



Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	15 February 2017
Agenda Item	6
Title	Board and committee memberships
Summary	
A report providing a position statement in respect of current memberships and seeking approval for changes to the membership of the committee as set out in the report.	
Presented by	Eamonn Daly, Democratic Services Manager, East Renfrewshire Council
Action required	
That the Board approves the memberships as set out in the report.	
Implications checklist – check box if applicable and include detail in report	
<input type="checkbox"/> Financial	<input type="checkbox"/> Policy
<input type="checkbox"/> Staffing	<input type="checkbox"/> Property
<input checked="" type="checkbox"/> Legal	<input type="checkbox"/> IT
<input type="checkbox"/> Equalities	<input checked="" type="checkbox"/> Efficient Government

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EAST RENFREWSHIRE INTEGRATION JOINT BOARD

15 February 2017

Report by Chief Officer

BOARD AND COMMITTEE MEMBERSHIPS

PURPOSE OF REPORT

1. To provide information about the membership of the Board and committees following recent departures.

RECOMMENDATION

2. That the Board:-
 - (a) note the current Board membership;
 - (b) agree that Janice Cameron be appointed to the Performance & Audit Committee in her capacity as Integration Lead for the Independent Sector;
 - (c) agree that Anne Marie Kennedy be appointed to the non-voting IJB member vacancy on the Performance & Audit Committee
 - (d) agree that Marie Freedman (Lead OT) be appointed to the Clinical & Care Governance Committee to the AHP Lead vacancy;
 - (e) agree that Kim Campbell and David Craig both be appointed as members of the Clinical & Care Governance Committee by virtue of their respective roles.

REPORT

3. Recent months have seen the departure of Dr Alan Mitchell from the role of Clinical Director, the retirement of Cathy Roarty from her post as Professional Nurse Adviser, and more recently the departure of Nanette Paterson from her role as Independent Sector Integration Lead.
4. Each of the 3 aforementioned people were members of either/or the IJB and 1 or more of the committees set up by the IJB.
5. In view of their departures it was thought that the Board may welcome a position statement in respect of the current membership of the IJB and both the Clinical & Care Governance Committee and the Performance & Audit Committee, and proposals to complement the membership of both committees.

INTEGRATION JOINT BOARD

6. Following the departure of Dr Alan Mitchell from the post of Clinical Director, Dr John Dudgeon has been appointed to the post. As such, Dr Dudgeon automatically assumes membership of the Board. Cathy Roarty was also a member of the Board by virtue of her position as Professional Nurse Adviser. The post has yet to be filled on a permanent basis and in the interim cover for this post will be provided by a combination of local lead nurses and the Director of Nursing - Partnerships.

7. The table below shows the current membership of the IJB. Those individuals who are automatic members of the IJB by virtue of their position are identified by an asterisk.

Name	Position
Tony Buchanan	Councillor
Jim Fletcher	Councillor
Alan Lafferty	Councillor
Ian McAlpine	Councillor
Susan Brimelow	NHSGGC Non-exec
Morag Brown	NHSGGC Non-exec
John Matthews	NHSGGC Non-exec
Anne-Marie Monaghan	NHSGGC Non-exec
Julie Murray (*)	Chief Officer
Kate Rocks (*)	Chief Social Work Officer
Lesley Bairden (*)	Chief Financial Officer
Dr John Dudgeon (*)	Clinical Director
VACANCY (*)	Professional Nurse Adviser
Dr Angela Campbell	Registered medical practitioner not providing primary medical services
Ian Smith	Council staff representative
Andrew McCready	NHS staff representative
Anne Marie Kennedy	Third sector representative
Rosaleen Reilly	Service users representative
Geoff Mohamed	Carers representative

PERFORMANCE AND AUDIT COMMITTEE

8. On 7 October 2015, the IJB agreed to establish the Performance & Audit Committee. The composition of the committee as agreed by the IJB was:-

2 councillors (Councillors Lafferty & McAlpine)
 2 NHSGGC Non execs (Ms Brown and Mr Lee)
 2 non-voting IJB members (Dr Dudgeon and 1 other)(Dr Dudgeon was at that time a member of the IJB in a different capacity).

9. In addition at its first meeting, the Committee agreed to co-opt Nanette Paterson Independent Sector Integration Lead to serve on the committee.

