



Shetland Health and Social Care Partnership

Scheme of Administration Integration Joint Board

Approved 29 July 2015

Version Control		
Version	Changes	Date
1.0	First draft presented for approval - IJB	29 July 2015
2.0	Updated with agreed Audit Committee, Clinical Care and Professional Governance Committee, Strategic Planning Group remits/membership	19 January 2016
2.1	Updated with agreed amended remit of Strategic Planning Group [IJB 23/06/17]	23 June 2017

1.0 CONSTITUTION

- 1.1 The Integration Joint Board is a body corporate, established by Order under section 9 of the Public Bodies (Joint Working) (Scotland) Act 2014.

The Parties:

Shetland Islands Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at 8 North Ness, Lerwick, Shetland, ZE1 0LZ (“**the Council**”);

And

Shetland Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as Shetland NHS Board) and having its principal offices at Montfield, Lerwick (“**NHS Shetland**” or “**the Health Board**” - *these terms are used inter-changeably in this context*)

(together referred to as “**the Parties**”)

- 1.2 The Parties agreed the Integration Scheme for Shetland Islands Health and Social Care Partnership, which sets out the delegation of functions by the Parties to the Integration Joint Board.
- 1.3 This Integration Scheme came into effect on 27 June 2015, the date on which the Parliamentary Order formally established the Integration Joint Board.

MEMBERSHIP

Voting membership

- 2.1 Voting members of the Integration Joint Board shall comprise three persons appointed by the Shetland NHS Board, and three persons appointed by the Shetland Islands Council, as follows:

Member	Nominating Organisation(s)	Appointing Organisation
3 Councillors	n/a	Shetland Islands Council
3 NHS Non-Executive Board Members*	n/a	Shetland NHS Board

*Where the NHS Board is unable to fill its places with non-Executive Directors it can then nominate other appropriate people, who must be members of the NHS Board to fill their spaces, but at least two must be non-executive members.

Non-voting membership

2.2 Non-voting members of the Integration Joint Board shall comprise the following [descriptions in brackets are as contained in the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014]:

	Member	Nominating Organisation(s)	Appointing Organisation
A	Chief Officer	Shetland Islands Council Shetland NHS Board	Integration Joint Board
B	Chief Financial Officer [the proper officer of the Integration Joint Board appointed under Section 95 of the Local Government (Scotland) Act 1973]	Shetland Islands Council Shetland NHS Board	Integration Joint Board
C	Chief social work officer of the local authority	n/a	Shetland Islands Council
D	Senior Clinician – GP [a registered medical practitioner whose name is included in the list of primary medical services]	Shetland NHS Board	Integration Joint Board

	performances prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service]		
E	Senior Consultant: Local Acute Sector [a registered medical practitioner employed by the Health Board and not providing primary medical services]	Shetland NHS Board	Integration Joint Board
F	Senior Clinician – Senior Nurse [a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract]	Shetland NHS Board	Integration Joint Board
G	A staff representative of each of the constituent authorities engaged in the provision of services provided under integration functions	Shetland Islands Council – Employees JCC (1) Shetland NHS Board – Area Partnership Forum (1)	Integration Joint Board
H	A representative of third sector bodies carrying out activities related to health or social care in the area of the local authority	Voluntary Action Shetland	Integration Joint Board
I	A representative of service users residing in the area of the local authority	Public Partnership Forum	Integration Joint Board
J	A representative of persons providing unpaid care in the area of the local authority	Carers' Link Group	Integration Joint Board

2.3 A member appointed in terms of G to J above must not also be a member in terms of A to F above.

2.4 The Integration Joint Board may appoint such additional members as it sees fit, but such additional members may not be a councillor or a non-executive director of the Health Board.

Proxies

2.5 If a voting member is unable to attend a meeting of the Integration Joint Board, either in person or by remote participation, the relevant constituent authority is to use its best endeavours to arrange for a suitably experienced substitute, who is either a councillor, or as the case may be, a member of the health board. The substitute voting member may vote on decisions put to that meeting, but may not preside over the meeting.

