



# MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 27 AUGUST 2015
COUNCIL CHAMBER, TOWN HOUSE, HADDINGTON

1

## **Voting Members Present:**

Councillor S Akhtar Mr M Ash Councillor S Currie Councillor J Goodfellow Councillor D Grant Mr A Joyce

## **Non-voting Members Present:**

Ms F Duncan

Dr R Fairclough

Ms A MacDonald

Mr K Maloney

Mr T Miller

Mr D Small

Mr E Stark

Dr J Turvil

## **Officers Present:**

Mr D King

Ms C Lumsden

Ms J McCabe

Ms J Ogden-Smith

## Clerk:

Ms F Currie

## **Apologies:**

Professor J Iredale Ms A Meiklejohn Dr A Flapan Mrs M McKay Mr A Wilson

## **Declarations of Interest:**

None

## 1. MINUTES OF THE EAST LOTHIAN INTEGRATION JOINT BOARD MEETING OF 1 JULY 2015

The minutes of the East Lothian Integration Joint Board meeting of 1 July 2015 were approved.

## 2. MATTERS ARISING FROM THE MINUTE OF THE MEETING OF 1 JULY 2015

The following matters arising from the minutes of the meeting of 1 July 2015 were discussed:

**East Lothian Community Hospital** – David Small, Chief Officer of the IJB, provided an update on progress with the Business Case and confirmed that the timescale for completion of this stage remained unchanged.

**Appointment of Chief Finance Officer (CFO)** – Mr Small confirmed that matters were progressing and a proposal for appointment of the CFO would be brought to the IJB's September meeting.

## 3. EDINBURGH AND LOTHIAN HEALTH FOUNDATION - PRESENTATION

Jane Ferguson, Foundation Director of Edinburgh and Lothians Health Foundation (ELHF) gave a presentation to the members of the IJB on the background to the ELHF, its overall aim of improving health and wellbeing and the administration of its annual Grants Programme.

The session concluded with a brief Q&A and the Chair thanked Ms Ferguson for attending and providing such a helpful overview of the work of the ELHF.

## 4. IJB STRATEGIC PLAN UPDATE

A report was submitted by the Chief Officer of the IJB providing an update on the development of the East Lothian Integration Joint Board's Strategic Plan for adult services. It identified key issues addressed in preparation of the plan, the process of consultation and next steps.

Carol Lumsden, Transformation and Integration Manager, NHS Lothian, presented the report and the draft plan, indicating that it would be presented to the Strategic Planning Group at its September meeting. The draft plan would also take account of the findings of the Care Inspectorate and Health Improvement Scotland joint inspection of older people's services in East Lothian, due out later in the year. The final draft would be ready for consultation in December 2015 and for adoption by the IJB in advance of 1 April 2016, as required by legislation.

Mike Ash advised members that the timetable for delivering a final draft for consultation would be challenging and that some of the revision work would have to begin before the results of the joint inspection were known. An update on progress would be provided at the next meeting of the IJB.

Councillor Currie asked about the inclusion of mental health services within the plan and the arrangements for the review of bed bases. Ms Lumsden confirmed that mental health services were a key priority and would be included in the final draft of the plan.

In relation to the review, she advised that some early modelling work had already started.

Mr Small indicated that the review would look at requirements in a number of areas including the bed base in the new community hospital and other hospitals and care homes where facilities and models of care were outdated. Project teams would be put in place during 2015/16 but the timescale for completion of the work would depend on a number of factors.

Councillor Currie also raised the issue of primary care and Ms Lumsden agreed that this was a key issue and that the plan would bring out the challenges of demand, priority and access to GP services.

Dr Jon Turvill welcomed the Councillor's comments. He said he was aware of a gradient of satisfaction running east to west within the county and was working with all practices to sustain and improve access to GPs.

Dr Richard Fairclough agreed that there was a significant difference between the east and west of the county which showed where the challenges were in delivering care. He said that it was important that this forum consider delivery to areas of greatest need rather than simply on the basis of population size.

Mr Small acknowledged these challenges and the need to find new ways of supporting services in those areas.

