



Integration Joint Board

26th January 2017

This Report relates to
Item 6 on the Agenda

Membership Update

(Paper presented by Julie White)

For Approval

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| Approved for Submission by | Julie White, Chief Officer |
| Author | Jim Gatherum, Branch Chair, Scottish Care Laura Geddes, Business Manager, NHS Alison Warrick, Executive Assistant to Chief Officer |
| List of Background Papers | IJB 29th November 2016 - Membership Update Roles, Responsibilities and Membership of the Integration Joint Board |
| Appendices | Appendix 1 NHS Board Paper on Integration Joint Board – Non Executive Membership |

SECTION 1: REPORT CONTENT

Title/Subject: Membership Update

Meeting: Integration Joint Board

Date: 27th January 2017

Submitted By: Alison Warrick, EA to Chief Officer

Action: Approval

1. Introduction

- 1.1 This Report provides Integration Joint Board (IJB) Members with an update on Membership

2. Recommendations

- 2.1 **The Integration Joint Board is asked to:**
- 2.2 **Approve that a representative of Scottish Care becomes a non-voting member of the IJB**
- 2.3 **Approve that following the retirement of Moira Cossar, Laura Douglas is appointed as an NHS voting member of the IJB**
- 2.4 **Approve that Lorna Carr, in her role as Chair of the NHS Area Clinical Forum becomes a non-voting member of the IJB**
- 2.5 **Note that Gill Stanyard, NHS Non Executive Board Member resigned from her role as NHS substitute member of the IJB and will be replaced by Lorna Carr in her role as NHS Non Executive Board Member**

3. Background

- 3.1 **Scottish Care is the largest representative body for care providers in Scotland**
- Scottish Care is a national membership organisation with representation at the Joint Ministerial Committee for Older People, the National Care Home Reform Group and several other Committees and Boards. Scottish Care represents circa 70% of care providers in Scotland and operates locally through volunteer Branch Chairs (one for Care Homes and another for Care at Home). These Branch Chairs are elected by local members to represent

them at a regional and national level. The role description is very specific and Branch Chairs do not represent their own business interests.

3.2 **Scottish Care in Dumfries and Galloway**

- In Dumfries and Galloway 100% of care home services and circa 70% of Care at Home Services are delivered by the independent sector.
- The number of staff employed by the Independent Sector nearly equals the combined workforce of the NHS and Council's Social Services in Dumfries and Galloway.
- Over the past 4 years Scottish Care Dumfries and Galloway have worked closely with statutory partners, initially on the Putting You First programme and laterally on the Integration of Health and Social Care. The Team have demonstrated their commitment and effectiveness in supporting the work of the Partnership.
- During this period the local Scottish Care team has been developed by the appointment of a Regional Integration Manager and a part time team of 3 officers who work with providers, carers and our local partners on numerous integration projects, both within the localities and region wide. The Scottish Care team in Dumfries and Galloway represents a significant investment by the IJB and has also been successful in raising funds from external sources to support the Integration plans, objectives and aims.
- Our Regional Integration Manager has access, through our national framework of local integration leads as well as personal contacts, to developments and initiatives that are working in other parts of Scotland as well as to several national projects that have an impact on integration throughout the Country.

3.3 **NHS Membership**

- 3.4 As outlined in the Integration Scheme the IJB should consist of 5 voting members nominated and approved by the Council and 5 voting members nominated and approved by the NHS. In the event of any of these Members relinquishing their Councillor or NHS Non Executive Board member status then they will no longer be members of the IJB. Following the retiral of Moira Cossar as NHS Non Executive Board Member on the 31st December 2016 a vacancy has arisen for a voting member of the IJB. It is proposed that this vacancy be filled by Laura Douglas, NHS Non Executive Board Member.
- 3.5 Due to the resignation of Gill Stanyard as a substitute member of the IJB in September 2016, it is proposed that this vacancy be filled by Lorna Carr, NHS Non Executive Board Member.
- 3.6 Following discussion at the IJB on the 29th November 2016 it was proposed and agreed that the Chair of the NHS Area Clinical Forum should become a non-voting member of the Integration Joint Board. The Chair, Lorna Carr, has now been appointed and will fulfil this role.

4. Main Body of the Report

4.1 Over the past four years the independent sector has demonstrated its ability to work professionally and constructively with its statutory and Third sector partners.

