

**REPORT TO:** East Lothian Council

**MEETING DATE:** 12 May 2015

**BY:** Director of Health and Social Care Partnership

**SUBJECT:** Integrated Organisational Arrangements for Health and Social Care in East Lothian

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**1**

## **1 PURPOSE**

- 1.1 To invite the Council to approve the proposed organisational arrangements for health and social care in East Lothian.

## **2 RECOMMENDATIONS**

Council is asked to:

- 2.1 Agree that there should be joint management of health and social care services in East Lothian;
- 2.2 Agree that Children's Wellbeing services should be included in the operational remit of the Director of Health and Social Care;
- 2.3 Agree that Option 1 as outlined in the attached NHS Lothian /East Lothian Council report entitled: Proposals for Joint Organisational Arrangements for Health and Social Care in East Lothian is the preferred option for integrated organisational structures for health and social care;
- 2.4 Agree that the service groupings set out in the attached structure chart (Appendix 2) be approved in principle;
- 2.5 Note that the detailed issues raised during consultation will be addressed following implementation of Stage 1 – Heads of Service (point 3.57 in the attached NHSL/East Lothian Proposals refers).

## **3 BACKGROUND**

- 3.1 East Lothian Council and NHS Lothian have consulted on the proposed organisational structures for health and social care set out in the attached papers.

- 3.2 The final proposals following consultation are set out in the attached papers and appendices.
- 3.3 It should be noted that whilst it is proposed that Children's Wellbeing should be part of the operational structures for health and social care in East Lothian, the agreed position with regard to the delegation of that function to the Integration Joint Board is that it is the intention that Children's Services will be delegated to the Integration Joint Board at a later date as part of a second phase of integration. This will require a revised Scheme to be resubmitted to Scottish Government for approval during 2015/16.

#### **4 POLICY IMPLICATIONS**

- 4.1 The proposals in the paper are supportive of the Council's decisions on integration of health and social care taken in June and December 2014 and March 2015.
- 4.2 The Council has already agreed the position on the integration of Children's services. However, the proposal to include Children's Wellbeing in these operational arrangements requires Council approval.
- 4.3 The proposal to have three jointly appointed Heads of Services requires Council approval.

#### **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 Changes will be managed in accordance with Council and NHS policies and procedures which have been impact assessed.

#### **6 RESOURCE IMPLICATIONS**

- 6.1 Financial - the implementation of the structure will not have a direct financial implication in 2015/16 and can be contained within approved budget levels. Looking ahead, the current year two of the AWB budget includes an efficiency of £0.25m from integration. The implementation of the structure from March 2016 will include a contribution towards this target and further work will be undertaken in conjunction with Finance in this respect.
- 6.2 Personnel - the proposals will involve significant input from operational managers and HR support. There are no direct implications of this paper.
- 6.3 Other – none.

## 7 BACKGROUND PAPERS

- 7.1 East Lothian Council Cabinet paper September 2012 – Response to the Scottish Government Consultation on Integration of Health and Social Care
- 7.2 East Lothian Council paper March 2013 - Integration of Health and Social Care Update
- 7.3 East Lothian Council Paper June 2014 – Integration of Health and Social Care
- 7.4 [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
- 7.5 [Regulations made under the Pubic Bodies \(Joint Working\)\(Scotland\) Act 2014](#)
- 7.6 NHS Lothian Board Paper – Integration of Health and Social Care October 2014
- 7.7 East Lothian Council Paper – Scheme of Integration for Health and Social Care March 2015

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### **Annexes:**

NHSL /ELC Paper on Proposed Structures entitled Proposals for Joint Organisational Arrangements for Health and Social Care in East Lothian

Consultation Paper (Appendix 1)

Structure Chart (Appendix 2)

Appointments Process (Appendix 3)

Summary of Arrangements in other Partnerships (Appendix 4)





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**PROPOSALS FOR JOINT ORGANISATIONAL ARRANGEMENTS FOR  
HEALTH AND SOCIAL CARE IN EAST LOTHIAN**

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**1 PURPOSE**

- 1.1 To propose organisational arrangements for health and social care in East Lothian.

**2 RECOMMENDATIONS**

- 2.1 That Children's Wellbeing should be included in the operational remit of the Director of Health and Social Care.
- 2.2 That Option 1 is the preferred option for integrated organisational structures for Health and Social Care.
- 2.3 That the service groupings set out in the attached structure chart be approved in principle.
- 2.4 That the detailed issues raised during the consultation period be addressed following implementation of Stage 1 – Heads of Service.

**3 BACKGROUND**

- 3.1 The Council and NHS Lothian have agreed to establish an Integration Joint Board (IJB) to deliver the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

- 3.2 The Council and NHS Lothian have agreed to delegate a range of functions to the IJB for the purposes of strategic planning and operational oversight.
- 3.3 In 2015/16 the delegated functions are all of Adult Wellbeing and criminal justice social work, all of East Lothian NHS services for adults and children.
- 3.4 The Council has agreed to review in 2015/16 whether Children's Wellbeing should be a delegated function.
- 3.5 The question of which functions are delegated to the IJB is separate from the question of how services are managed operationally.
- 3.6 The IJB does not require the development of joint arrangements for delivery of services. The IJB only appoints two staff (Chief Officer and Section 95 Officer) and does not own any facilities. For the purposes of delivering on its responsibilities, this is all that is required.
- 3.7 However, the regulations do make it clear that operational delivery arrangements will be part of the IJB's sphere of responsibility. The Scheme of Integration includes a description of how service delivery will be brought together by the Council and NHS Board.
- 3.8 Therefore, it is important to address how the operational delivery of services will be brought together through the Joint Director of Health and Social Care in order to deliver the benefits of integration (on the ground) in practice.
- 3.9 It is through joint (management) service delivery structures that the strategic aims of the IJB will be delivered.
- 3.10 The proposals in this paper were developed through detailed discussions with senior managers, staff and unions in Adult Wellbeing, Children's Wellbeing and NHS services.
- 3.11 A consultation and engagement process on these proposals was carried out between 23<sup>rd</sup> March and 17<sup>th</sup> April 2015.
- 3.12 A summary of the responses and the consultation paper is attached at Appendix 1.
- 3.13 In summary the main findings from the feedback are:
- 3.14 Support for the inclusion of Children's Wellbeing in the operational remit of the Director of Health and Social Care.
- 3.15 Support for structures being joint.
- 3.16 Support for the client group approach to structures.
- 3.17 Support for Option 1 (this is described in more detail in this paper).
- 3.18 Support for the staged approach.