In response to a question from Councillor Akhtar, Ms Lumsden advised that the formal consultation process would be well publicised and plans were underway for an event on 30 October 2015 called 'The Big Conversation'.

Keith Maloney agreed that, although the timescale was challenging, the process should be as collaborative as possible.

Councillor Goodfellow suggested that the term 'bed days' be more clearly defined as it was not always clear whether the reference was to acute or other services.

#### Decision

The IJB agreed:

- i. to note the latest version of the Strategic Plan.
- ii. to consider and agree the framework, content and priorities.
- iii. the proposed next steps.
- iv. to note that a final draft of the Strategic Plan will also reflect the recommendations of the Joint Older People's Inspection process in East Lothian.

## 5. FINANCIAL ARRANGEMENTS FOR THE IJB IN 2015/16

A report was submitted by the Chief Officer of the IJB laying out the financial arrangements for the East Lothian Integration Joint Board.

David King, Finance Officer, NHS Lothian, presented the report, summarising the key matters for consideration including proposals to bring forward Standing Financial Instructions, to set up an Audit Committee and to appoint a Chief Internal Auditor.

In response to a question from Councillor Currie, Mr King acknowledged that some acute services not delegated to the IJB may benefit indirectly from work undertaken by the IJB. Mr Small said that consideration would need to be given as to how best to manage interactions between services and any savings that may result.

#### **Decision**

## The IJB agreed:

- i. to receive a report laying out the proposed Standing Financial Instructions for adoption at its next meeting.
- ii. to set up an Audit Committee and to consider the process, remit and membership of that committee at its next meeting.
- iii. the appointment of a Chief Internal Auditor for the IJB.
- iv. to hold a workshop to discuss and review the financial assurance process.
- v. to receive a report at the next meeting of the IJB laying out the proposals for financial reporting to the IJB.

#### 6. DEVELOPING AN IJB PERFORMANCE FRAMEWORK

A report was submitted by the Chief Officer of the IJB describing high level recommendations on the development of effective information and performance management arrangements for the Integration Joint Board.

Carol Lumsden presented the report, providing an overview of the proposals for the IJB's performance framework. This was welcomed by the Chair, who reiterated the importance of measuring performance.

Fiona Duncan referred to East Lothian Council's suite of governance arrangements and the need to review what currently exists, as well as developing new proposals, and identify where there are gaps. Mr Ash referred to work already being undertaken by NHS Lothian to review their performance management processes.

Councillor Currie said that, as well as measuring performance, reports should include proposals for corrective action, where necessary, to help the IJB deliver its agreed outcomes. Ms Lumsden agreed, reflecting that effective performance management should allow such discussion and action to take place.

In response to a question from Mr Maloney, Mr Small confirmed that performance against the principles of the Public Bodies (Joint Working) (Scotland) Act 2014 would form part of the IJB's annual report to the Scottish Government.

#### Decision

## The IJB agreed:

- i. to note that a comprehensive performance framework for the IJB is currently under development.
- ii. To note that effective implementation of the framework depends on clear roles, responsibilities and ownership of performance across the organisation.
- iii. To the adoption of three high level local Shifting the Balance of Care measures in addition to the suite of national measures.
- iv. The recommendation that the Enterprise Strategic Change programme has performance as a key element of its remit and reports directly to the IJB.
- v. To recognise that the development of the framework and its operation will require dedicated resources.

## 7. IJB IDENTITY

A report was submitted by the Chief Officer of the IJB outlining the need for an identity for the East Lothian Integration Joint Board and to look at initial visuals.

Jane Ogden-Smith, Communications Officer, presented the report, setting out the background to the creation of an identity for the East Lothian Health & Social Care Partnership, of which the IJB is part. Referring to the proposed visuals, she advised members that the branding made use of specific icons for specific services previously developed by Edinburgh, and with their permission. It was felt important to use a common symbol 'family' as East Lothian service-users will be using services in the county and in Edinburgh. Ms Ogden-Smith circulated some additional visuals including proposed layouts for leaflets.

Councillor Currie suggested that the word 'value' be replaced by 'outcomes'. Councillor Akhtar thought that the overall look was very positive. The Chair remarked that there would be an opportunity for more detailed comments at a later stage.

