

Argyll & Bute Integration Joint Board Committee Terms of Reference

Document control

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Version history

Version	Comments
V2.0	Approved at May IJB
V2.1	Updated CSWO role and reflect staff changes
V2.2	Update to the general provisions reflect the committee/group requirement to report annually to the IJB Updated Terms of Reference for the Strategic Planning Group
V2.3	Update to job titles of professional advisory, members and addition of a cover page.
V2.4	Update to Clinical and Care Governance Committee responsibilities for performance, remove current committee membership to separate document, update job titles.

IJB Membership

The role and constitution of IJB is established through legislation. The voting membership is:

- a. NHS Highland : 4 members of the NHS Highland Health Board
- b. Council: 4 Elected members of the Council nominated by the Council

The term of office of the Chair and the Vice Chair will be a period of two years. NHS Highland and the Council will appoint one of their four representatives to act as Chair/Vice Chair on a two year rotating basis.

The Chief Officer and Chief Financial Officer shall attend Committee meetings in their capacity of advisers and not as members of the Committees.

The decision making structure whereby the committees of the IJB have Terms of Reference agreed by the IJB include the Clinical and Care Governance Committee, Audit and Risk Committee and Finance and Policy Committee.

The act makes provision for a Strategic Planning Group for the development and delivery of the Strategic Plan. Argyll & Bute IJB have approved a Locality Planning Group model to engage on local planning.

1.1. Clinical and Care Governance Committee Membership

The Committee will consist of not less than 6 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair IJB Member (Council or NHS)	Member
Vice Chair IJB Member (Council or NHS)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Deputy Medical Director	Member
Associate Director Public Health	Member
Head of Primary Care	Member
Associate Director of Nursing	Member
Head of Children & Families & Justice/CSWO	Member
Associate Director AHP	Member
Associate Director Pharmacy	Member
Head(s) of Adult Services	Member

Head(s) of Adult Services	Member
Clinical Governance Manager	Attendee (required)
Staffside Representative	Member
Locality Staff attend as required	Attendee
Carer/public representatives	Member

1.2. Audit and Risk Committee Membership

Audit and Risk Committee consists of six members of the IJB (minimum two voting members - one from NHS Highland and one from the Council)

The Chair and Vice-Chair of the IJB Audit and Risk Committee will be appointed by the IJB for a two-year term. Neither may be Chair or Vice-Chair of the IJB.

Other persons may participate in meetings by invitation of the Chair.

Role	Membership
Chair IJB Member	Member
Vice Chair IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member (professional advisory)	Member
Chief Officer	Attendee (required)
Chief Finance Officer	Attendee (required)
External Auditor	Attendee (required)
Internal Auditor	Attendee (required)
Officers attend as required	Attendee

1.3. Finance and Policy Committee Membership

The Committee will consist of not less than 8 members, being IJB representatives, officers, stakeholders and professional advisers. The IJB shall appoint IJB representatives to the Committee, appropriate officer representation will be co-ordinated by the Chief Officer.

Role	Membership
Chair, Integrated Joint Board	Member
Vice - Chair, Integrated Joint Board	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
IJB Member	Member
Professional Advisory Group Representative	Member

Chief Officer	Attendee (required)
Chief Finance Officer	Attendee (required)
Staffside	Attendee (required)
Officers attend as directed	Attendee

1.4. Strategic Planning Group Membership

The Strategic Planning Group is established according to Section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014 and will report to the full IJB Board as required.

Role	Membership
Chair	Member
Co-Chair (IJB Member)	Member
IJB Member (carers)	Member
IJB Member	Member
IJB Member	Member
Chief Officer	Member
Chief Financial Officer	Member
Deputy Medical Director	Member
Associate Director Public Health	Member
Head of Primary Care	Member
Associate Director of Nursing	Member
Head of Children & Families & Justice/CSWO	Member
Associate Director of AHP	Member
Associate Director Pharmacy	Member
Head(s) of Adult Services	Member
Staffside Representative	Member
Senior Service Planning Manager	Member
Housing (Council and other)	Member
Third Sector (TSI CEO + 1)	Member
Carers Act Implementation Officer	Member
Independent Sector	Member
Officers attend as required	Attendee