- 3.19 That there are significant responsibilities that are delivered across the structures in Option 1 such as public protection, the Occupational Therapy Service, older people's mental health and these need further discussion.
- 3.20 That if professional staff are to be managed within services and potentially by staff of a different profession or employer, strong professional leadership needs to be built in to the structure.
- 3.21 That lead responsibilities for engaging with stakeholders outside the structure are not lost, for example working with carers or the third sector.
- 3.22 That there should be a robust engagement and communication process with staff as the stages are developed and implemented.
- 3.23 That there should be particular focus on children's services to reflect that engagement on joint structures is more recent than for adult services.

### **THE PREFERRED OPTION FOR ORGANISATIONAL ARRANGMENTS**

- 3.24 Following consultation the option below has been confirmed as preferred. The section below sets out the options for structures within the "client group" principle.
- 3.25 The list of services in the option is not exhaustive and section 3.39 identifies areas for further clarification.
- 3.26 Option1. Three service provision groups and a support function.
  - A. Older People and Universal Access
    - Hospitals, Care Homes, Allied Health Professionals
    - OT service, Domiciliary Care, Emergency Care Service, Telecare, Hospital to Home, ELSIE, District Nursing, Allied Health Professionals, Purchased Home Care
    - Duty, Response and Rehabilitation
    - General Practice, Dentistry, Optometry, Pharmacy, Prescribing
  - B. Adult Services
    - Mental Health, Substance Misuse
    - Learning Disabilities, Physical Disabilities, Adult Placement, Purchased Home Care
    - Criminal Justice
    - Complex Care
  - C. Children's Services
    - Protection and Family Support
    - Long term Care and Support
    - Child Protection
    - Health Visiting and School Nursing

D. Planning, Performance, Quality and Safety (for all three service groups) (will report initially to Director of Health and Social Care)

- Strategic Planning and IJB support
- Commissioning and Contracting
- Quality, Standards, Inspection, Training and Development
- Business Support
- Frameworks, Performance Reporting

3.27 Appendix 2 shows the proposed structures for the preferred option, Option 1, following consultation. The structure charts are not exhaustive and more detail will be developed as implementation moves through the stages.

## **LEADERSHIP**

3.28 Each of the three service provision areas will be led by a Head of Service. In ELC this will be at Chief Officer level.

3.29 The Planning and Performance function will be at Service Manager level.

3.30 Since these four posts will all be responsible for leading and managing both health and social care services. These will all be joint appointments between NHSL and ELC

3.31 The three Heads of Service will not be generic Heads of Service in terms of the Council. It is considered that all other existing Heads of Service carry out Council-only responsibilities and are accountable only to the Council whereas the three posts in this paper will be jointly appointed and jointly accountable between the Council and NHS Lothian. In addition any of the three posts could be employed by either the Council or NHS Lothian. It will not be possible to require an NHS employee to be a generic Head of Service. Equally it will not be possible to offer generic Heads of Service employed by the Council access to other NHS posts.

3.32 The position of Heads of Service in future organisational changes is covered in Appendix 3.

3.33 Further work will be undertaken to establish the number of service managers/clinical managers required. This will be based on analysis of the size and complexity of the groups of services. This will also include an analysis of how many of these posts will require to be joint appointments. These proposals will be subject to further consultation and agreement.

## **PROFESSIONAL LEADERSHIP**

3.34 Whilst the main role is the Head of Service, it is important to secure lead professional roles.



- 3.35 The Chief Social Work Officer is a statutory role that the Council must appoint to. NHS Lothian has agreed that it wishes to secure a Chief Nurse role and a Clinical Director role.
- 3.36 One Head of Service will be the Chief Social Work Officer,
- 3.37 One Head of Service will be the Chief Nurse.
- 3.38 The Clinical Director role will be a member of the Joint Management Team operating in support of all of these groups.
- 3.39 Allied Health Professional leadership will be provided from within the Allied Health Professional staff. Discussions are still underway on how best to provide this.

### **AREAS FOR FURTHER DEVELOPMENT**

- 3.40 There are a number of issues that require further development during the design of the second stage including.
- 3.41 The best arrangements for line management and professional leadership of medical staff.
- 3.42 The best arrangements for management and professional leadership of allied health professional services.
- 3.43 The best arrangement for management of General Medical Services.
- 3.44 The best arrangements for the Review and Brokerage teams in Adult Wellbeing, currently under review.
- 3.45 The best arrangement for the Welfare Rights team in Adult Wellbeing, currently under review.
- 3.46 The best arrangements for public protection.
- 3.47 The best arrangements for the Council Occupational Therapy Service.
- 3.48 The best arrangements for Older People's Mental Health Services
- 3.49 How previously hosted NHS services will secure professional leadership.
- 3.50 The individual areas that will move from each service area to form the combined planning and performance function.
- 3.51 These are important issues, but do not affect the principles proposed in earlier sections.