2.6 If a non-voting member is unable to attend a meeting of the Integration Joint Board, either in person or by remote participation, that member may arrange for a suitably experienced substitute to attend the meeting subject to prior notification to the Chairperson.

In all instances, substitute or proxy members may also attend the meeting by remote participation, in accordance with Standing Order 5.6.

Terms of Office

2.7 A member of the Integration Joint Board in terms of A to C [Chief Officer of the IJB, the Chief Financial Officer of the IJB and the Council's Chief Social Work Officer] will remain a member for as long as they hold the office in respect of which they are appointed.

2.8 All IJB appointments with the exception of the Chief Officer of the IJB, the Chief Financial Officer of the IJB and the Council's Chief Social Work Officer, who are members of the IJB by virtue of the Regulations and the post they hold, will be for a period of 3 years.

2.9 In addition, individual IJB appointments will be made as required when a position becomes vacant for any reason.

2.10 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.

2.11 Any member of the IJB can be appointed for a further term. There is no limit on the number of terms that any individual can serve as a member of the IJB.

2.12 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

Disqualification

2.13 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 specifies that persons will be disqualified from being a member of an Integration Joint Board if any of the following applies:-

- They have within the period of five years immediately preceding the proposed date of appointment been convicted of any criminal offence in respect of which they have received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine);
- They have been removed or dismissed for disciplinary reasons from any paid employment or office with a Health Board or local authority;
- They are insolvent;
- They have been removed from a register maintained by a regulatory body, other than where the removal was voluntary; or
- They have been subject to a sanction under section 19(1)(b) to (e) of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

2.14 Definitions for these disqualifications are set out in the Order.

2.15 Upon accepting membership of the Integration Joint Board, each member will be required to sign a Declaration of Acceptance of Office, which will require a declaration that they do not knowingly meet any of the disqualification criteria.

Resignation

2.16 A Member of the Integration Joint Board, other than the Chief Officer, the Chief Financial Officer and the Chief Social Work Officer, may resign his/her membership at any time during their term of office by giving notice to the Integration Joint Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting member the Integration Joint Board must inform the constituent authority that made the appointment.

Removal of Members

2.17 If a Member has not attended three consecutive meetings of the, Integration Joint Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Joint Board, the Integration Joint Board may, by giving one month's notice in writing to that Member, remove that person from office. The nominating body will be advised by the Chief Officer, and be required to make arrangements to fill the vacancy.

2.18 If a member acts in a way which brings the Integration Joint Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Joint Board, the Integration Joint Board may remove the member from office with effect from such date as the Integration Joint Board may specify in writing.

2.19 If a member is disqualified under article 8 [Disqualification] of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.

2.20 A voting Member ceases to be a member of the Integration Joint Board if they cease to be either a Councillor or a non executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2.21 A constituent authority may remove a member which it appointed by providing one month's notice in writing to the member and the Integration Joint Board.

Temporary Vacancies in voting membership

2.22 Shetland Islands Council and the Shetland NHS Board shall also attend to any issues relating to the resignation, removal and disqualification of members in line with the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

2.23 Where there is a temporary vacancy in the voting membership of the Integration Joint Board, the vote which would be exercisable by a member appointed to that vacancy may be exercised jointly by the other members nominated by the relevant constituent authority.

2.24 Where a temporary vacancy exists for more than six months, the Chairperson of the Integration Joint Board must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.

2.25 A vacancy in the membership of the Integration Joint Board will not invalidate anything done or any decision made by the Integration Joint Board.

Chairperson and Vice Chairperson

2.26 The first Chair of the Integration Joint Board will be appointed by the Council.

2.27 The initial term of office of the first Chairperson will be for the period to 31 March 2017.

2.28 Thereafter, the term of office of the Chairperson will be for a period not exceeding three years and carried out on a rotational basis between the appointments made by the Council and the NHS Board.

2.29 The Chairperson and Vice Chairperson will be drawn from the voting members appointed to the Integration Joint Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member appointed by the NHS Board and vice versa.

2.30 The NHS Board may only appoint as Chairperson or Vice Chairperson a voting member of the Integrated Joint Board who is a non-executive director of the Health Board.