#### **Decision**

The IJB agreed:

- i. to note the contents of the report.
- ii. to approve the further exploration of the identity over the next month with stakeholders.

#### 8. PRIMARY CARE PREMISES BUSINESS CASES

A report was submitted by the Chief Officer of the IJB seeking the support of the IJB for the business cases for Prestonpans Health Centre and Cockenzie Health Centre.

Mr Small presented the report, outlining the background to both business cases. He reminded members that while the IJB did not assume delegated functions until 1 April 2016, these matters linked directly to priorities within the draft Strategic Plan and it was important that the IJB had the opportunity to review the proposals.

Responding to questions from members, Mr Small confirmed that he had discussed the Main Issues Report (MIR) and the implications for primary care services with planning colleagues within the Council. He stated that these proposed extensions and the recent extension to Tranent Medical Practice would allow services to cope with current proposed development in that area but did not take into account any additional development that may result from the MIR.

Mr Small confirmed that there were no plans to extend weekend opening, although opening hours on weekdays had been increased. However, he noted that the national GP contract would be up for renegotiation in 2016/17 and this may lead to changes in contracted hours.

Dr Fairclough welcomed the proposed extensions as necessary and encouraging, however, he cautioned that extending premises was only one part of the solution. The greater challenge would be in improving the recruitment and retention of GPs.

#### Decision

## The IJB agreed:

- i. to support the Standard Business Case for Prestonpans Health Centre extension.
- ii. to support the Initial Agreement for Cockenzie Health Centre extension.
- iii. to support the submission of the business cases to the NHS Board Finances and Resources Committee.

#### 9. DELAYED DISCHARGES

A report was submitted by the Chief Officer of the IJB updating the IJB on performance on delayed discharges for East Lothian.

Mr Small presented the report, providing an update on the figures for July and August 2015. He pointed out that the July figure was the lowest since April 2015 and that the increase in August was largely due to difficulties in accessing packages of care at home. He also advised that the Delayed Discharges working group was due to meet the following week.

Mr Ash suggested that a 6 month moving average figure might give a broader picture but that, overall, matters were improving. The Chair agreed that recent progress had been encouraging and expressed the hope that the August figure was simply an anomaly.

Councillor Currie reminded members that the target for delayed discharges over two weeks was zero and his view was that any figure above that represented a disaster for the families involved. While he found the report helpful, he said it should also contain a plan of how the IJB intends to reach its target of no delayed discharges and identify the main obstacles.

Mr Small acknowledged this and indicated that, at present, it was the capacity of care providers to meet demand that was resulting in delays in accessing packages of care. However, should the IJB fail to reduce delayed discharges below a certain level, it may be necessary to consider wider resource issues.

#### **Decision**

## The IJB agreed:

- i. to note the performance to July 2015.
- ii. to note the verbal update on performance for August 2015 given at the meeting.
- iii. that performance on delayed discharges should be routinely reported as part of the performance report to the IJB.

Signed	
	Councillor Donald Grant Chair of the East Lothian Integration Joint Board





**REPORT TO:** East Lothian Integration Joint Board

MEETING DATE: 24 September 2015

BY: Chief Officer

**SUBJECT:** Strategic Planning Framework

## 1 PURPOSE

This report provides a summary of the current strategic planning framework and activity within East Lothian. It identifies key strengths and weaknesses and outlines recommendations for a revised planning network to support the principles of the Public Bodies (Joint Working) (Scotland) Act 2014.

Any member wishing additional information should contact the author of the report in advance of the meeting.

## 2 RECOMMENDATIONS

The Integration Joint Board is recommended to:

- 2.1 Note the key findings of the review, including the consultation process with existing planning groups.
- 2.2 Note that the proposals outlined have been supported by the Strategic Planning Group.
- 2.3 Agree the proposed new strategic planning framework.
- 2.4 Agree to extended membership proposals for the Strategic Planning Group and progress appointments as outlined.