### **CORPORATE SUPPORT**

- 3.52 Work is underway to identify planning and performance analysis resource that will be delegated from NHS Lothian. Some initial delegation has already taken place. This will work within the Planning, Performance, Quality and Safety function.

3.53 Shared financial support will be required to support managers who are responsible for joint budgets. This requires further discussion.

3.54 This will also apply to other corporate support functions.

### **OTHER ISSUES**

3.55 In bringing these services together care must be taken not to weaken the links with other services, especially Education services, since these are currently managed alongside Children's Wellbeing by the same Depute Chief Executive, although with separate Heads of Service.

3.56 This will be delivered partly through the Children's Strategic Partnership and partly through continued effective joint working on the ground.

### **IMPLEMENTATION**

3.57 Implementation will be in three stages:

1 Heads of Service

2 Service managers

3 Managers reporting to service managers

3.58 This approach will ensure that the development of the detailed service and change implementation plans can be led and managed by the senior managers with joint responsibilities for each area and that they engage, involve and support their teams to work on the detail of each stage.

3.59 It is planned that, at the latest, the process of matching/appointing displaced Heads of Service will be completed by mid-June 2015. Any resulting Heads of Service vacancies will then be advertised.

3.60 It is planned that the detailed design of structures which will affect Service Managers will be underway by July 2015. This will be led by the Heads of Service "designate". The full service management structures should be in place by March 2016.

### **PROCESS**

3.61 Since these changes affect both Council and NHS staff a joint change process will have to be followed that ensures staff from both organisations are treated fairly and in line with each organisation's policies and procedures.

3.62 Since all senior posts will be managing both NHS and Council services the appointment decisions will be made jointly.

3.63 NHS and Council HR officers have met and agreed the outline process for Heads of Service at Appendix 3.

## **4 POLICY IMPLICATIONS**

- 4.1 The proposals in the paper are supportive of the Council's decisions on integration of health and social care taken in June and December 2014.
- 4.2 However, the specific proposals to include Children's Wellbeing in the structure will require agreement at Council.
- 4.3 The proposals to have three jointly appointed Heads of Service at Chief Officer level will also require agreement at Council.
- 4.4 Work is also to be progressed on the Chief Officer appointment process within the council's and NHS Lothian's Standing Orders, policies and procedures to allow for a future joint appointment process.

For background information, the position in the rest of the partnerships in Scotland is summarised in Appendix 4.

## **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 Changes will be managed in accordance with Council and NHS policies and procedures which have been impact assessed.

## **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – The implementation of the structure will not have a direct financial implication in 2015/16 and can be contained within approved budget levels. Looking ahead, the current year two of the AWB budget includes an efficiency of £0.25m from integration. The implementation of the structure from March 2016 will include a contribution towards this target and further work will be undertaken in conjunction with Finance in this respect.

- 6.2 Personnel - the proposals will involve significant input from operational managers and HR support

- 6.3 Other – none

6.4

## **7 BACKGROUND PAPERS**

- 7.1 24<sup>th</sup> June 2014 paper to East Lothian Council
- 7.2 16<sup>th</sup> December 2014 paper to East Lothian Council
- 7.3 1<sup>st</sup> October 2014 paper to NHS Lothian Board

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<b>DATE</b>	27 <sup>th</sup> April 2015

## **FEEDBACK FROM CONSULTATION AND CONSULTATION PAPER**

### **FEEDBACK FROM CONSULTATION**

All the consultees listed received a copy of the consultation document.

14 responses were received by email.

The Joint Director attended 8 meetings (including staff and unions) to discuss the proposals and feedback from these meetings was recorded.

- In general there was support for the move to integrate management arrangements between health and social care.
- In general there was support for the inclusion of Children's Wellbeing.
- In general there was support for the client group approach.
- In general there was support for option 1.
- There was support for the groupings of services with some reservations (see bullet points below).
- There was strong feedback on the need for regular communication.

Much of the feedback focussed on the detail and the key issues raised are set out below:

- A recognition that some key services work across the client group approach at present and that this needs careful consideration for the future e.g. the OT service in the Council, public protection services, the review team, public health/health improvement.
- A strong response on the need to protect professional accountability and support for clear lines to Chief Social Work Officer, Chief Nurse, Clinical Director.
- A clear need to do more work on leadership of Allied Health Professionals (including OTs employed in the Council)
- Also that people do not always fit neatly into the service groups and services need to be flexible and avoid creating new divides in place of current ones.
- A request that such services be identified in the structure chart.

- Anxiety that currently hosted NHS services could risk the viability of small staff groups and that partnerships should collaborate to maintain viability of smaller services.
- That the title of the service group “Access and Older People” was unwieldy and did not immediately convey the services involved.
- A request for clear senior leadership on stakeholder issues that cut across the client groups e.g. carers.
- That medical staff should be managed within each service area as part of the multidisciplinary team.
- That there should be a particular focus on engagement with children’s services to reflect that fact that these services’ involvement in discussions on joint structures is more recent than for adult services.

CONSULTATION VERSION



**CONSULTATION/ENGAGEMENT DOCUMENT ON:**

**PROPOSALS FOR JOINT ORGANISATIONAL ARRANGEMENTS FOR HEALTH AND SOCIAL CARE IN EAST LoTHIAN**

This consultation/engagement has been agreed by East Lothian Council and NHS Lothian Corporate Management teams.

In terms of East Lothian Council policies this process constitutes consultation. In terms of NHS Lothian policies this process constitutes engagement and will be followed by consultation with affected staff.