2.31 The Council or NHS Board may change their appointee as Chairperson or Vice Chairperson during an appointing period.

2.32 The Vice Chairperson may act in all respects as the Chairperson of the Integration Joint Board if the Chair is absent or otherwise unable to perform his/her duties.

3.0 Code of Conduct and Conflicts of Interest

3.1 Members of the Integration Joint Board shall subscribe to and comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies.

3.2 All members who are not already bound by the terms of the Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

4.0 Committees

4.1 The Integration Joint Board may establish committees or sub-committees of its members for the purpose of carrying out such of its functions as the Board may determine.

4.2 Any established committees and sub-committees must include voting members, and must include an equal number of voting members appointed by the Health Board and local authority.

4.3 The Integration Joint Board shall appoint the chairs of these committees and sub-committees.

4.4 Any Integration Joint Board member may substitute for a committee or sub-committee member who is also an Integration Joint Board member.

4.5 The Integration Joint Board may establish working groups for such purposes and functions as the Board may determine.

4.6 The Board shall approve the terms of reference and membership of the committees, sub-committees and working groups and shall review these as and when required.

4.7 The Integration Joint Board shall appoint to fill any vacancy in the membership of committees, sub-committees and working groups as and when required.

4.8 The Integration Joint Board Standing Orders for Meetings shall also be applied to committee and sub-committee meetings, but not working group meetings.

4.9 The constitution and remit of any established Committees, Sub-Committees or Working Groups shall be added to this Scheme of Administration, at Annex A.

5.0 Responsibilities of the IJB on Behalf of the Parties

5.1 The local operational arrangements agreed by the Parties are:-

- The IJB has responsibility for the planning of the Integrated Services. This will be achieved through the Strategic Plan.
- The IJB is responsible for the operational oversight of Integrated Services and through the Chief Officer will be responsible for the operational management of Integrated Services.
- The IJB will be responsible for the planning of Acute Hospital services delegated to it but the Health Board will be responsible for the operational oversight of Acute Services and through a responsible Director for the operational management of all Acute Services. The Health Board will provide information on a regular basis to the Chief Officer and the IJB on the operational delivery of Acute Services.
- The Chief Officer and Director responsible for Acute Services will establish joint arrangements to ensure effective working relationships across the whole Health & Care system. These will be built on the existing joint working arrangements including joint acute and community strategic meetings and co-location of senior managers from acute and community services.
- The detailed commissioning and operational delivery arrangements will be set out in the Strategic Plan.
- The Parties will support the IJB to work closely with Shetland's Community Planning Partnership as required by the Scottish Government.
- The IJB will be responsible for the development and maintenance of a set of performance measures including the Outcomes, national targets, the national inspection processes and locally developed targets.
- The IJB will establish a Strategic Planning Group which will develop the Strategic Plan for the IJB.
- The Strategic Plan will include the nationally determined performance measures and targets to meet the Outcomes, other national targets and local targets relating to the integrated functions. These will be developed and articulated through the process of preparing the Strategic Plan.
- A Strategic Plan has been developed for 2015-18 and this will be presented to the IJB in the first cycle of meetings for its consideration. The IJB will develop the three

year Strategic Plan for 2016-19. Thereafter the IJB will maintain and develop the Strategic Plan, updating the Strategic Plan at least every three years as required by the legislation.

- The IJB will prepare and publish an Annual Report as required by the legislation.

6.0 MATTERS RESERVED TO THE INTEGRATION JOINT BOARD

6.1 The following is a comprehensive list of what is reserved to the Integration Joint Board. Matters which are not reserved may be delegated, in accordance with the provisions of the Integration Scheme.