## 3 BACKGROUND

- 3.1 The <u>Public Bodies (Joint Working) (Scotland) Act 2014</u> places a duty on Integration Authorities to develop a Strategic Plan for integrated functions and budgets under their control which is designed in collaboration with their partners.
- 3.2 Scottish Government's approach to the legislation is to focus on ensuring cross-sectoral strategic planning to meet the needs of populations and care groups. The emphasis is on ensuring that

- planning supports people, particularly those with multiple complex needs and operates with maximum effectiveness across traditional boundaries.
- 3.3 The Partnership has specific duties in respect of strategic planning and will assume lead responsibility to co-ordinate and achieve the health and wellbeing outcomes of the Community Planning Partnership (CPP). It is also required to develop and report on a suite of outcome indicators that demonstrate performance and improvement at a local and national level. The Strategic Plan will equally relate directly to the NHS Local Delivery Plan, the SOA and other East Lothian Council plans including the Local Housing Strategy and Criminal Justice partnership plans.
- 3.4 The planning landscape is therefore complex; it needs to reflect local and national priorities for the partnership and parent bodies as well as service users, carers and third sector views. In addition to this there is a need to ensure local authority and NHS employees and primary care contractors have a clear voice.
- 3.5 Emerging from the Strategic Plan will be a number of joint commissioning plans which will themselves require skilled practitioners to successfully implement. There will also be significant work to undertake in relation to streamlining and developing performance management frameworks and functions for the partnership. This paper outlines proposals for the management and oversight of the strategic planning and commissioning process for the IJB.

## 3.6 Current planning framework

- 3.6.1 A working document summarising the current planning groups in East Lothian is attached at Appendix 1. This is incomplete at time of submission but already highlights system gaps.
- 3.6.2 There are significant weaknesses in this planning structure, not least the absence of clear roles and remits, accountability structures and governance in a number of cases. In addition there are inherent gaps given the new or additional services now delegated to IJBs; effective strategic planning, assessment and performance systems for these services need be embedded in the overarching planning framework.
- 3.6.3 A comprehensive consultation exercise carried out with members of current planning groups reiterated the inherent weaknesses in the system.
- 3.6.4 In August 2015 the IJB agreed the draft principles under which the Strategic Plan will be prepared. These are:
  - One strategy: The Strategic Plan should bring together all our strategies and plans for transformation of health and adult social care
  - One change programme: The strategic change programmes and

delivery plans should be brought together under a single programme management process which reports to the Strategic Planning Group and to the Integration Joint Board.

- Focus and priorities: There will be an agreed number of top priority change projects with identified delivery timeframes spread across the next three years.
- Enablers: Critical cross sector enabling projects will be identified and resourced.
- Ownership: All strategic change programmes will have a clearly identified senior responsible officer.
- Decision making: Ultimate approval of strategic change programmes and projects and commitment of funding sits with the Integration Joint Board.

The strategic planning framework should clearly reflect these principles. The current structure of individual planning groups working in relative isolation, often without accountability, performance monitoring or clear leadership does not mirror such a robust and cohesive approach.

- 3.6.5 In addition, in considering a revised planning framework for the Partnership a number of best practice markers for strategic planning should be considered. The framework for delivering the Strategic Plan should:
  - Consistently have sight of the critical priorities for achieving the organisation's vision or "big picture".
  - Have clear and agreed critical success factors or performance indicators. Critical success factors (CSFs) are major programmes of work which have an assigned "leader" and a set of key performance indicators to track progress.
  - Progress tracking: it is important to report progress in a systematic manner throughout the organisation and particularly at IJB level.
  - Engagement: giving communities an effective voice and responsibility engages membership as active participants in the strategic plan
- 3.6.6 In essence this is a reflection that historically the joint planning structure has produced strategies in which long-term goals and plans are clearly outlined but where they have often fallen short is in the execution stage. A revised planning structure is required to embed robust governance and accountability structures and to obviate this.