Locality Planning Groups Membership

Locality Planning Groups (x4)		
Role	Current	Membership
Chair	<ul style="list-style-type: none"> Area Manager 	<ul style="list-style-type: none"> Member
Co-Chair	<ul style="list-style-type: none"> Other than HSCP staff 	<ul style="list-style-type: none"> Member
Community Members (2)	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Carers (2)	<ul style="list-style-type: none"> To be recruited 	<ul style="list-style-type: none"> Member
Third Sector	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Independent Sector	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Primary Care	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Housing	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Education	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Member
Community Council (2)	<ul style="list-style-type: none"> To be recruited 	<ul style="list-style-type: none"> Additional Members Argyll & Bute (not statutory)
Elected members	<ul style="list-style-type: none"> Various based on Locality 	<ul style="list-style-type: none"> Additional Members Argyll & Bute (not statutory)

2. GENERAL PROVISIONS REGULATING MEMBERSHIP

Members of the IJB subscribe to and comply with the Standing Orders and Code of Conduct and the appointed Standards Officer is responsible for advising and guiding members of the Board on issues of conduct and propriety. A register of interests is in place for all Board members and senior officers.

The IJB operates within an established procedural framework. The roles and responsibilities of Board members and officers are defined within the Integration Scheme, Standing Orders and Financial Regulations; these are subject to regular review.

The Committees will report directly to IJB regularly and annually on a formal basis and will provide clear, robust, accurate and timely information on the quality of service performance.

2.1. Appointments

The IJB will make all appointments to the Committees including the appointment of the Chair and Vice-Chair of the Committees.

2.2. Chair and Vice-Chair

2.2.1. The Chair and Vice-Chair of the Committees will be members of the IJB appointed from those members appointed to the Committees;

2.2.2. The appointment of Chair and Vice-Chair will be for a two year term.

2.3. Quorum

2.3.1. Three members of the Audit & Risk Committee and the Finance & Policy Committee, one from each partner body and one other, shall constitute a quorum, with at least one of the members being Chair or Vice-Chair.

2.3.2. The Clinical & Governance Committee and Strategic Planning Group will require one third of their membership with at least one member from each partner body.

2.3.3. Ordinary Committee members (i.e. other than the Chair/Vice-Chair) may nominate deputies to attend meetings to ensure meetings are quorate, this will only be permitted with prior agreement by the Chair.

2.3.4. No business shall be transacted unless this minimum number of members is present. For the purposes of determining whether a meeting is quorate, members attending by video or audio link will be determined to be in attendance.

2.4. Frequency of Meetings

2.4.1. The Committees will meet on a frequency to be determined by IJB, on dates to be specified in an annual programme of meetings, with meetings normally held at least quarterly in each financial year at a place and time as determined by each Committee.

2.4.2. The Chair of each Committee may at any time convene additional meetings or increase frequency of meetings to consider business, which may require urgent consideration.

2.5. In Attendance

2.5.1 Agendas will follow standard template which will cover all elements of the Committee's framework.

2.6. Sub-groups

2.6.1. The Committees may at their discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the Committees consider will be able to assist in the task assigned. The working groups will report their findings and any recommendations to each Committee.

CLINICAL AND CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

1. REMIT

The Committee's framework will encompass the following responsibilities as detailed in paragraph 5.8 of the Integration Scheme.

Each of the four elements, listed below, will be

- 1.1. underpinned by mechanisms to measure quality, clinical and service effectiveness and sustainability. They will be compliant with statutory, legal and policy obligations strongly underpinned by human rights values and social justice. Service delivery will be evidence-based, underpinned by robust mechanisms to integrate professional education, research and development.
- 1.2. Measure the quality of integrated service delivery by measuring delivery of personal outcomes and seeking feedback from service users and/or carers;
- 1.3. Professional regulation and workforce development;
- 1.4. Information governance
- 1.5. Safety of integrated service delivery and personal outcomes and quality of registered services

The Committee will ensure that quality monitoring and governance arrangements are in place for safe and effective health and social care service delivery in Argyll and Bute. This will include the following:-

- 1.6 Compliance with professional codes, legislation, standards, guidance. Systems and processes to ensure a workforce with the appropriate knowledge and skills to meet the needs of the local population.