The process will run from Monday 23<sup>rd</sup> March to Friday 17<sup>th</sup> April.

Consultation and engagement will be through the following mechanisms.

Comments will be gathered through notes of meetings, direct communication from organisations or individuals (letters, emails etc) and discussion at meetings.

Consultation responses should be sent to Barbara Gilbert, PA to the Joint Director on [barbara.gilbert@nhslothian.scot.nhs.uk](mailto:barbara.gilbert@nhslothian.scot.nhs.uk) or David Small, Joint Director on [david.a.small@nhslothian.scot.nhs.uk](mailto:david.a.small@nhslothian.scot.nhs.uk)

	When	How
East Lothian Council UNISON Branch Secretary	23 <sup>rd</sup> March	Copy of consultation document
East Lothian Council UNITE Regional	23 <sup>rd</sup> March	Copy of consultation document

<b>Officer</b>		
<b>NHS Lothian East Lothian Lead Partnership Representative</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>East Lothian Adult Wellbeing JCG</b>	<b>Special meeting to be arranged</b>	<b>Copy of consultation document and discussion</b>
<b>East Lothian Resources and People Services JCG</b>	<b>tbc</b>	<b>Copy of consultation document and discussion</b>
<b>NHS East Lothian partnership Forum</b>	<b>24<sup>th</sup> March</b>	<b>Copy of consultation document and discussion</b>
<b>East Lothian Health and Social care Partnership Shadow Board Members</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>East Lothian Community Health Partnership Members</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>Administration Briefing</b>	<b>tbc</b>	<b>Copy of consultation document and discussion</b>
<b>Opposition Briefing</b>	<b>tbc</b>	<b>Copy of consultation document and discussion</b>
<b>NHS Board Members</b>	<b>23<sup>rd</sup> March 2015</b>	<b>Copy of consultation document</b>
<b>Management and staff meetings in East Lothian Community Health Partnership, Adult Wellbeing and Children's Wellbeing</b>	<b>From 23<sup>rd</sup> march to 17<sup>th</sup> April</b>	<b>Copy of consultation document and discussion</b>
<b>ELC and NHS staff engagement session</b>	<b>16<sup>th</sup> April 2015</b>	<b>Copy of consultation document and discussion</b>
<b>NHS Lothian Nursing, AHP, Medical, Public</b>	<b>From 23<sup>rd</sup> march to 17<sup>th</sup> April</b>	<b>Copy of consultation document</b>



<b>Health Directors</b>		
<b>East Lothian Chief Nurse</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>East Lothian Clinical Director</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>East Lothian NHS AHP managers</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>Midlothian Joint Director</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>Edinburgh Joint Director</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>West Lothian Joint Director</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document</b>
<b>Joint Planning Groups</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation</b>
<b>NHS Services (substance misuse and learning disabilities)</b>	<b>23<sup>rd</sup> March</b>	<b>Copy of consultation document and discussion</b>

Following consultation and engagement the following decision making process will be followed.

	<b>Date</b>	
<b>East Lothian Council Corporate Management Team</b>	<b>30<sup>th</sup> April 2015</b>	<b>Revised paper</b>
<b>NHS Lothian Corporate Management Team</b>	<b>27<sup>th</sup> April 2015</b>	<b>Revised paper</b>
<b>East Lothian Council Cabinet</b>	<b>12<sup>th</sup> May 2015</b>	<b>Revised paper</b>
<b>NHS Lothian Board</b>	<b>6<sup>th</sup> May 2015</b>	<b>Revised paper</b>
<b>NHS Lothian Workforce and Organisational Change Group</b>	<b>tbc</b>	<b>Revised paper</b>

## **1 PURPOSE**

- 1.1 To consult and engage on the proposed organisational arrangements for health and social care in East Lothian.

## **2 RECOMMENDATIONS**

- 2.1 That Children's Wellbeing should be included in the operational remit of the Director of Health and Social Care.
- 2.2 That Option 1 is the preferred option for integrated organisational structures for Health and Social Care.

## **3 BACKGROUND**

- 3.1 The Council and NHS Lothian have agreed to establish an Integration Joint Board (IJB) to deliver the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
- 3.2 The Council and NHS Lothian have agreed to delegate a range of functions to the IJB for the purposes of strategic planning and operational oversight.
- 3.3 In 2015/16 the delegated functions are all of Adult Wellbeing and criminal justice social work, all of East Lothian NHS services for adults and children.
- 3.4 The Council has agreed to review in 2015/16 whether Children's Wellbeing should be a delegated function.
- 3.5 The question of which functions are delegated to the IJB is separate from the question of how services are managed operationally.
- 3.6 The IJB does not require the development of joint arrangements for delivery of services. The IJB only employs two staff (Chief Officer and Section 95 Officer) and does not own any facilities. For the purposes of delivering on its responsibilities, this is all that is required.
- 3.7 However, the regulations do make it clear that operational delivery arrangements will be part of the IJB's sphere of responsibility. The Scheme of Integration includes a description of how service delivery will be brought together by the Council and NHS Board.
- 3.8 Therefore, it is important to address how the operational delivery of services will be brought together through the Joint Director of Health and Social Care in order to deliver the benefits of integration (on the ground) in practice.
- 3.9 It is through joint (management) service delivery structures that the strategic aims of the IJB will be delivered.
- 3.10 These proposals have been fully discussed in the Health and Social Care Management Team and in engagement sessions with senior staff in health and social care (including Children's Wellbeing, although engagement with Children's Wellbeing staff started later than for adult wellbeing staff). There

have been meetings between the Depute Chief Executive, Director of Health and Social Care, Heads of Service in Education, Children's Wellbeing, Adult Wellbeing and the Head of Health. The NHS Partnership representative has been fully involved and the Council's Joint Trades Union secretary has been briefed. Both have agreed to consult/engage. The Corporate Management Teams of the Council and NHS Lothian have agreed to consult/engage on these proposals.