## 3.7 Proposed strategic planning framework

3.7.1 It is proposed that the strategic planning framework for East Lothian is revised to comprise four basic elements – manage, deliver, review and involve. To deliver this, new, distinct tiers of planning and management require to be established, namely:

- A Strategic Planning Programme Board a formal programme board should be established to manage the key processes. The Programme Board should provide assurance to the IJB that the Strategic Plan is the right one and that progress in delivery is maintained.
- Strategic Planning Project Teams teams of key officers and stakeholders responsible for delivering and coordinating defined packages of work relating to specific care groups or themes. Each work package is likely to be time limited and specific bodies of work can be commissioned by the Programme Board, the Strategic Planning Group and/or the IJB.
- The Strategic Planning Group a standing body defined under legislation to support the IJB in the development, review and renewal of the Strategic Plan.
- All groupings will be required to involve, engage and consult widely with stakeholders as an integral element of work.
- 3.7.2 Proposed draft structure, roles and remits are attached as Appendix 2
- 3.7.3 The existing planning network for specific care groups (mental health, physical disability, learning disability, older people, carers) should remain but become a network of project teams to deliver specific bodies of work; their current activity, workplans and priorities, membership and governance will also require review and, potentially, refocusing to ensure alignment with the Strategic Plan. It is proposed that the Strategic Planning Programme Board is established as soon as practicable and assumes responsibility for this realignment which should be completed within 2015.
- 3.7.4 In addition to radically revising the structures, remits and governance there will also be a need to establish new groupings within the framework in order to recognise delegated functions outwith current joint planning arrangements. These relate to primary care and housing in addition to the establishment of three cross cutting strategic change programmes focusing on prevention, care closer to home and efficiency and effectiveness. This is reflected in Appendix 3.
- 3.7.5 The Strategic Planning Group is a standing body and provides the forum for partners to define and develop the Strategic Plan. As such the SPG needs to be fit for purpose and have a membership and infrastructure which addresses the challenges of effective strategic planning for the wide ranging scope of delegated functions.
- 3.7.6 Whilst there is a broad representation of interests on the SPG as determined by regulations there remain a small number of membership places which could be filled in order to bring the required knowledge and intelligence. These are:
  - Public Health representation: Inequalities in health outcomes between the most affluent and disadvantaged members of society are longstanding, deep-seated and have proved difficult to change. Health inequalities remain a major challenge and addressing this is a priority

outlined In the Strategic Plan. A key role of public health is to reduce health inequalities and health inequities and input from public health is essential to targeting effort and monitoring change. It is recommended that the Strategic Planning Group includes a consultant in Public Health and it is proposed that Dr. Philip Conaglen, the named NHS Lothian consultant for East Lothian is appointed.

- Housing / Registered Social Landlord representation: The housing sector has for many years contributed positively to improving health and wellbeing across our communities and this now has to be taken to a new level to respond to the emerging challenges. The Strategic Plan should therefore ensure correlation with other local policy direction including the Local Housing Strategy (LHS). The Strategic Planning Group currently has representation from housing through East Lothian Council. Best practice as outlined In the Housing Advice Note (HAN) would point to a need for the SPG to have at least two housing representatives one from the Local Authority and one from a Housing Association. The HAN is statutory guidance to Integration Authorities under the Public Bodies (Joint Working) (Scotland) Act and it is therefore recommended that the Strategic Planning Group seeks representation from a housing association who have a presence in East Lothian.
- 3.7.7 The need to embed a more robust planning and performance framework which actively drives delivery and accountability is clear. This should be in place as soon as practicable and actively functioning and reporting before delegation of functions on 1<sup>st</sup> April 2016.

## 4. POLICY IMPLICATIONS

4.1 There are no policy implications associated with this paper

## 5. EQUALITIES IMPLICATIONS

5.1 There are no equality implications associated with this paper

#### 6. RESOURCE IMPLICATIONS

6.1 There are no resource implications associated with this paper

## 7. BACKGROUND PAPERS

2.1 Housing Advice Note 2015

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DATE	16 <sup>th</sup> August 2015