Reserved matters:

1. To change the name of the Integration Joint Board;
2. To receive any certified abstract of the Integration Joint Board's annual accounts;
3. Approval of the any investment strategy and annual investment report;
4. Any other functions or remit which is, in terms of statute or other legal requirement bound to be undertaken by the Integration Joint Board itself;
5. To establish such committees, sub-committees and working groups as may be considered appropriate to conduct business and to appoint and remove Chairpersons, Vice Chairpersons and members of committees and working groups;
6. The approval annually of the Revenue Budget;
7. The approval annually of the Capital Plan;
8. The incurring of any net new expenditure not provided for in the estimate of capital or revenue expenditure unless, such expenditure is reported to and approved by the Board;
9. The approval or amendment of the Scheme of Administration regulating the constitution, membership, functions and powers of Committees of the Integration Joint Board;
10. The approval or amendment of the Standing Orders regulating meetings proceedings and business of the Integration Joint Board and Committees;
11. The approval or amendment of the Scheme detailing those functions delegated by the Integration Joint Board to its Officers;
12. The appointment and the dismissal of the Chief Officer or the S95 Financial Officer;

13. The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;
14. The approval or amendment of the Strategic Plan;
15. To fix and amend a programme of Board and committee meetings; and
16. To deal with matters reserved to the Integration Joint Board by Standing Orders, Financial Regulations and other Schemes approved by the Integration Joint Board.

6.2 In exercising its functions, the IJB must take into account the Parties' requirement to meet their respective statutory obligations, including those that pertain to the functions delegated by virtue of the Integration Scheme.

7.0 Delegations of Functions

NHS Shetland Functions/Services:

7.1 The functions that are to be delegated by the Health Board to the IJB are set out in Part 1 of Annex 1 of the **Integration Scheme**.

7.2 The services to which these functions relate, which are currently provided by NHS Shetland and which are to be integrated, are set out in Part 2 of Annex 1 of the **Integration Scheme**.

7.3 The functions in Part 1 are being delegated only to the extent that they relate to services listed in Part 2 of Annex 1 of the **Integration Scheme**.

7.4 For both Part 1 and Part 2, services relate to those for Adults unless stated otherwise in the Annex. For services delivered in hospital, delegation only relates to the care and treatment provided as part of that service by health professionals.

Shetland Islands Council Functions/Services:

7.5 The functions that are to be delegated by the Council to the IJB are set out in Part 1 of Annex 2 of the **Integration Scheme**.

7.6 The services to which these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2 of the **Integration Scheme**.

7.7 For both Part 1 and Part 2, services relate to those for Adults unless stated otherwise in the Annex to the **Integration Scheme**.

7.8 With regard to their respective functions that are not delegated by virtue of the Integration Scheme, the Parties retain their distinct statutory responsibilities and their formal decision-making roles.

8.0 General Restrictions on Exercise of Delegated Powers by Officers

8.1 If any decision proposed under delegated powers might lead to a budget being exceeded, the officer must consult with the Chair of the Integration Joint Board before exercising the delegated power.

8.2 The Chief Officer must ensure that the Chair of the Integration Joint Board, is where appropriate consulted on matters of a controversial nature. Where appropriate, such matters should be referred to the Integration Joint Board or the appropriate Committee for decision.

8.3 In particular and without prejudice to the foregoing, the Chief Officer will exercise particular care in determining whether a matter is to be regarded as controversial in the following circumstances:-

- Where determination of the issue may involve a decision contrary to local or national policy, the Strategic Plan or the determination may lead to a breach of a relevant Code of Guidance.
- Where it is proposed that any issue be determined contrary to significant objections or the strong recommendation of Statutory Consultees.
- The Officer proposes to determine the matter, or act in a manner, contrary to the recommendation of other officers whom he/she is obliged to, or has chosen to, consult with.
- There are perceived public safety or significant public policy issues dependent on the determination (save in the case of urgency as aforesaid).

- Standing Orders, National or International regulation requires determination otherwise.
- There are questions of legality or financial advisability/probity involved.

9.0 Chief Officer

9.1 The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the Integration Joint Board and will be a member of the senior management teams of the Parties. The Chief Officer will lead the development and delivery of the Strategic Plan for the Integration Joint Board and will be accountable to the IJB for the content of the directions issued to the Parties by the Integration Joint Board and for monitoring compliance by the Parties with directions issued by the Integration Joint Board.