- 1.7 Effective internal systems that provide and publish clear, robust, accurate and timely information on the quality of service performance.
- 1.8 Systems to support the structured, systematic monitoring, assessment and management of risk's-ordinated risk management, complaints, feedback and adverse events/incident system, ensuring that this focuses on learning, assurance and improvement.
- 1.9 Improvement and learning in areas of challenge or risk that are identified through local governance mechanisms and external scrutiny.
- 1.10 Mechanisms that encourage effective and open engagement with staff on the design, delivery, monitoring and improvement of the quality of care and services.
- 1.11 Planned and strategic approaches to learning, improvement, innovation and development, supporting an effective organisational learning culture.
- 1.12 To provide assurance to the Integrated Joint Board that systems, processes and procedures are in place and are delivering effective clinical and care governance throughout Argyll and Bute.

This will include the following:

- 1.13 To develop and monitor clinical and care assurance systems to regulate the quality and safety of health and care services
- 1.14 To monitor implementation of Care Inspectorate and NHS Healthcare Improvement Scotland clinical standards and other external review body standards and guidelines – such as Mental Welfare Commission, SPSO etc.
- 1.15 To oversee self-evaluation and preparation for joint inspections and to oversee local implementation of recommendations following review
- 1.16 To oversee the review all incidents to identify trends, to take appropriate action and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate)

- 1.17 To oversee the review of all feedback, including complaints and compliments, to ensure proper management, identify trends and disseminate lessons learnt across Argyll and Bute (and NHS Highland where appropriate)
- 1.18 To review Significant Adverse Event Review findings and ensure completion of resulting action plans Overseeing the development, agreement and review of clinical and care procedures, guidelines and protocols for delegated functions of the HSCP.
- 1.19 The NHSH Board governance structures should be utilised to ratify clinical policies, guidelines and protocols (e.g. the Area Drugs and Therapeutics Committee for policies relating to medicines, similarly the Council structures should be utilised for care procedures, guidelines and protocols where necessary to meet legal requirements).
- 1.20 To oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute to oversee the development of local risk registers and action plans.
- 1.21 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.22 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and Bute to oversee the Clinical and Care Governance Risk Register and to ensure that risk management procedures are followed across Argyll and Bute
- 1.23 To oversee the development of local risk registers and action plans.
- 1.24 To identify risks requiring attention and report to the IJB as required to ensure that professional standards are adhered to and that systems for governing regulatory requirements for professionals are in place as laid out in the professional Assurance Framework.
- 1.25 To oversee implementation of framework for professional supervision of clinical and care professionals working in Argyll and But

AUDIT AND RISK COMMITTEE TERMS OF REFERENCE

REMIT

- 1.1. To agree the internal audit strategic plan, oversee and review action taken on internal audit recommendations.
- 1.2. To consider the External Auditor's Annual Audit Plan, Annual Letter, relevant reports, and the report to those charged with governance and other specific External Audit reports.
- 1.3. To comment on the scope and depth of External Audit work and to ensure it gives value for money.
- 1.4. To commission work from Internal, External Audit and third parties where appropriate.
- 1.5. To consider the performance of Internal and External Audit.
- 1.6. To facilitate training to support the role of Audit and Risk Committee Members.
- 1.7. To promote a culture of compliance within the IJB to ensure the highest standards of probity and public accountability.
- 1.8. To support best practice in the financial administration of the IJB.
- 1.9. To review the IJB's financial performance as contained in the Annual Performance Report, and to report annually to the IJB on the internal control environment.
- 1.10. There should be a least one meeting a year, or part thereof, where the Audit Committee meets the Internal and External Auditors separately from management.
- 1.11. The Committee will prepare an annual work plan setting out meeting dates for the financial year and anticipated internal audit, external audit, management reports and scrutiny topics expected to be covered at each meeting.
- 1.12. The Committee shall prepare an annual report to the IJB covering its activities and key findings each year. This report will be considered at the IJB meeting that agrees the External Auditor's annual audit letter.
- 1.13. To consider performance and inspection reports from internal audit, external audit and other relevant scrutiny bodies.

2 Regulatory Framework and Risk Management

- 2.1 To monitor and seek assurance with regard to risk management systems through the review of the effectiveness of risk control measures and corporate governance in the IJB.
- 2.2. To consider the IJB's compliance with its own and other published standards and controls.
- 2.3. To monitor the IJB's compliance with the Public Interest Disclosure Act and the Bribery Act in the discharge of its functions.

