

Edinburgh Integration Joint Board

9.30 am, Friday 17 July 2015

Present

Board Members: George Walker (Chair), Councillor Elaine Aitken, Carl Bickler, Kay Blair, Wanda Fairgrieve, Christine Farquhar, Councillor Ricky Henderson, Kirsten Hey, Councillor Sandy Howat, Alex Joyce, Beverley Marshall, Angus McCann, Michelle Miller, Gordon Scott, Ella Simpson, Richard Williams, Councillor Norman Work

Officers: Sue Bruce, Tim Davison, Monica Boyle, Wendy Dale, Hugh Dunn, Susan Goldsmith, Dorothy Hill and Gavin King.

1. Welcome and Apologies

The Chair welcomed everyone to the first meeting of the Edinburgh Integration Joint Board (Joint Board). He introduced Sue Bruce, Chief Executive of City of Edinburgh Council, and Tim Davison, Chief Executive of NHS Lothian. Tim Davison noted the challenges facing health and social care in Edinburgh and the opportunities presented by the formation of the Joint Board. Sue Bruce highlighted the increasing pressures facing services and the need to continue strengthening the relationship between the Council and NHS Lothian.

Apologies were noted from Shulah Allen, Councillor Joan Griffiths and Sandra Blake.

2. Note of meeting of the Edinburgh Shadow Health and Social Care Partnership

Decision

To note the minute of the meeting, including apologies from Richard Williams.

(Reference – Note of the meeting of the Edinburgh Shadow Health and Social Care Partnership - 12 June 2015, submitted.)

3. Matters Arising

3.1 Joint Board development session: August 2015

Decision

- 1) To agree pathways for the frail elderly and dementia, and learning disability services, as the topics for the development session in August.
- 2) To ask for a programme of suggested topics for future sessions to be provided to the next Joint Board meeting.

3.2 Induction programme

Decision

To agree to build in bespoke induction training within the development session programme.

3.3 Scottish Government Transition Fund: update

Decision

To note that final funding details had still to be established and that an update would be circulated to members.

3.4 Visits to establishments

Decision

To agree to retain the Shadow Board's practice of visiting services and request further information on the options.

4. Standing Orders

Gavin King provided an overview of the Standing Orders for the Joint Board, which had been developed in partnership between the Lothian local authorities and NHS Lothian.

It was noted that officers had recommended the removal of the second sentence of the Standing Orders, which referred to the Joint Board commonly being referred to as the Health and Social Care Partnership. However, it was agreed that this sentence provided useful context and that it should be left in the Standing Orders.

Ella Simpson noted that the deputations process at City of Edinburgh Council provided an opportunity for greater openness and transparency and Gavin King provided an overview of the process. It was noted that there might be challenges in respect to timescales of meetings and that such a process would need to dovetail with the consultation process.

Decision

- 1) To approve the Standing Orders to take effect immediately.
- 2) To add a reference to Committees and Sub-Committees in the first sentence of the Standing Orders.
- 3) To request a paper outlining the options for Deputations, including links with the wider consultation process.
- 4) To request a proposal on establishing an Audit Committee, including the scope and links to the audit committees in partner organisations.

(Reference – report by the Chief Operating Officer and Deputy Chief Executive – CEC, submitted.)

5. Members' Code of Conduct

Gavin King provided a summary of the proposed Members' Code of Conduct. The Board noted the procedure for declarations of interest, where it would be the decision of the Board whether a member who had declared an interest should take part in discussions for that item. There was no need to declare an interest for being a Councillor or NHS Board member, however if there was a particular involvement in an area of work where that person did not feel impartial, this would still be declared.

It was noted that the Code of Conduct would require to be provided to the Scottish Government for approval.

Decision

To approve the Members' Code of Conduct for submission to the Scottish Government.

(Reference – report by the Chief Operating Officer and Deputy Chief Executive – CEC, submitted.)

6. Membership

The proposed membership of the Joint Board was submitted. This took account of all relevant statutory requirements.

Ella Simpson asked that the reference to 'Third Sector Representative' was changed to 'Third Sector Interface' to reflect the language used by the Scottish Government and to provide greater clarity on the role.