## **AIMS AND OBJECTIVES**

3.11 From these discussions it is proposed that any structure should maximise the benefits of integration. These include:

- Reduce duplication
- Maximise outcomes
- Improve experience
- Improve efficiency
- Improve engagement

3.12 In addition integration is a means to achieve a number of improved outcomes. Nine of which are the national outcomes for integration

3.13 In addition there are outcomes in the SOA that will apply

## **WHAT IS MEANT BY JOINT SERVICE DELIVERY?**

3.14 In summary "joint (management ) service structures" means:

- That council and nhs employees will work as part of single teams
- That council and nhs employees can/will be co-located in shared facilities
- That council and nhs staff can be managed by a member of staff from the other organisation
- That professional lines of accountability to parent organisations will be secured
- That joint budgets will be created to match the services and staff that are brought together

3.15 However:

- Staff will not change employer as a result
- Staff terms and conditions will not change as a result

## APPROACHES TO STRUCTURES

3.16 Three main approaches to the principles of how services should be structured have been considered in the discussions. These are set out below.

APPROACH	PRO	CON
Status Quo – largely keeping NHS and Council staff managed in separate groups	Minimum disruption Familiarity Systems and processes that are currently understood Clarity on line and professional management	Limited ability to deliver change and outcomes Doesn't lead to joint budgets Cements silo working
Client/Patient Group – bring together NHS and Council staff into joint teams based on the people they provide services to	Brings together nhs and council services focused on client group Allows joint work on systems and processes Should enable efficiencies from removal of duplication Enables co-location in central facilities	Not all services are client group based Risk of staff losing "identity"
Geographic/Locality - bring together NHS and Council staff into joint teams in geographic localities	Opportunity to maximise integration of local universal services Identifiable with communities/area partnerships Could provide opportunities for co-location in local facilities	Most services are not locality based Risk of staff losing "identity" Loss of ability to achieve East Lothian wide efficiencies

	Might generate local efficiencies	
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3.17 It is proposed that a “client group” approach is likeliest to succeed in delivering most against the benefits above.

3.18 However this should include the development of locality identity and focus where possible. This will be achieved by identifying a senior manager to work with each Area Partnership and the Area Managers. It is also planned to build on services that already have a locality focus such as general practice and domiciliary care.

### **SERVICES AFFECTED**

3.19 All services in the current remit of the Director of Health and Social Care should be considered. These have already been agreed as delegated functions to the IJB.

- All of Adult Wellbeing Services
- All of East Lothian NHS services

3.20 It is proposed that East Lothian Council Children’s Wellbeing and NHS Health Visiting and School Nursing should also be included for the following reasons.

- There are significant overlaps with adult services in the following areas:
- Public protection. There is an overlap in issues between child protection, adult protection, health visiting, fostering/adoption, drugs and alcohol, violence against women and criminal justice services.
- Transitions. Services for children with complex needs and NHS and adult wellbeing services for people with a learning or physical disability.
- Looked After Children. Responsibility runs from age 0 to 26 which clearly crosses the boundaries from Children’s Wellbeing to Adult Wellbeing.
- At present School Nursing and Health Visiting are parts of NHS management structures in East Lothian. They will not fit well with either of the service groups above, but work very closely with Children’s Wellbeing. They will also be delegated functions to the IJB in year one.

### **OPTIONS FOR ORGANISATIONAL ARRANGMENTS**

3.21 The section below sets out the options for structures within the “client group” principle.

3.22 Two options have been developed. The list of services in each is not exhaustive and section 3.39 identifies for further clarification.

3.23 Option 1. Three service provision groups and a support function.

A. Older People and Universal Access

- Hospitals, Care Homes, Allied Health Professionals
- OT service, Domiciliary Care, Emergency Care Service, Telecare, Hospital to Home, ELSIE, District Nursing, Allied Health Professionals
- Duty, Response and Rehabilitation
- General Practice, Dentistry, Optometry, Pharmacy, Prescribing

B. Adult Services

- Mental Health, Substance Misuse
- Learning Disabilities, Physical Disabilities, Adult Placement
- Criminal Justice
- Complex Care

C. Children's Services

- Protection and Family Support
- Long term Care and Support
- Child Protection
- Health Visiting and School Nursing

D. Planning, Performance, Quality and Safety (for all three service groups)

- Strategic Planning and IJB support
- Commissioning and Contracting
- Quality, Standards, Inspection, Training and Development
- Business Support
- Frameworks, Performance Reporting

3.24 Option 2. Two service provision groups and a support function.

A. Older People and Universal Access

- Hospitals, Care Homes, Allied Health Professionals
- Domiciliary Care, Emergency Care Service, Telecare, Hospital to Home, ELSIE, District Nursing, Allied Health Professionals
- Duty, Response and Rehabilitation
- General Practice, Dentistry, Optometry, Pharmacy, Prescribing

B. Adult and Children's Services

- Mental Health, Substance Misuse
- Learning Disabilities, Physical Disabilities, Adult Placement

- Criminal Justice
- Complex Care
- Protection and Family Support
- Long term Care and Support
- Child Protection
- Health Visiting and School Nursing

#### D. Planning, Performance, Quality and Safety (for both service groups)

- Strategic Planning and IJB support
- Commissioning and Contracting
- Quality, Standards, Inspection, Training and Development
- Business Support
- Frameworks, Performance Reporting