3 Financial Accounts and Governance

- 3.1 To examine the activities and accounts of the IJB and exercise a governance role over management efforts to ensure that:
 - (a) The expenditure approved by the IJB has been incurred for the purposes intended;
 - (b) Services are being provided efficiently and effectively;

- (c) Value for money is being obtained, all in accordance with Best Value requirements; and
 - (d) The IJB has appropriate information and advice available to them to make decisions.
- 3.2. To review the annual statement of accounts. Specifically to consider whether appropriate accounting policies have been followed and whether there are concerns arising from the financial statements or from the audit that need to be brought to the attention of the IJB;
 - 3.3. To oversee the production of the IJB's Governance and Internal Control Statement; and support the approach to Best Value.
 - 3.4. To consider the External Auditor's report to those charged with governance on issues arising from the audit of the accounts.

4 Performance Monitoring

- 4.1 To assess the effectiveness of the IJB's Performance Management Regime;
- 4.2 To commission specific reviews to be carried out where necessary;
- 4.3 To review Best Value arrangements and outcomes, with consideration of both external and internal Best Value reports, strategy/plans and outcomes from Best Value reviews; and
- 4.4 To review the impact of national performance reports from external bodies and consider their impact.

5 Scrutiny

In respect of its scrutiny function:

- 5.1 The committee defines scrutiny as the process of 'close and critical inquiry' and 'methodical examination' holding others to account through monitoring examination and questioning of decisions actions and performance for the purposes of improvement.
- 5.2 The committee shall undertake scrutiny reviews at the request of IJB;
- 5.3 The committee shall receive and undertake requests for scrutiny reviews submitted by any member of the IJB;
- 5.4 The committee shall itself determine how and when to exercise this function;
- 5.5 In exercising this function, the committee may call for any inquiry that it considers necessary and may call any individual or for any document or documents it considers relevant to any such investigation;

FINANCE AND POLICY COMMITTEE TERMS OF REFERENCE

REMIT

1. Financial Resources

- 1.1. To develop policy strategic objectives and priorities for recommendation to the IJB unless such matters are otherwise delegated.
- 1.2. To oversee the management of financial resources on a bi-monthly or as otherwise arranged by the IJB within general provisions before reporting to the Integration Joint Board.
- 1.3. To advise the Integration Joint Board on the Revenue Budget and requirements in Capital Planning from the partner bodies.
- 1.4. To review adjustments to Management budgets in so far as not delegated to officers within the terms of the financial regulations of the partner bodies and make recommendation to the Integration Joint Board for approval.
- 1.5. To consider and advise the Integration Joint Board on the monthly financial monitoring reports
- 1.6. To consider and advise the IJB on the medium term financial strategy
- 1.7. To advise the IJB on any financial recovery plan required as a result of an overspend.

2. Corporate Asset Management

To liaise with the Council and NHS Highland to ensure that the IJB's future corporate asset management requirements as determined by the Strategic Plan form part of the asset management plans for those parties.

3. Continuous Improvement

- a) To determine and implement the IJB's policies in relation to the achievement of Best Value.
- b) To consider Best Value Reviews from Services as appropriate.

Without prejudice to the duties and responsibilities and delegated authority of other Committees, to review the performance and effectiveness of all the Integration Joint Board's work and the standards and level of service provided, to review the need to retain existing services, and to co-ordinate where necessary all the matters referred to in this sub-paragraph in respect of the Committees and Services of the Integration Joint Board.

4. Transformation

- a) To review financial and policy impacts of Transformational proposals
- b) Oversight of the Service Transformation Board and formal reporting from workstreams

Strategic Planning Group Terms of Reference

1 STATUTORY REQUIREMENT

Section 32 of The Public Bodies (Joint Working) (Scotland) Act 2014 make provision for Integration Authorities to establish a Strategic Planning Group (SPG) for the development and delivery of the Strategic Plan.

The Strategic Planning Group also acts as the point of contact with Locality Planning Groups(LPG's) and subsequently reports LPG activity to the Integration Joint Board(IJB).