9.2 The Director of the Community Health and Social Care is the Chief Officer appointed by the Shetland Islands Integration Joint Board. The arrangements in relation to the Chief Officer agreed by the Parties are:

- The Chief Officer reports directly to both the Chief Executive of the Council and the Chief Executive of the Health Board and is a full member of the senior management teams of both the Council and the Health Board.
- The management structure for operational delivery of the integrated services managed by the Chief Officer is through a single hierarchical management structure illustrated in the detailed organisational structure diagram, which is included in the Supplementary Documentation to the Integration Scheme.

The management structure and levels of authority including the management of services in localities is summarised in the Supplementary Documentation to the Integration Scheme.

- The Chief Executives of the Council and the Health Board, at the request of the IJB and in conjunction with the Chief Officer where appropriate, will be responsible for making cover arrangements through the appointment or nomination of a suitable interim replacement or depute in the event that the Chief Officer is absent or otherwise unable to carry out their functions.

- The Chief Officer and the Director for Acute Services will both sit on the Health Board Senior Management Team, and will establish joint arrangements to ensure effective working relationships across the whole health and care system.

10 Chief Finance Officer

10.1 The Chief Officer in his/her operational role within NHS Shetland or the Shetland Islands Council is responsible for the financial management of any operational budgets and is accountable for this to the NHS Shetland's Chief Executive or the Council's Section 95 officer.

10.2 The Integration Joint Board will develop and approve its own financial regulations. The Chief Finance Officer will periodically review these financial regulations and present any proposed changes to the Integration Joint Board for its approval.

10.3 The Chief Finance Officer appointed by the Shetland Islands Integration Joint Board has overall responsibility for the following services:

Finance including: Audit; Financial Management; and any Procurement by the Health and Social Care Partnership.

10.4 The Chief Finance Officer is responsible for the leadership and co-ordination, planning and policy and the strategic management of those services, and the extent of delegation is contained within the approved Financial Regulations.

10.5 The Chief Finance Officer will be responsible for preparing the Integration Joint Board's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

10.6 The Chief Finance Officer will also be responsible for preparing the annual financial statement that the IJB must publish under Section 39 of the Act.

10.7 The Chief Finance Officer will also be responsible for preparing a medium-term financial plan which sets out what the Integration Joint Board intends to spend in

implementation of its Strategic Plan and which will be incorporated into the Strategic Plan.

10.8 The Chief Finance Officer will be responsible for producing finance reports to the Integration Joint Board, ensuring that those reports are comprehensive. The Council and NHS Shetland will provide the appropriate information to allow the Chief Financial Officer to produce these reports.

10.9 The Chief Finance Officer will liaise closely with the Council's Section 95 officer and NHS Shetland's Director of Finance and their teams in order to discharge all aspects of his or her role.

END

Annex A - Committees, Sub-Committees and Working Groups

Clinical Care and Professional Governance Committee

TERMS OF REFERENCE**1. Purpose of CCPGC**

- 1.1 There is an expectation that the Board of Directors of a health body in Scotland will establish a clinical governance committee to provide assurance to the Board that appropriate clinical governance mechanisms are in place and effective throughout the organisation. The CCPGC is recognised as a formal sub-committee of Shetland NHS Board (the Health Board) and CCPGC will fulfil this purpose for the Health Board i.e. the CCPGC will fulfil the assurance role with regard to the clinical governance arrangements of all the health services delivered or purchased by the Health Board as required by statute including health services directed by the Integration Joint Board (IJB) established to implement the requirements of the Public Sector (Joint Working) (Scotland) Act 2014.
- 1.2 The CCPGC will also oversee the care governance arrangements for social care services provided or purchased by Shetland Islands Council (the Council) including social care services under the direction of the IJB.
- 1.3 CCPGC will ensure that appropriate mechanisms are in place for the effective engagement of representatives of patients, clinical staff and other professionals in clinical, care and professional governance activities.
- 1.4 A high level diagram showing the Clinical, Care and Professional Governance Framework is attached to the end of this Terms of Reference, detailed governance diagrams showing the links with other NHS and Council governance frameworks are available separately.