10. Subsequent departures from the Board and changes of employment as well as the recent agreement to co-opt Councillor Barbara Grant have resulted in the current membership of the committee being as follows:-

Name	Position
Alan Lafferty	Councillor
Ian McAlpine	Councillor
Morag Brown	NHSGGC Non-exec
John Matthews	NHSGGC Non-exec
Barbara Grant	Councillor (co-opted member)
Vacancy	Independent Sector Integration Lead
Vacancy	Non-voting member of IJB

11. Janice Cameron has recently been appointed as the Independent Sector Integration Lead and it is recommended that she replace Nanette Paterson on the committee. It is also recommended that her membership on the committee be by virtue of her appointment as Independent Sector Integration Lead. This means that in the event a new person takes over in this post, they will automatically take over the membership without the need for Board approval. It is also recommended that Anne Marie Kennedy be appointed to the committee in her capacity as the Third sector representative on the Board. Mrs Kennedy if appointed will take up the current non-voting member of the Board vacancy on the committee.

CLINICAL AND CARE GOVERNANCE COMMITTEE

12. On 17 February 2016 the Board agreed to establish the Clinical & Care Governance Committee. The report proposing the establishment of the committee emphasised that the majority of the members of the committee were to be appointed by virtue of the posts they held. In addition to those posts listed in the report the Board also agreed that the Prescribing Lead, Clinical Pharmacy Lead, and Optometry Lead be appointed as members of the committee. Thereafter the committee itself also agreed that the Lead Officer, Mental Health be appointed as a co-opted member.

13. The table below shows the current membership of the committee. Those individuals who are automatic members of the committee by virtue of their position are identified by an asterisk.

Name	Position
Alan Lafferty	Councillor
Susan Brimelow	NHSGGC Non-exec
Julie Murray (*)	Chief Officer
Kate Rocks (*)	Chief Social Work Officer
Dr John Dudgeon (*)	Clinical Director
VACANCY (*)	Professional Nurse Adviser
VACANCY(*)	AHP Lead
Susan Galbraith (*)	Prescribing and Clinical Pharmacy Lead
Gerry O'Hear (*)	Optometry Lead
Janice Cameron (*)	Independent Sector Integration Lead
Cindy Wallis (*)	Lead Officer, Mental Health
Dr Omer Ahmed	Local GP
Elizabeth Roddick	Local pharmacist

Rosaleen Reilly	Service users' representative
VACANCY	Carers' representative
Andrew McCready	Trade union representative
Linda McCullagh	Third Sector Representative

14. It is also recommended that the following be added to the committee's membership.

Name	Position
Kim Campbell (*)	Performance and Improvement Manager (Acting)
David Craig (*)	NHSGGC Clinical effectiveness representative
Marie Freedman	Lead OT

14. Both Ms Campbell and Mr Craig have been regular attenders and participants in meetings of the committee to date.

15. The Lead OT, given that occupational therapy is the single biggest allied health professional workforce in the HSCP, will fulfill the role of lead AHP on the committee and as such should be appointed to the AHP Lead vacancy on the committee.

16. In addition to being appointed as a member of the committee as AHP Lead/Lead OT Ms Freedman may on occasion be invited to attend the IJB if there is an item of professional relevance.

17. The role of the Lead OT is to:

- Represent and promote OT within the HSCP
- Advise the HSCP Chief Officer and service teams in relation to OT
- Ensure regular communication to all OTs within the HSCP in relation to the strategic direction of the HSCP
- Ensure that OT contributes to the performance/quality agenda and assists in meeting national targets
- Identify risk to the HSCP in relation to OT
- Liaise with Care Group Lead OTs to provide professional advice within the HSCP on strategic leadership, strategic planning and human resource management and development.
- Liaise with the Care Group Lead OTs to advise on governance, performance and quality within the HSCP
- Liaise with the Care Group Lead OTs to develop a workplan for OTs within the HSCP and where relevant ensure that this is included in the HSCP development plan
- Ensure that OT is included in the HSCP training plan
- Lead quarterly HSCP OT meetings to encourage a local network of OTs
- Be an active member of the Network of OTs in Partnerships in NHS GGC

FINANCE AND EFFICIENCY

18. There are no financial implications arising from this report.

CONSULTATION AND PARTNERSHIP WORKING

19. As membership of the Board and committees is a matter for all members of the board, there has been no consultation on the proposed memberships.

IMPLICATIONS OF THE REPORT

20. There are no implications in respect of staffing, property, legal IT, equalities or sustainability arising from this report.

CONCLUSIONS

21. The proposed changes are required as a result of vacancies on the IJB and associated committees.

RECOMMENDATION

22. That the Board:-

- (a) note the current Board membership;
- (b) agree that Janice Cameron be appointed to the Performance & Audit Committee in her capacity as Integration Lead for the Independent Sector;
- (c) agree that Anne Marie Kennedy be appointed to the non-voting IJB member vacancy on the Performance & Audit Committee
- (d) agree that Marie Freedman (Lead OT) be appointed to the Clinical & Care Governance Committee to the AHP Lead vacancy;
- (e) agree that Kim Campbell and David Craig both be appointed as members of the Clinical & Care Governance Committee by virtue of their respective roles

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

None

KEY WORDS

Standing Orders; Members;

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