- Scottish Governments guidance paper 'Roles, Responsibilities and Membership of the Integration Joint Board' (Guidance and advice to supplement the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 (see Background Papers) mentions both the opportunity and benefits of the Independent Sector joining Integration Joint Boards.
- As the sole provider of Care Home services and the majority of Care at Home Services, the Independent Sector is a vital partner in how we effectively deliver services in the future. This sector is a significant employer and has considerable impact on the economic performance of our region. The future is likely to demand new models of care and support, new working practices and protocols. The Independent Sector has a lot to offer to support these strategic changes and it is vital that their input starts at a strategic level if the wider partnership is to achieve many of its objectives set out in the Strategic Plan.
- The Independent Sector has the assets, both in terms of facilities, workforce, knowledge and expertise, to help deliver new, sustainable and efficient models of care that would help support our vulnerable citizens in the future. The results from the Cultural Diagnostic Study indicate that our Sector is willing and able to embrace and develop innovative approaches to support Health and Social Care Integration.
- To achieve independent sector stated goals, it is imperative that they are enabled to fulfil their role as an equal partner both at a strategic and an operational level. It is important for the effective and efficient working of the IJB that members hear first hand from the Independent Sector to co-produce and co-design solutions to meet our goals and so make the most of the limited resources available to the Partnership. It is equally important that, like all Health and Social Care partners, the sector is held accountable for its role in the delivery of our joint strategic objectives.
- Scottish Care fully understand that there may be a potential for a conflict of interest and provide assurance that they would declare such an interest and remove themselves from discussion as is common practice in such instances.

4.2 NHS Membership

4.3 Following the notification of the retirement of Moira Cossar, NHS Non Executive Member, IJB Board Member and Chair of the NHS Area Clinical Forum with effect

from the 31st December 2016, a paper was presented to the NHS Board on the 5th of December to recommend the following:

- 4.4 Laura Douglas, NHS Non Executive Board Member, to replace Moira Cossar as one of the cohort of NHS Non Executive voting members of the Integration Joint Board.
- 4.5 Chair of the Area Clinical Forum (now known as the Integrated Professional Advisory Committee) would become a non-voting member of the Integration Joint Board. This proposal was brought before the Integration Joint Board at their meeting on the 29th November where it was approved. This was also discussed at the Area Clinical Forums meeting on the 23rd November and Lorna Carr, Head of Occupational Therapy was appointed as Chair.
- 4.6 Following the resignation of Gill Stanyard, NHS Non Executive Board Member as substitute voting member of the Integration Joint Board, the Chair of the Area Clinical Forum, who would also become an NHS Non Executive Board Member, would become a substitute voting member of the Integration Joint Board.
- 4.7 All of these recommendations were approved at the NHS Board Meeting on the 5th December and agreed that these recommendations would now be brought to the IJB for formal approval.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

5. Resource Implications

- 5.1. There are no resource implications on the IJB for any of these proposed changes to Membership.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 6.1. In the Partnerships Health and Social Care Strategic Plan Part 1 (2016-2019) we have recognised that the challenge is to make sure that appropriate levels of care and support are available and sustainable to meet increasing needs within existing resources. To achieve this, a programme of work involving all four sectors has been set up to review both care at home and care homes across the region.

- 6.2. In moving forward, it is essential that:

- Care providers are supported to be innovative, to collaboratively develop new models of care and to work in new ways with partners
- Workforce recruitment and retention challenges are addressed

- 6.3. We have already started to address the first of the specific 'We Wills' in the Strategic Plan relating to care providers:

- We will work with providers to support them to pay the national living wage

- 6.4. However, there is much work to be done together on the second 'We Will'

- We will identify with partners and people who use services, models of care at home and care home provision that deliver improved outcomes for people.

- 6.5. As per the Scottish Government's Guidance paper 'Roles, Responsibilities and Membership of Integrated Joint Boards' as noted above; there are minimum requirements for the membership of the Integration Joint Board. However, to fully harness the expertise and experience of the Independent Sector it is important to engage them as non-voting members of the IJB.

- 6.6. As outlined in the above Paper to not have a representative from the Independent Sector on the Integration Joint Board would work against the interests of the population of the region.

7. Legal & Risk Implications

- 7.1. Scottish Care Membership – as the Independent Sector representative on the IJB is likely to also be a provider of care in the region, there may be a risk of 'conflict of interest' on limited occasions. As the elected representative of Scottish Care, the IJB member would have a duty to represent the entire sector. He/she would also be bound by the IJBs governance and duty of confidentiality.

The elected representative should remove him/herself from the meeting when any agenda item could result in a conflict of interest.

- 7.2. There are no legal or risk implications to the proposed changes to the NHS Membership of the Integration Joint Board.

8. Consultation

- 8.1. Scottish Care Membership – all Independent providers of care in Dumfries and Galloway will have the opportunity to vote for their representative on the IJB should this proposal be accepted.

- 8.2. NHS Membership – a Paper was formally approved by the NHS Board on the 5th December on amendments to NHS Membership of the IJB.

9. Equality and Human Rights Impact Assessment

- 9.1. Not required.

10. Glossary

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| 10.1. | IJB | Integration Joint Board |
| 10.2. | D&G | Dumfries and Galloway |
| 10.3. | NHS | National Health Service |
| 10.4. | ACF | Area Clinical Forum |