GP)
10. The NHS Board must determine the individuals for the roles in d) – f) above. The persons appointed in a) - c) in paragraph 9 hold the office for as long as they hold the office in respect of which they are appointed.
11. Once the IJB is established, it must then appoint at least one member in respect of each of the groups below:
 - a) staff from the constituent authority engaged in the provision of services
 - b) third sector bodies carrying out activities related to health or social care in the area of the local authority
 - c) service users residing in the area of the local authority
 - d) persons providing unpaid care in the area of the local authority

12. None of the above members in paragraph 11 can be a councillor or non-executive director of the Health Board.
13. The IJB may appoint such additional non-voting members as it sees fit.

Role of Members

14. The role of the members is to undertake the statutory duties of the Integration Joint Board for the Edinburgh area.
15. NHS Education for Scotland, SSSC, the Improvement Service, Social Work Scotland and Scottish Government have drafted a guide for members of IJBs, which includes some key principles that should be implemented in the identification of these members. It has been released for consultation. It makes a distinction in the non-voting membership between a) professional members and b) stakeholder members.

Transition from Shadow Arrangements to Edinburgh IJB

16. The Shadow Health and Social Care Partnership has been in place since 2012. The IJB has three main options for membership moving forward. These are presented below:
 - a) continue in its existing form
 - b) recruit a whole new set of non-voting members
 - c) modify the shadow arrangements.

Continue in its Existing Form

17. This is not a realistic option for two main reasons.
 - a) The membership arrangements are not fully compliant with the statute, for example, Health Board nominated clinical representatives; Staff Partnership representatives, voting Professional Advisory Committee members.
 - b) The roles of all members are not fully compliant with current guidance, e.g. service user and carer roles bring a 'perspective', rather than representing a wider constituency.

Recruit a whole new Set of Non-Voting Members

18. This option is not recommended for two main reasons.
 - a) A recruitment process was undertaken during 2013/14 for service user and carer members. This was a rigorous process and resulted in the appointment of highly experienced and engaged service user and carer members.
 - b) This would be a potentially time-consuming process during 2015 (i.e. recruitment and briefing) and would potentially slow the IJB from becoming ready for the delegation of functions towards the end of 2015/early 2016.

Modify the Shadow Arrangements

19. **This option is recommended** for three main reasons.

- a) The Positive elements from the shadow arrangements, which are compliant, can be retained, saving time and effort.
- b) Members who have engaged fully in the shadow development session are already well-briefed on the business to be addressed.
- c) Time can be better spent on ensuring board members are well supported to fulfil their Board roles.

Modifications required to Shadow Arrangements to ensure compliance

20. The draft guidance from NES sets out the principles to be implemented in the appointment of professional and stakeholder members and any 'additional members'.

Professional Members

Chief Officer and Chief Finance Officer

21. The IJB will need to appoint its Chief Officer and make arrangements for its Chief Financial Officer. A recruitment process to determine appointees is in progress.

Medical and Nurse Representation

22. NHS Lothian Medical Director and Chief Nurse have determined the following for the Edinburgh IJB:
- a) medical practitioner providing primary medical services will be the Clinical Director from within the integrated management structure of delegated services
 - b) registered Nurse will be the Chief Nurse from within the integrated management structure of delegated services
 - c) medical practitioner not providing primary medical services will be the Associate Medical Director for the Royal Infirmary of Edinburgh.
23. Deputies will be drawn from within the same management structures as the nominee.
24. The positions will be appointed initially for 18 months to allow an opportunity for them to be reviewed in the light of experience.
25. The Chair and the Vice Chair of Edinburgh Professional Advisory Committee (PAC) are no longer required to be members of the IJB. However, given the very positive work that has been undertaken during shadow arrangements, **it is recommended that** the current Chair and Vice Chair of the PAC become non-voting members, pending a review of the PAC and integrated clinical and care governance professional leadership arrangements.

26. **It is recommended that** the role and remit of the PAC be reviewed to reflect guidance in relation to clinical and care governance and to take account of the views received in the consultation on the Draft Integration Scheme.
27. This review should encompass relationships to existing clinical and care governance and professional leadership arrangements within the parties as well as relationships with the nominated health representatives and the Chief Social Work Officer.

Stakeholder Members

Staff Representation

28. The IJB must appoint at least one staff representative.
29. The options for the IJB are to appoint one staff representative to cover staff in both organisations **or** to appoint two staff representatives, one to represent each organisation staff group.
30. **It is recommended that** two staff representatives, one NHSL Partnership representative and one Trade Union representative are appointed, in the interest of representing both the Council staff group and the NHS Lothian staff group.

