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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b>	<b>14 March 2017</b>
<b>Report By:</b>	<b>Aubrey Fawcett Chief Executive, Inverclyde Council</b>	<b>Report No:</b>	<b>VP/LP/024/17</b>
	<b>Robert Calderwood Chief Executive, Greater Glasgow and Clyde Health Board</b>		
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<b>Subject:</b>	<b>Appointment of New Chief Officer</b>		

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to confirm the appointment of the Inverclyde Integration Joint Board's (IJB) new Chief Officer as from 8 May 2017

## **2.0 SUMMARY**

- 2.1 Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the requirement for the IJB to appoint, as a member of staff, a Chief Officer. The Integration Scheme sets out the arrangements in relation to the Chief Officer as agreed by Inverclyde Council and the NHS Board.
- 2.2 The IJB's current Chief Officer, Brian Moore, is to retire in May 2017. A process to appoint his successor has been undertaken and this report sets out the details and outcome of that process.
- 2.3 Following a recruitment process, the recruitment panel established to deal with the appointments of senior management staff to the Inverclyde Health and Social Care Partnership agreed to appoint Louise Long as the new Corporate Director (Chief Officer), Inverclyde Health and Social Care Partnership.

## **3.0 RECOMMENDATIONS**

- 3.1 It is recommended that the Inverclyde Integration Joint Board confirms the appointment of Louise Long as its Chief Officer with effect from 8 May 2017.

## **4.0 BACKGROUND**

- 4.1 Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out the requirement for the IJB to appoint, as a member of staff, a Chief Officer. Before appointing a person as Chief Officer, an IJB is to consult each constituent authority (Council and NHS Board).
- 4.2 The IJB's current Chief Officer, Brian Moore, is to retire in May 2017. A process to appoint his successor has been undertaken and this report sets out the details and outcome of that process.
- 4.3 Section 6 Integration Scheme sets out the arrangements in relation to the Chief Officer as agreed by Inverclyde Council and the NHS Board. The Chief Officer will be appointed by the IJB upon consideration of the recommendation of an appointment panel selected by the IJB to support the appointment process, which panel will include the Chief Executives of both the Council and the NHS Board as advisors. The Chief Officer will be employed by either the Council or the NHS Board and will be seconded by the employing party to the IJB and will be the principal advisor to and officer of the IJB.
- 4.5 The Chief Officer will hold membership of the IJB as a non-voting member by virtue of the office held.

## **5.0 ROLE OF CHIEF OFFICER**

- 5.1 The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the IJB.
- 5.2 The arrangements in relation to the Chief Officer agreed by the Council and the NHS Board within the Integration Scheme are that:
  - The Chief Officer is a member of the senior management teams of both the Council and the Health Board;
  - The Chief Officer will be appointed by the IJB, employed by either the Council or the NHS Board and seconded by that party to the IJB;
  - The Chief Officer will be jointly line managed by the Chief Executives of the Council and NHS Board and will be accountable to both;
  - The Chief Officer will be the accountable officer to the IJB;
  - The Chief Officer will become a non-voting member of the IJB upon appointment to their role;
  - The Chief Officer will have delegated operational responsibility for delivery of integrated services, except acute hospital services;
  - The Chief Officer will provide a strategic leadership role and be the point of joint accountability for the performance of services to the IJB;
  - The Council and the NHS Board will discharge the operational delivery of the delegated services in accordance with the Strategic Plan through the Chief Officer; and
  - The Chief Officer will have accountability to the IJB for workforce governance.

## **6.0 APPOINTMENT PROCESS**

- 6.1 On 8 November 2016, the IJB approved the revised membership of the recruitment panel for senior management positions within the Inverclyde Health and Social Care Partnership. The appointment of Louise Long was confirmed by the panel following a recruitment process which included a panel interview. The panel consisted of two Councillor representatives from the IJB, two non-executive members of the NHS Board (the chair and one other), the Council's Chief Executive and the NHS Board's Chief Executive. The appointment has been confirmed by both the Council and the NHS Board and was announced on 22 February 2017.
- 6.2 The new Chief Officer will start in post on 8 May 2017. In this role, she will be an employee of the Council and seconded to work for the IJB.

## 7.0 PROPOSALS

- 7.1 It is proposed that the IJB confirms the appointment of Louise Long as Chief Officer to replace Brian Moore with effect from 8 May 2017.

## 8.0 IMPLICATIONS

### Finance

- 8.1 None.

Financial Implications: There are no financial issues within this report.

#### One Off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

#### Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A	N/A	N/A	N/A	N/A	N/A

### Legal

- 8.2 Under Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB is required to appoint a Chief Officer following consultation with the Council and the NHS Board.

### Human Resources

- 8.3 The implications are as outlined in this report.

### Equalities

- 8.4 There are no equality issues within this report.

- 8.4.1 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

- 8.4.2 How does this report address our Equality Outcomes

There are no Equalities Outcomes implications within this report.

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

### **Clinical or Care Governance**

8.5 There are no clinical or care governance issues within this report.

### **National Wellbeing Outcomes**

8.6 How does this report support delivery of the National Wellbeing Outcomes

There are no National Wellbeing Outcomes implications within this report.

<b>National Wellbeing Outcome</b>	<b>Implications</b>
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

## **9.0 CONSULTATIONS**

9.1 The Corporate Director (Chief Officer) and the Chief Financial Officer of the Inverclyde Health & Social Care Partnership, and the Head of Board Administration of Greater Glasgow and Clyde

NHS Board have been consulted in the preparation of this report.

## **10.0 BACKGROUND PAPERS**

10.1 N/A