Decision

- 1) To note the need to modify shadow arrangements to ensure the Joint Board was compliant with statute.
- 2) To note that the recruitment process was in progress for the Chief Officer and Chief Finance Officer.
- 3) To note that NHS Lothian had determined the health professionals to be appointed to the Joint Board.
- 4) To appoint the Chair and Vice Chair of the Professional Advisory Committee (PAC) as 'additional' non-voting members in the first instance.
- 5) To request a review the role and remit of the PAC.
- 6) To appoint two staff representatives, one from NHS Partnership and one from Council Trade Unions.
- 7) To appoint the services user and carer members from the shadow arrangements.
- 8) To request further details on the mechanism to support wider stakeholder engagement.
- 9) To not appoint any additional members (over and above those above) in the first instance.
- 10) To change 'Third Sector Representative' to 'Third Sector Interface'.
- 11) To ask the Interim Management Team to work with carer members and service user members to develop a framework for expenses.

(Reference – report by the Chief Social Work Officer, CEC and the Director of Strategic Planning, Performance and Information, NHS Lothian, submitted.)

7. Clinical Negligence and Other Risks Indemnity Scheme (CNoRIS)

It was noted that the CNoRIS scheme had been in place since 1999 and other integration joint boards in Scotland had undertaken to join. The risk to the Joint Board was very low as the risk mainly affected the partner organisations, however there was some risk remaining. The initial annual cost for the Joint Board to join was £3,000.

Decision

- 1) To note the report.
- 2) To agree to apply to Scottish Ministers to join the CNoRIS from April 2016.

- 3) To note that the Council could make its own application for operational delivery of social care functions.
- 4) To request further information on individual Joint Board members' liability.

(Reference – report by the Chief Social Work Officer, CEC and the Director of Strategic Planning, Performance and Information, NHS Lothian, submitted.)

8. Engagement, Communication and Branding

A presentation was provided on the development of the brand for the Joint Board. Details were provided and welcomed on the level of research and testing with service users. Information was also provided on wider communications and engagement.

The use of language was discussed, particularly in terms of what 'Integration Joint Board' and 'Health and Social Care Partnership' meant to service users and the need for a consistent approach.

The potential for the branding to be expanded in the future to include staff from partner organisations was discussed and a report on potential expansion was requested.

The requirement for a separate website was discussed and it was noted that the Council's website did not offer the responsive functionality required or the opportunity for the Joint Board to have its own identity. Proposals for the website would be brought to the next meeting.

Decision

- 1) To agree the delivery principles for communications and engagement up to April 2016, particularly in relation to the Strategic Planning and Joint Strategic Needs Assessment work, to the shift to a Locality Model of service delivery and in support of the Prevention Strategy for Edinburgh.
- 2) To agree that a range of communications methods would be adopted for use, while ensuring recipients' preferences are taken into account and attention would be paid to the need for accessibility.
- 3) To agree the development of a web presence and social media, including the resource requirements for the short term web site development work, and long term maintenance.
- 4) To agree that a report on the costs for the web site development would come back to the next meeting.
- 5) To agree the refreshed brand for the Joint Board.
- 6) To ask for proposals on extending the use of the brand.

(Reference – report by the Chief Social Work Officer - CEC and the Director of Strategic Planning, Performance and Information – NHS Lothian, submitted.)

9. Appointment of Chief Officer and Chief Financial Officer

George Walker provided an overview of the proposed recruitment arrangements for the Chief Officer and Chief Finance Officer. Ella Simpson noted that she, alongside other stakeholders, had been involved in the recruitment of the new Council Chief Executive and asked if a similar approach would be undertaken in the recruitment of these posts. George Walker noted that a stakeholders panel had been discussed and would be further considered.

The assessment approach was discussed and it was noted that the process had not been finalised but was likely to include testing and other forms of assessment and the recruitment panel would have an opportunity to provide their views on this.

Richard Williams noted that it was important to have the interim Chief Financial Officer in place as soon as possible and that they would require to have the confidence and competence to ask difficult questions of both NHS Lothian and City of Edinburgh Council. It was noted that both organisations would need to support this person in their role.

Decision

- 1) To approve the recruitment arrangements to appoint to the post of Chief Officer for the Edinburgh Integration Joint Board and agree the content of the draft recruitment pack that would support the recruitment process.
- 2) To approve the appointment of an interim Chief Finance Officer pending the introduction of the reporting structure to the Chief Officer and agree delegated authority to the Chair of the Joint Board to progress this interim appointment.
- 3) To note that details of the Chief Officer candidate assessment process would be shared with Joint Board members.

(Reference – report by the Chair of the Joint Board, submitted.)