2 ROLE

2.1 The role of the Strategic Planning Group is to:

- Receive direction and feedback from the IJB in respect of development of the strategic plan and delivery of the objectives therein over the period of the plan.
- Prepare proposals for the Strategic Plan in regard to the integration delivery principles as described in section 31 of the Act:

The integration delivery principles are:

(a) that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users;

(b) that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible

(i) is integrated from the point of view of service-users;

(ii) takes account of the particular needs of different service-users;

(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided:

(iv) takes account of the particular characteristics and circumstances of different service-users:

(v) respects the rights of service-users:

(vi) takes account of the dignity of service-users:

(vii) takes account of the participation by service-users in the community in which service-users live:

(viii) protects and improves the safety of service-users:

(ix) improves the quality of the service:

(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look

after service-users and those who are involved in the provision of health or social care):

(xi) best anticipates needs and prevents them arising, and

(xii) makes the best use of the available facilities, people and other resources.

- set out the arrangements for the carrying out of the integration functions for the area of the IJB over the period of the plan;
- setting out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and including such other material as the integration authority thinks fit.

3. REMIT

3.1 The remit of the Strategic Planning Group is directed by the Integrated Joint Board to development and review of the Health & Social Care Partnership Strategic Plan ensuring the alignment of service strategies. The SPG requires to:

- review detailed business cases and change plans on behalf of the IJB
- communicate to the IJB that there's been appropriate discussion and engagement (in line with statutory responsibilities)
- provide a forum for discussion of emerging themes and initiatives that arise following the completion of your strategic plan
- collaborate on the production of future strategic plans
- oversee the delivery of the strategic plan on behalf of the IJB
- Seek the views of the Strategic Planning Group on the proposals;
- Provide the draft plans for consultation;
- Take note of and act upon national policy, guidance, objectives and feedback from the Scottish Government;
- Be responsible for in depth scrutiny on behalf of the IJB and monitoring of progress and performance against the strategic priorities and National Health and Wellbeing Outcomes (NHWBO);
- Review the strategic plan annually and monitor progress via production of the Annual Performance Report;
- Ensure there is a process in place to produce a new strategic plan on a 3 yearly cycle, taking cognisance of any updated Scottish Government guidance;
- Provide a view on significant service developments which could impact on the delivery of the strategic plan;
- Is responsible for ensuring Locality Planning Groups produce locality plans which meet local needs and align to the Strategic Plan.

3.2 Strategic Commissioning Planning Role

- A strategic commissioning plan must set out the arrangements for carrying out the integration functions in the Local Authority area over the period of the Strategic Plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately.
- A strategic commissioning plan must also set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes.
- The strategic commissioning plan should ensure correlation with other local policy directions as outlines in, for instance, Single Outcome Agreements, NHS Local Delivery Plans, Housing Strategies, NHS Clinical Strategies, community plans and other local corporate plans.

3.3 Locality Planning Groups

- The Strategic Planning Group has a governance role with respect to the Locality Planning Groups and their alignment with the Strategic Plan objectives and the planning “architecture”.
- The Strategic Planning Group will assess Locality Action Plans against the progress of the Strategic Plan.

4 Accountability

- Act as a Reference Group to the Integration Joint Board (IJB) and is accountable to the IJB.

5 Membership

The Act further stipulates the membership of the SPG as extracted below, the role and current membership of the Strategic Planning Group is contained in appendix 1.

- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Health Professionals
- Social Care Professionals
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

Appendix 1 FOR INFORMATION

Locality Planning Group Terms of Reference

ROLE OF MEMBERS

- Contribute to relevant local, regional and national consultation responses or events, sharing local experience
- Link local engagement mechanisms with wider stakeholders within their locality to be assured that the community voice can influence locality and strategic planning,
- Share experiences and learning with other locality planning groups in order to shape locality plans and improve joined up working across the wider HSCP.
- Participate in required learning opportunities to maximise individual member contributions
- Develop mechanisms to better understand local need including inequalities, making use of all relevant and available quantitative and qualitative data in relation to their local priorities.

Each member will preside for a 2 year period. If neither chair or vice chair are present the full group will appoint a temporary replacement

FREQUENCY

A minimum of 4 times per year.

QUORUM

Fifty percent of all members should be in attendance.

AGENDA & PAPERS

The agenda and papers for meetings will be issued one week prior to each meeting.

ADMINISTRATION

Recording of meeting activity will be in action note format, disseminated to attendees for agreement and ratification within 2 weeks following the meeting date.

LOCATION

Whenever possible meetings will be held in venues which support video or telephone conferencing.

TRANSPORT COSTS

Volunteer members will have transport costs reimbursed. Please see the NHS Highland volunteer policy for more information.