Service User, Carer and Third Sector Stakeholder Roles

31. The current membership meets the statutory requirements but some changes are likely to be needed to ensure compliance with the principles within the guidance from NES, specifically:
 - a) engagement with regard to wider service users and carer groups;
and
 - b) provision of resources and support to fulfil the role.
32. The role envisaged in the NES guidance is an extended role for the service users and carers from that of bringing 'a perspective' within the existing arrangements.
33. To be successful, it will require a plan and dedicated resources to support them to engage with wider views.
34. **It is recommended** that a mechanism is put in place to ensure a regular flow of feedback and information from service users, carers and the third sector stakeholders to ensure the IJB can remain fully informed.
35. **It is also recommended** that a suitable framework for expenses is developed for service user carer and third sector members.

Additional Members

36. The policy intent and guidance on the work of the IJB is that it should be collaborative in its work at the strategic and locality level. Additional members such as: representatives of private and independent care providers; private and independent health providers; housing services and of localities, would bring wider perspectives to this collaboration.
37. It is within the power of the IJB to include 'additional members'.
38. On the other hand, there is a balance to be struck, in a decision-making Board, between a) manageable size and b) its representativeness. Based on the recommendations so far, the Edinburgh IJB will be a large Board.
39. **It is recommended** that no additional appointments are made to the IJB, beyond the Chair and Vice Chair of the PAC in the first instance, and instead the IJB relies on wider engagement and influence through the Strategic Planning Group for the following reasons.
- a) The Strategic Planning Group (SPG) is a group with major input and influence over the design of health and social care services. It will make recommendations to the IJB.
 - b) All the groups in paragraph 36 (and others) will be statutory members of the SPG and additional members can be invited to join by the IJB.
 - c) All major service change will be driven collaboratively by the SPG through the Strategic Plan.
 - d) In practice, all of the SPG members will have had input to major decisions being taken by the IJB and their wider constituencies will have had an opportunity to influence this work.
 - e) In instances where major strategic decisions are taken outside of the Strategic Plan, statute requires the IJB to seek the views of the SPG.
 - f) There is nothing in statute which prohibits the IJB from engaging with the SPG in relation to more detailed plans or specific proposals for the delegated services, should it consider this useful.
 - g) The IJB can draw on the wide range of mechanism to engage and consult with stakeholders that are developed within the parties.
40. **It is recommended that** assurance is obtained from officers that the wider SPG is engaged in all major changes by establishing the following principles:
- a) all proposals for major service change (arising out with the Strategic Plan) must be developed with the input of the SPG
 - b) all reports to the IJB, which contain material changes to service provision must include a standard section on 'involving people', to include a summary description of the SPG input and feedback (and other groups as relevant).
41. Based on the recommendations above, the membership of the Edinburgh IJB will be as defined in Appendix 1.

Key risks

- 42. The IJB does not meet statutory requirements.
- 43. The IJB does not engage fully with its stakeholders.
- 44. The IJB becomes too large a body to be effective in its decision-making role and cannot discharge its role effectively.

Financial implications

- 45. Supporting some of the members, e.g. GP, service user and carer representatives may require reimbursement, expenses and a reconfiguration of existing support resources.

Impact on inequalities, including health inequalities

- 46. There are no direct implications.

Involving People

- 47. The IJB is well placed through its membership and its Strategic Planning Group to ensure positive and ongoing engagement and consultation with a very wide range of stakeholders on all major strategic change.

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Appendices

Appendix 1: Recommended IJB Membership

Background Papers

[Scottish Statutory Instrument 2014, No. 285 Public Health Social Care. The Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)

IJB 18 February 2014, Service User and Carer Engagement

IJB 16 August 2013 Service User and Carer Engagement – Update.

Leading the Journey of Integration – a guide for Integration Joint Board Members. Consultation draft. NES, SSSC, IS, SWS and Scottish Government. May 2015.

Appendix 1: Recommended IJB Membership

Recommended Membership	Status
George Walker: NHS Board Member (Chair)	Voting
Shulah Allen: NHS Board Member	Voting
Kay Blair: NHS Board Member	Voting
Alex Joyce: NHS Board Member	Voting
Richard Williams: NHS Board Member	Voting
Cllr Ricky Henderson	Voting
Cllr Elaine Aitken	Voting
Cllr Joan Griffiths	Voting
Cllr Sandy Howat	Voting
Cllr Norman Work	Voting
Wanda Fairgrieve: NHS Staff Representative	Non-voting
Kirsten Hey: Council Trade Union Representative	Non-voting
Angus McCann: Service User Member#	Non-voting
Beverley Marshall: Service User Member#	Non-voting
Christine Farquhar: Carer Member~	Non-voting
Sandra Blake: Carer Member~	Non-voting
Ella Simpson: Third Sector Member	Non-voting
IJB Chief Officer	Non-voting
IJB Chief Finance Officer	Non-voting
Chief Social Work Officer	Non-voting
Chief Nurse:	Non-voting
Clinical Director:	Non-voting
Associate Medical Director for the Royal Infirmary of Edinburgh	Non-voting
Additional members §	
Carl Bickler: Chair of Professional Advisory Committee	Non-Voting
Gordon Scott: Vice Chair of Professional Advisory Committee	Non-Voting

Notes

§: subject to review of PAC and integrated clinical and care governance arrangements

~ and #: two members alternate to cover a single role