APPENDIX 1 Group	Role and remit and terms of reference available?	Reports to	Membership (role or representative of sufficient)	Status and frequency of meetings	Live documents E.g strategy and action plan
Joint Mental Health Planning Group	N/A	Formal governance and reporting / monitoring routes not clearly established.	Old Age Psychiatry Adult Wellbeing Community Mental Health Team 3 <sup>rd</sup> Sector (mental Health) Advocacy Primary Care – GP NHS Lothian planning (MH) Carers	Meets 2 monthly	A Sense Of Belonging: A Joint Strategy for Improving the Mental Health and Wellbeing of Lothian's Population 2011-2016  Local Action plan for delivery of A Sense of Belonging
Joint Physical Disability Planning Group	N/A	Formal governance and reporting / monitoring routes not clearly established.		Meets 2 monthly	Opportunity and Independence: A strategy for people with physical disability and sensory impairment.
Joint Learning Disability Planning Group	Not submitted	Not submitted	Not submitted	Not submitted	Not submitted

Carers Planning Group	N/A	Formal governance and reporting / monitoring routes not clearly established	Adult wellbeing operations AWB strategy Children's wellbeing Chief Nurse NHS Lothian representative Carers of East Lothian East Lothian Young Carers	Meets 2 monthly	
Older People's Planning Group	N/A	N/A	N/A	Has not met since 2014.	
Midlothian and East Lothian Drugs and Alcohol partnership (MELDAP) Strategic Group	Overall responsibility for planning, design of, commissioning and quality assuring services for people misusing substances or affected someone's substance use.	East Lothian Resilient Peoples Partnership Midlothian Community Planning Partnership	Directors, Health & Social Care Partnership MELDAP, Manager Criminal Justice Service Managers Strategic Programme Manager Sexual Health, Blood Borne Viruses and Substance Misuse, Lothian Health Senior Strategy Officer, Adult	Live Group  – Meets quarterly	MELDAP Delivery Plan 2015-18

	Wellbeing (EL) Interim Clinical Services Development Manager, NHS Assistant Director, East Region, Children 1st Chief Inspector, Local Area Commander (EL) GP, Head of Service, Children's Wellbeing (EL) Head of Adult & Social Care, (ML) Manager, Midlothian Voluntary Action Head of Service, Children's Services (ML) Area Manager, Adult Wellbeing (EL) Recovery & Quality Assurance Officer, MELDAP
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Physical Activity Strategic planning group (PASPG) and Physical Activity planning & implementation group (PAPIG)	Terms of Reference available	East Lothian Partnership & Resilient people partnership  Physical Activity strategic planning group (PASPG)	PASPG membership agreed  PAPIG membership agreed	Meets Quarterly Meets quarterly	East Lothian PA Framework

**Appendix 2: Draft roles and remits** 

Strategic Planning Programme Board				
Role and responsibilities	Proposed Membership (Minimum)	Reports		
<ul> <li>Lead on the development of future planning and</li> </ul>	Chair, Strategic Planning Group	IJB		
commissioning priorities				
<ul> <li>Advise and support the Assurance group (the</li> </ul>	Chair, IJB	Strategic		
Strategic Planning Group).		Planning Group		
To translate strategic priorities signed off by the	Chief Officer			
Strategic Planning Group into agreed actions	a = . a.m	RPP		
To highlight gaps in health and social care	Chief Finance Officer			
provision and make recommendations to the	Handa of Carries (Adults Older Dands and Assess)			
Strategic Planning Group	Heads of Service (Adults, Older People and Access)			
To coordinate activity on cross cutting themes	Transformation and Integration Manager			
Assume a lead responsibility to ensure standards     of government risk management and probity	Transformation and Integration Manager			
of governance, risk management and probity within the strategic planning framework.	Service Manager Resources , Adult Wellbeing			
Lead the short, medium and long term business	Service Manager Resources, Adult Wellbeing			
planning processes aligned to the Strategic Plan	(note: membership may change as joint			
Ensure that the appropriate resources are put in	management structures are implemented)			
place to support the activity aligned to the	management en detares are impremented)			
Strategic Plan and that this programme is				
effectively run to deliver change.				
Assign Project Team managers as appropriate				
Agree the terms of operation of Project Teams				
based on factors such as length of the project,				
financial investment and timeline				
<ul> <li>Agree thresholds so that milestone delivery can</li> </ul>				
be monitored and corrective action taken in an				
appropriate timeframe				