- 3.25 The engagement process described in section 3.6 has included full discussion of these options.
- 3.26 Option 1 is recommended for the following reasons.
- 3.27 It brings together related NHS and ELC services focused around similar client groups or types of services.
- 3.28 It creates early opportunities for teams to come together.
- 3.29 It creates a management team covering all health and social care services
- 3.30 Option 2 is not recommended for the following reasons.
- 3.31 Whilst it delivers the benefits in 3.22 to 3.25 and creates opportunities for further synergies e.g. around transitions from Children's to Adult services, it presents a more complex and far reaching organisational change process. It is felt that this will impede gaining early wins in teams coming together.
- 3.32 It reduces senior management capacity at a time of significant change and challenge.
- 3.33 Appendix 1 shows the proposed structures for the preferred option, Option 1. The structure charts are not exhaustive. It should be noted that the number of service managers in the charts is indicative only. consultation and agreement.
- 3.34 **LEADERSHIP**
- 3.35 Each of the three service provision areas would be led by a Head of Service. In ELC this would be at Chief Officer level.
- 3.36 The Planning and Performance function will be at Service Manager level.
- 3.37 Since these four posts will all be responsible for leading and managing both health and social care services. These will all be joint appointments between NHSL and ELC

- 3.38 It is proposed that the three Heads of Service should not be generic Heads of Service in terms of the Council. It is considered that all other existing Heads of Service carry out Council-only responsibilities and are accountable only to the Council whereas the three posts in this paper will be jointly appointed and jointly accountable between the Council and NHS Lothian. In addition any of the three posts could be employed by either the Council or NHS Lothian. It will not be possible to require an NHS employee to be a generic Head of Service. Equally it will not be possible to offer generic Heads of Service employed by the Council access to other NHS posts.
- 3.39 Further work will be undertaken to establish the number of service managers/clinical managers required. This will be based on analysis of the size and complexity of the groups of services. This will also include an analysis of how many of these posts will require to be joint appointments. These proposals will be subject to further consultation and agreement.

### **PROFESSIONAL LEADERSHIP**

- 3.40 Whilst the main role is the Head of Service, it is important to secure lead professional roles.
- 3.41 The Chief Social Work Officer is a statutory role that the Council must appoint to. NHS Lothian has agreed that it wishes to secure a Chief Nurse role and a Clinical Director role.
- 3.42 One Head of Service will be the Chief Social Work Officer,
- 3.43 One Head of Service will be the Chief Nurse.
- 3.44 The Clinical Director role will be a member of the Joint Management Team operating in support of all of these groups.
- 3.45 Allied Health Professional leadership will be provided from within the Allied Health Professional staff. Discussions are currently underway on how best to provide this.

### **AREAS FOR FURTHER DEVELOPMENT**

- 3.46 There are a number of issues that require further development including. Views are welcomed on these issues.
- 3.47 Line management of medical staff.
- 3.48 The best arrangements for management and professional leadership of allied health professional services.
- 3.49 The best arrangement for management of General Medical Services.
- 3.50 Whether the planning and performance function should report directly to the Director or through a Head of Service.



- 3.51 The best arrangements for the Review and Brokerage teams in Adult Wellbeing, currently under review.
- 3.52 The best arrangement for the Welfare Rights team in Adult Wellbeing, currently under review.
- 3.53 The best arrangements for public protection.
- 3.54 The individual areas that will move from each service area to form the combined planning and performance function.
- 3.55 These are important issues, but do not affect the principles proposed in earlier sections.

### **CORPORATE SUPPORT**

- 3.56 Work is underway to identify planning and performance analysis resource that will be delegated from NHS Lothian. This will work within the Planning, Performance, Quality and Safety function.
- 3.57 Shared financial support will be required to support managers who are responsible for joint budgets. This requires further discussion.
- 3.58 This will also apply to other corporate support functions.

### **OTHER ISSUES**

- 3.59 In bringing these services together care must be taken not to weaken the links with other services, especially Education services, since these are currently managed alongside Children's Wellbeing by the same Depute Chief Executive, although with separate Heads of Service.
- 3.60 This will be delivered partly through the Children's Strategic Partnership and partly through continued effective joint working on the ground.

### **IMPLEMENTATION**

- 3.61 It is proposed that implementation should be in three phases:
- 1 Heads of Service
  - 2 Service managers
  - 3 Managers reporting to service managers
- 3.62 This approach will ensure that the development of the detailed service and change implementation plans can be led and managed by the senior managers with joint responsibilities for each area and that they engage, involve and support their teams to work on the detail of each stage.
- 3.63 It is planned that, at a minimum, the Heads of Service will be in post for July 2015 and it is hoped that the change process affecting Service Managers will be underway by July 2015. The full service / management structures should be in place by January 2016.

## **PROCESS**

- 3.64 Since these changes affect both Council and NHS staff a joint change process will have to be followed that ensures staff from both organisations are treated fairly and in line with each organisation's policies and procedures.
- 3.65 Since all senior posts will be managing both NHS and Council services the appointment decisions will be made jointly.
- 3.66 NHS and Council HR officers have met and agreed the outline process for heads of service at Appendix 2.
- 3.67 This will require joint consultation with NHS and Council unions and staff.

## **4 POLICY IMPLICATIONS**

- 4.1 The proposals in the paper are supportive of the Council's decisions on integration of health and social care taken in June and December 2014.
- 4.2 However, the specific proposals to include Childrens Wellbeing in the structure will require agreement at Cabinet.
- 4.3 The proposals to have three jointly appointed Heads of Service at Chief Officer level will also require agreement at Cabinet.
- 4.4 Work is also be progressed on the Chief officer appointment process within the councils and NHS Lothian's Standing Orders, policies and procedures to allow for a future joint appointment process.