2. Composition of CCPGC**2.1 Membership**

2.1.1 CCPGC will comprise:

- A Non-Executive Member of the Health Board as Chairperson
- The Chairs of the Audit Committees of the Health Board, the

- Council and the IJB
- 2 x Non-Executive Members of the Health Board, one of whom must be a member of the IJB
- 2 x elected members of the Council, one of whom must be a member of the IJB and the other must be the Chair of the Committee of the Council with responsibility for Children's Social Work Services
- The Employee Director of the Health Board
- A staff representative of the Council nominated by the Council's Employee Joint Consultative Committee (EJCC)

2.1.2 CCPGC Chairperson shall be appointed by the Health Board at a fully constituted meeting.

2.1.3 Membership of the CCPGC shall be disclosed in the Annual Report and Accounts of the Health Board.

2.1.4 Appropriate training and development will be provided to ensure that members of CCPGC have the skills and knowledge to carry out this role.

2.2 In Attendance

2.2.1 The following may attend meetings of CCPGC and have access to the papers subject to any restrictions that may apply as determined by the Chair of CCPGC:

- Other Members of the Health Board, the Council and the IJB
- Two Patient Forum Representatives

2.2.2 The following officers of the Council, the Health Board and the IJB or their nominees shall normally attend meetings:

- The Chief Executives of the Health Board and the Council;
- The Director of Community Health & Social Care in their role as Chief Officer for the IJB;
- The Clinical Governance Manager for the Health Board and the Health & Safety Manager for the Council
- The Chief Social Work Officer
- The Director of Pharmacy
- The Dental Director
- The Medical Director
- The Director Nursing & Acute Services
- The Director of Public Health
- The chair of the Joint Governance Group (JGG)
- The chair of the Area Clinical Forum (ACF) and/or their nominated deputy
- A Joint Staff Forum Representative
- The Executive Leads for Information Governance for the

Health Board and the Council.

- A General Practitioner (GP)

2.2.3 The Chairperson of CCPGC shall attend the Health Board's Annual Review Public Meeting to answer questions about the work of CCPGC, if required.

3. Meetings of the Committee

3.1 Frequency

3.1.1 CCPGC shall meet as required, with Meetings normally held at least quarterly in each financial year at a place and time as determined by the Committee and to coincide with key events during the year, e.g. Clinical, Care and Professional Governance Annual Report production.

3.1.2 The Chairperson of CCPGC may at any time convene additional Meetings of CCPGC to consider business, which may require urgent consideration. These meetings may be attended exclusively by Committee Members, as approved by the CCPGC Chairperson.

3.1.3 CCPGC should meet individually with the Internal and External Auditors of the Health Board, the Council and the IJB, once per year, without any Executive Directors/Officers present other than as required to make a proper record of the meeting. It is recognised that the Chief Executive of the Health Board is the Accountable Officer for the Health Board, and that the section 95 officers of the Council the IJB are the Accountable Officers for the Council and the IJB respectively and nothing should be discussed at these meetings with the Auditors which could conflict with the duties of the Accountable Officers. If there were circumstances that may arise that would be in conflict with the duties of one or more of the Accountable Officers, then the Accountable Officer(s) should be invited to attend the Meeting(s) for the discussion of any such matters that would affect their individual role(s).

3.2 Agenda and Papers

3.2.1 The Chairperson will set the agenda in conjunction with the Chair of the JGG (or their depute) and the Chief Social Work Officer.

3.2.2 The Agenda and supporting papers will be sent out at least five working days in advance of the meetings.

- 3.2.3 All papers will clearly state the agenda reference, the author and the purpose of the paper and set out the matters which the CCPGC is asked to consider and the actions on which the CCPGC is asked to advise.

3.3 Quorum

- 3.3.1 Three Members of CCPGC, one from the Health Board, one from the Council and one from the IJB, shall constitute a quorum.

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 either video or tele-conference link will be determined to be in attendance.

3.4 Minutes

- 3.4.1 Formal minutes shall be taken of the proceedings of CCPGC. Any confidential items will be recorded separately.