10. Finance Arrangements Update

Hugh Dunn and Susan Goldsmith noted that there had been significant work undertaken by both organisations in developing the financial arrangements and this work was continuing. Susan Goldsmith noted that there continued to be uncertainty as a result of the spending review in autumn 2015 and the potential impact of 24/7 services. The recruitment of a Chief Financial Officer was essential to continue this work.

Susan Goldsmith added that there were challenges for NHS Lothian in how money was released throughout the year using different methodologies. Hugh Dunn noted that the Council's budgetary allocation for 2016/17 was currently unknown and would be confirmed in December 2015. It was agreed that further discussion on the best use of the combined resource was required and that radical ideas would need to be considered, potentially as part of a development session.

The internal audit functions in both partner organisations were undertaking due diligence on the work to date and the results of this would be reported to the Joint Board.

Decision

- 1) To note the developing financial arrangements for the shadow period 2015-16.
- 2) To note the current estimated values of the delegated resource (subject to due diligence).
- 3) To note ongoing work by both Internal Audit teams on the 2015/16 budget regarding due diligence, and that the outcome would be shared with Joint Board members.
- 4) To agree to examine the potential for remodelling services within the budgetary framework as part of the development session programme.
- 5) To agree to consider a budget consultation strategy as part of the 2016/17 budget process.

(Reference – report by the Head of Finance – CEC and the Director of Finance – NHS Lothian, submitted.)

11. Integrated Risk Management Strategy

Michelle Miller noted that the Joint Board was required to establish a risk management strategy, and gave further information on this process.

Decision

- 1) To note the work underway to develop an integrated risk management strategy and framework.

- 2) To approve the proposal for a risk management session to be arranged, which would build on the Joint Board Lothian-wide induction process. The session would help facilitate consideration of the risks associated with integration and the function of the Joint Board itself, articulation of a risk appetite statement for the Joint Board and support the Joint Board to explore and agree options for overseeing risk management for example, through a separate Joint Board Risk and Audit Committee or through the Joint Board itself.

(Reference – report by the Chief Social Work Officer - CEC and the Director of Strategic Planning, Performance and Information – NHS Lothian, submitted.)

12. Integrated Performance

A summary was provided of the current performance and activity across the partnership area using a set of key indicators. It was noted that some of the existing targets would not be met within the current financial package and that the Joint Board would be required to consider whether the targets or the financial package should be changed.

It was requested that a glossary of terms was included in the next performance report.

Decision

- 1) To note the overview of current performance and areas of concern.
- 2) To recognise that these trends were long standing and that many were interconnected, reflecting system-wide pressures.
- 3) To consider the proposals for the membership, remit and frequency of the meetings of a sub-group of the Board which would consider performance.
- 4) To note the ongoing work to develop the performance framework, and agree a glossary of terms in future reports.
- 5) To recognise that effective implementation of the performance framework would require widespread and comprehensive engagement of staff as well as time for managers to engage effectively.

(Reference – report by the Chief Social Work Officer - CEC, submitted.)

13. Update on the development of the draft Health and Social Care Strategic Plan

A presentation was provided by Wendy Dale on the draft Strategic Plan. Kay Blair noted that there would have to be radical thinking in order to modernise services and asked if references to change could be incorporated into the consultation. The involvement of young people in the consultation was encouraged by the Board.

Decision

- 1) To note the first draft of the strategic plan attached as Appendix A to the report, together with the brief summary of the Joint Strategic Needs Assessment attached as Appendix B to the report.
- 2) To approve both documents as the basis for a period of three months public consultation.
- 3) To note that further work would be undertaken with a range of stakeholders in parallel with the public consultation to develop more detailed actions for the delivery of the key priorities within the plan.
- 4) To include reference to change, and specifically which services might be stopped, in the consultation questions.

(Reference – report by the Chief Social Work Officer - CEC, submitted.)

14. Localities

It was proposed to adopt a four locality model as the basis for the Joint Strategic Needs Assessment and the Joint Strategic Plan. Details were provided of these, and an updated localities map circulated.

Decision

- 1) To approve the proposed four localities for the purposes of completing work on the Strategic Plan.
- 2) To note that other community planning partners were committed to a 'best fit' approach to these localities across the city.
- 3) To note that, if approved, the operational management arrangements to be developed under the Chief Officer/Joint Director will adopt a 'best fit' approach to these localities to align planning and service delivery.

(Reference – report by the Chief Social Work Officer - CEC, submitted.)