For background information, the position in the rest of the partnerships in Scotland is summarised in Appendix 3.

## **5 EQUALITIES IMPACT ASSESSMENT**

- 5.1 Changes will be managed in accordance with Council and NHS policies and procedures which have been impact assessed.

## **6 RESOURCE IMPLICATIONS**

- 6.1 Financial – none initially, but will support delivery of Council Plan for 2016/17
- 6.2 Personnel - the proposals will involve significant input from operational managers and HR support
- 6.3 Other - none

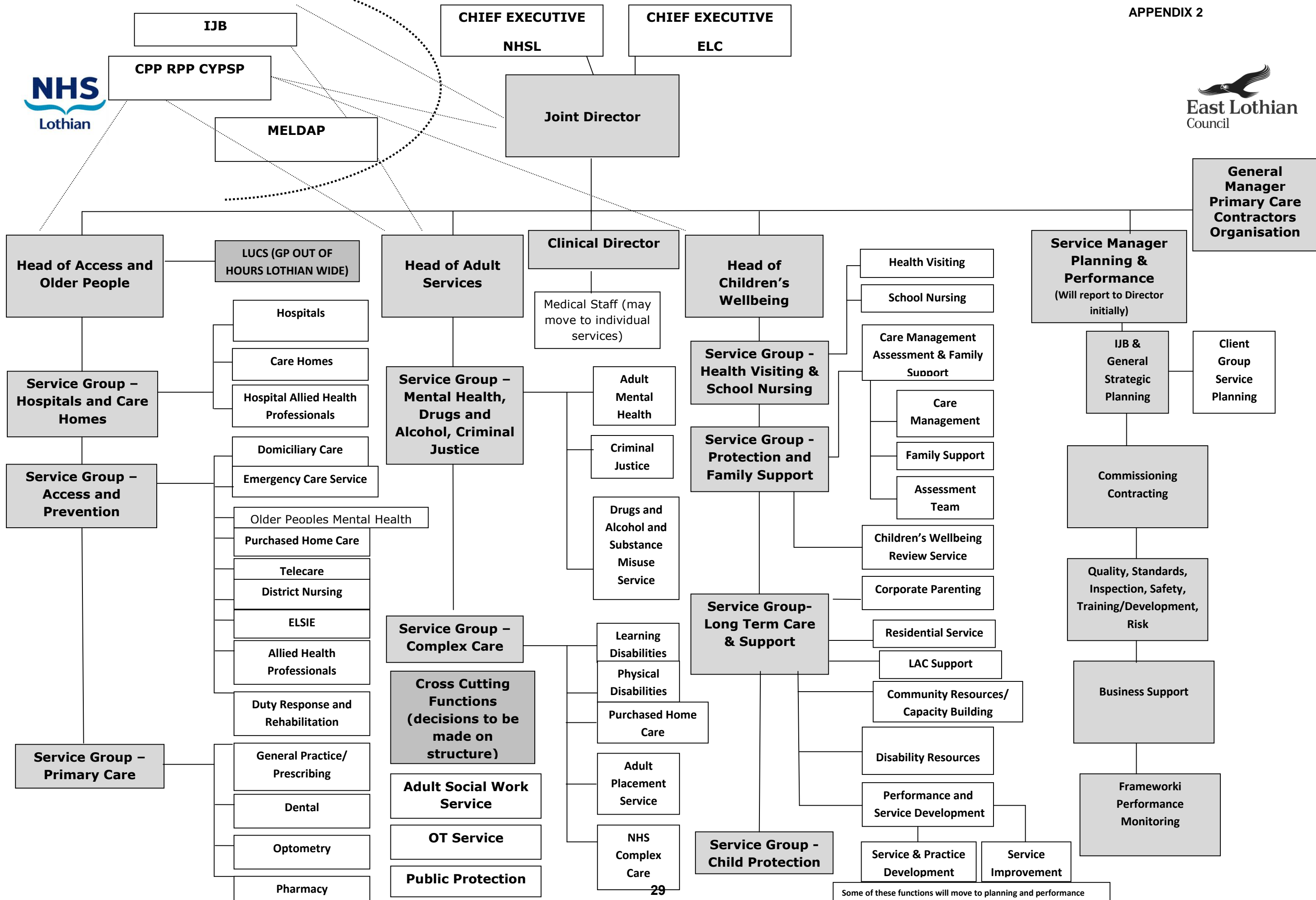
## **7 BACKGROUND PAPERS**

- 7.1 24<sup>th</sup> June 2014 paper to East Lothian Council
- 7.2 16<sup>th</sup> December 2014 paper to East Lothian Council
- 7.3 1<sup>st</sup> October 2014 paper to NHS Lothian Board

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<b>DATE</b>	16 <sup>th</sup> March 2015

CONSULTATION VERSION







Health and Social Care Integration  
Proposed Appointment Process Tier 1

The draft structure (Tier 1) following consultation with the trades unions will be agreed through the appropriate channels of the partner bodies i.e. East Lothian Council and NHS Board.

Appointment Process

Based on the Proposed Structure of 3 Heads of Service (Children, Adults and Older People) the appointment process shall be as below:

Heads of Service in the new structure will not be generic Heads of Service in East Lothian Council.

The Council and NHS will check that the evaluation of the new posts reflects the same level as the current Head posts.

The 3 posts will be ring-fenced to the existing post holders i.e. Head of Health, Head of Adult Wellbeing (vacant) and Head of Children's Wellbeing.

