

Report

Review of professional and clinical governance in the Health and Social Care Partnership and membership of the Integration Joint Board

Edinburgh Integration Joint Board

26 January 2017



Executive Summary

1. This report informs the Edinburgh Integration Joint Board (IJB) of the Health and Social Care Partnership's plan to review the locality structure implemented during 2017 to test whether arrangements for effective professional and clinical governance are sufficient and fit for purpose.
2. The report also recommends that the officer appointed to act as lead allied health professional for the Partnership is invited to become a non-voting member of the Integration Joint Board.

Recommendations

3. The Integration Joint Board is asked to:
 - i. note the Partnership's intention to carry out a review of the current management structure, limited in scope to testing whether professional assurance and clinical oversight of service delivery are sufficiently robust
 - ii. agree to the allied health professional lead for the Partnership being invited to sit as a non-voting member of the IJB.

Background

4. The main restructuring exercise, which brought the City of Edinburgh Council and NHS Lothian's staff together into an integrated Partnership was largely concluded during 2017. Integrated staff teams were established, led by general managers, with provision for a professional matrix governance arrangement for

the key service areas of: social work, medicine, nursing, and allied health professionals (e.g. physiotherapists, occupational therapists, etc.).

5. Feedback from staff indicates that there are variances in the capacity of these matrix governance arrangements, and the time is right to review these to ensure they are fit for purpose.
6. Section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 sets out the mandatory membership of the IJB. This includes the requirement for the local authority's Chief Social Work Officer, and the NHS board's registered medical practitioners and a registered nurse practitioner to be non-voting members. At Section 4, the order confirms that the IJB may appoint other non-voting members as it sees fit.
7. The Health and Social Care Partnership recognises the importance of a lead allied health professional role and included this in its structure to ensure effective governance. This position is, however, not mirrored in the membership of the IJB, which currently excludes representation from NHS Lothian's lead for allied health professionals.

Main report

8. The proposed review will be light touch, and is not intended to be a comprehensive, formal organisational review. The structure has not been in place long enough to bed down, and any large-scale review would be premature. However, it is appropriate, following discussion with professionals and trades unions that the Partnership ensures the correct level of clinical and professional supervision is available to staff.
9. The intention is to conclude this work by the end of March 2018 and for the Partnership to consider any recommendations for adjustments that may arise.
10. In advance of any conclusions being drawn from this review, there is one outstanding issue, which can be addressed by a decision of the IJB. The non-voting membership could be extended to include the Partnership's lead for allied health professionals. This would provide the IJB with a comprehensive range of professional advice and bridge the gap that exists currently.

Key risks

11. Insufficient professional and clinical governance (e.g. supervision) is a risk to service users, to the Partnership and to the IJB. It is also a potential risk to the successful implementation of integration, should confidence be lost in the process.

12. There is a risk to the IJB of the current gap in professional advice available, with one section of service delivery being inadequately represented on the Board.

Financial implications

13. Any required changes arising from the review will need to be addressed within existing resources.
14. There are no financial implications arising from extending IJB membership to the allied health professional lead.

Implications for Directions

15. There are no implications for Directions arising from this report.

Equalities implications

16. There are no equalities implications arising from this report.

Sustainability implications

17. There are no sustainability implications arising from this report.

Involving people

18. The light-touch review of the professional and clinical governance arrangements will involve discussion with all affected staff groups and trades union representatives.

Impact on plans of other parties

19. The proposals contained in this report have no impact on the plans of other parties.

Background reading/references

None

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