<ul> <li>Agree reporting arrangements</li> <li>Report back to the SPG and IJB on a 6 monthly basis</li> <li>Create a strong link to localities and reflect their priorities in the work of the Programme Board</li> <li>Make recommendations on ending projects where the required benefits are not being realised.</li> </ul>		
Strategic Planning Group		
Role and responsibilities	Proposed Membership	Reports to
<ul> <li>To act as the main planning governance group on behalf of East Lothian IJB</li> <li>To understand the level of need within the local health and social care economy</li> <li>To work towards reducing health inequalities and ensure that appropriate actions are incorporated into the Strategic Plan</li> <li>To commission strategic assessments and other research to monitor progress</li> <li>To produce and maintain the Strategic Plan</li> <li>To support the delivery of national and local targets in respect of health and social care</li> <li>To scrutinise and monitor the impact of health and social care strategies</li> <li>To maintain effective links with other partnerships in areas of joint concern</li> <li>To set the tone and direction for partnership working</li> </ul>	As determined by regulations plus:  Chief Finance Officer Head of Service (Older People and Access) EL Consultant Psychiatry of Old Age Consultant in Public Health RSL representative	IJB

Appendix 3: Thematic / care group Project Teams					
Older People Physical Disability	Primary Care Learning Disability	Housing Strategic Chang	Carers e Programmes	Mental F	Health
Role and responsibilities		Membership			Direct report to
<ul> <li>To provide a rapid re of commissioned presented a culture of it and appropriate comprogrammes</li> <li>Ensure a clear line of Strategic Plan</li> <li>Report in line with the To set the tone and working</li> <li>To support the delivitargets in respect of</li> </ul>	of sight to the priorities of the ne agreed terms of operation direction for partnership erry of national and local health and social care e links with other partnerships	To be reviewed operation and p  All project teams linked to the processor comprehensive partner / stakeh  Terms of reference be determined a project, financia	/ established according roject.  s should be led by a segramme of work and in service user, carer and older involvement.  Ince for each programmend agreed according to linvestment and timeling to linvestment.	rvice manager nclude I wider key ne of work will to length of	Strategic Planning Programme Board





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 24 September 2015

BY: Chief Officer

**SUBJECT:** Appointment of Chief Finance Officer

## 1 PURPOSE

1.1 This report updates the East Lothian Integration Joint Board (IJB) on the proposals for the Section 95 Officer appointment.

## 2 RECOMMENDATIONS

- 2.1 The IJB is recommended to:
- 2.2 Note the process underway.
- 2.3 Agree to receive a report on the appointment at meeting to be held on 29<sup>th</sup> October 2015.

## 3 BACKGROUND

- 3.1 The regulations on membership of IJBs include the appointment of "the proper officer of the integration joint board appointed under section 95 of the Local Government (Scotland) Act 1973(1)".
- 3.2 At its meeting on 1<sup>st</sup> July 2015 the East Lothian Integration Joint Board agreed that here should a shared Section 95 Officer appointment between East Lothian and Midlothian IJBs.
- 3.3 A job description for this role has been developed jointly by East Lothian Council, Midlothian Council and NHS Lothian.
- 3.4 This has been advertised as a secondment opportunity in the three parties.
- 3.5 Interviews will be held in early October 2015. The panel will comprise the Chair and Chief Officer of both Integration Joint Boards with advisory input from an existing Section 95 Officer or the NHS Board Director of Finance.

3.6 The outcome from the interview will be presented to the meeting on 29<sup>th</sup> October 2015.

## 4 POLICY IMPLICATIONS

4.1 The recommendations in this paper implement national legislation and regulations on the establishment on IJBs.

## **5 EQUALITIES IMPLICATIONS**

5.1 The recommendations in this paper will be implemented in line with the recruitment policies of East Lothian Council and NHS Lothian which have already been tested for equalities.

## **6 RESOURCE IMPLICATIONS**

6.1 There are no immediate resource implications of this paper. Any resource implications of the outcome of the process will be highlighted in a future report.

## 7 BACKGROUND PAPERS

## 7.1 None

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