- For the Head of Children's Wellbeing post the current Head of Children's Wellbeing will be directly matched into post as predominantly the post is the same as at present with school nursing and health visiting added to role.
- For the other 2 head posts, one of will be Chief Nurse and the other Chief Social Work Officer, these will be matched to through a competitive matching/interview process. This is because both these posts are significantly different from the existing Head of Health and Head of Adult Wellbeing.
- The panel undertaking the matching/interview process will consist of 2 each of Council and NHS members from the Shadow Board, the 2 Chief Executives or their nominees, the Director of Health & Social Care, an HR Adviser, a partnership representative and where appropriate external advisers.
- The successful candidates will be appointed on the terms and conditions and pay of their host employer.

Future appointments to Joint posts

- All future joint appointments at Head of Service level will follow the above appointment process i.e. an appointments sub-committee will consist of the 2 each of the Council Members and Health Board members of the Integration Joint Board (Shadow Board until the IJB is legally established), the 2 Chief Executives or their nominees, the

Director of Health & Social Care, an HR Adviser, a partnership representative and where appropriate external Advisers.

- Chief Officer appointments will require to be subsequently agreed by East Lothian Council.

### Future Organisational Changes

The impact of future organisational change on holders of Heads of Service posts will be managed in accordance with their employing organisations' policies and procedures which are applicable at the time of the future change.

Heads of service in Health and Social Care employed by East Lothian Council, whilst not considered generic heads of service, will be considered for opportunities arising from organisational change in East Lothian Council. This will also apply to opportunities arising from changes within East Lothian Health and Social Care.

Heads of service in Health and Social Care employed by NHS Lothian will be considered for opportunities arising from organisational change in NHS Lothian. This will also apply to opportunities arising from changes within East Lothian Health and Social Care.

Note: The IJB will undertake a process to appoint/ratify the Chief Officer to the IJB after its legal establishment in July 2015. This process will be separately agreed.



SUMMARY OF POSITION ACROSS SCOTLAND (blank rows indicate no response to date)

PARTNERSHIP	Do you have joint managers below joint director yet?	Are you planning to have joint managers?	Are NHS children's services to be a delegated function to the IJB?	Are Council children's services to be a delegated function to the IJB?	Are NHS children's services to be in the joint director's operational remit?	Are Council children's services to be in the joint director's operational remit?
East Lothian – (If agreed)	No	Yes	Yes	tba	Yes	Yes
Aberdeen	Yes	Yes	No	No	Yes	No
Moray	No	Yes	No	No	Yes	No
Aberdeenshire	No	Yes	No	No	No	No
East Renfrewshire	Yes	Yes	Yes	Yes	Yes	Yes
East Dunbartonshire	No	Yes	No	No	Yes	No
West Dunbartonshire	Yes	n/a	Yes	Yes	Yes	Yes
Inverclyde	Yes	Yes	Yes	Yes	Yes	Yes
Orkney	Yes	Yes	Yes	Yes	Yes	Yes
Midlothian	No	Yes	Yes	Yes	Yes	Yes
Edinburgh	No	Yes	No	No	No	No
West Lothian	No	Yes	Yes	No	Yes	Yes
East Ayrshire	Yes	tbc	Yes	Yes	Yes	Yes
North Ayrshire	Yes	Yes	Yes	Yes	Yes	Yes
Argyll and Bute	No	Yes	Yes	Yes	Yes	Yes
Dumfries and Galloway	No	Yes	Yes	No	Yes	No
South Ayrshire						
North Lanarkshire						
South Lanarkshire						
Borders						
Stirling/Clacks						
Falkirk						
Glasgow						
Renfrew						
Dundee						
Angus						
Perth & Kinross						
Fife						
Highland						
Western Isles						
Shetland						



**REPORT TO:** East Lothian Council

**MEETING DATE:** 12 May 2015

**BY:** Director of Health and Social Care Partnership

**SUBJECT:** East Lothian Council Voting Membership of East Lothian Integration Joint Board

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**2**

**1 PURPOSE**

- 1.1 To invite the Council to approve the proposed East Lothian Council voting membership of the East Lothian Integration Joint Board.

**2 RECOMMENDATIONS**

- 2.1 Council is asked to agree the proposed East Lothian Council voting membership, as outlined in Section 3.3 of this report.

**3 BACKGROUND**

- 3.1 East Lothian Council and NHS Lothian submitted the Scheme of Integration for the establishment of the Integration Joint Board to the Scottish Government on 10 March 2015.
- 3.2 It is anticipated that the first meeting of the legally established Integration Joint Board will take place in July or August 2015 (depending on Scottish Government feedback and approval). It is therefore necessary to agree who the voting members will be.
- 3.3 The following East Lothian Council voting members are proposed:

Councillor Shamin Akhtar

Councillor Stuart Currie

Councillor Jim Goodfellow

Councillor Donald Grant

3.4 NHS Lothian agreed the NHS voting members of the Integration Joint Boards in March 2015. These are:

Mr Mike Ash

Professor John Iredale

Mr Alex Joyce

Mr Graeme Warner

#### **4 POLICY IMPLICATIONS**

4.1 The proposals in the paper are supportive of the Council's decision to submit the Scheme of Integration taken in March 2015.

#### **5 EQUALITIES IMPACT ASSESSMENT**

5.1 There is no requirement for an impact assessment.

#### **6 RESOURCE IMPLICATIONS**

6.1 Financial – there are no resource implications of this paper.

6.2 Personnel - there are no resource implications of this paper.

6.3 Other – none.

#### **7 BACKGROUND PAPERS**

7.1 [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)

7.2 [Regulations made under the Pubic Bodies \(Joint Working\)\(Scotland\) Act 2014](#)

7.3 East Lothian Council Paper – Scheme of Integration for Health and Social Care March 2015

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