- 3.4.2 Draft Minutes shall be distributed for consideration and review to the Chairperson of the Meeting prior to the Chairperson giving a verbal update to the ensuing Health Board Meeting. Summary reports will be presented to the ensuing meetings of the Council's Policy and Resources Committee, the IJB and the Council's Education and Families Committee. These updates will ensure that any questions Members of the Health Board, the Council or the IJB may have can be addressed promptly and/or other matters highlighted for consideration of CCPGC.

- 3.4.3 The draft Minutes shall be presented at the next Meeting of CCPGC for approval.

Formally approved Minutes shall be included in Health Board Meeting papers, in papers for the Council's Policy and Resources Committee, the IJB and the Council's Education and Families Committee for noting following approval by CCPGC.

4. Authority

- 4.1 CCPGC is authorised by the Health Board, within its Terms of Reference, to investigate any activity in the operations of NHS Shetland.

To this end, CCPGC is authorised to seek and obtain any information it requires from any employee of the Health Board. All employees of the Health Board are directed to co-operate with any request made by CCPGC.

- 4.2 With regard to health care matters only, CCPGC is authorised by the Health Board to obtain external legal or other independent professional advice and to secure the assistance of people from outside NHS Shetland or the wider NHS, with relevant expertise, if it is considered necessary. All costs in this regard will be met by the Health Board.
- 4.3 CCPGC is authorised by the Council, within this Terms of Reference, to request an investigation into any activity in the operations of the Council with regard to social work and social care functions. This does not give authority to CCPGC to direct or manage any social work/care activity or any activity with regard to a complaint that is subject to the Council's Social Work Complaints Procedure.

With these exceptions, CCPGC is authorised to seek and obtain any information it requires from the Council in order to fulfil its remit. All employees of the Council are directed to co-operate with any reasonable request made by CCPGC.

- 4.4 If CCPGC advises that external legal or other independent professional advice or assistance of people from outside the Council with relevant expertise for any matters relating to social work/care functions should be sought, then CCPGC must make a request for such assistance through the Council's Director of Corporate Services who will consult with the Chief Social Work Officer.

If approved, any costs in this regard will be met by the Council.

- 4.5 It should be noted that similar provisions will be considered for the IJB itself if, at some point, the IJB were to directly employ staff or provide services.

5. Duties of the Clinical, Care and Professional Governance Committee

The duties of CCPGC shall be as follows.

5.1 General

- 5.1.1 Check and report to the Health Board, the Council and the IJB that appropriate structures are in place to undertake activities which underpin clinical, care and professional governance;
- 5.1.2. Review the systems of clinical, care and professional governance, monitoring that they operate effectively and that action is being taken to address any areas of concern;
- 5.1.3 Review the mechanisms which exist to engage effectively with health and social care partners, key stakeholders and the public;
- 5.1.4 Encourage continuous improvement in service quality;
- 5.1.5 Ensure that an appropriate approach is in place to deal with clinical, care and professional risk management (including patient safety) across all health and social care systems,

- working within the overall Risk Management Strategies for the Health Board, the Council and the IJB;
- 5.1.6 Review performance in the management of clinical, care and professional risks, including emergency planning and service/business continuity planning;
 - 5.1.7 Promote positive complaints handling, advocacy and feedback including learning from adverse events;
 - 5.1.8 Receive reports on child and adult protection activities;
 - 5.1.9 Review clinical, care and professional performance indicators bi-annually to gain assurance across the whole health and social care system;
 - 5.1.10 Review the approaches to Information Governance and Records Management taken by the Health Board and the Council, monitoring that these operate effectively and that action is taken to address any areas of concern, and
 - 5.1.11 Review the Annual Clinical, Care and Professional Governance Statement/Report.

5.2 Clinical, care and Professional Governance – Internal Audit

- 5.2.1 Review the Internal Clinical, Care and Professional Governance Strategy and Audit programmes of the Health Board, the Council and the IJB;
- 5.2.2 Make recommendations to the NHS Shetland Audit Committee, the Council's Audit Committee and/or the Audit Committee of the IJB as appropriate on the requirements for internal audit activity;
- 5.2.3 Receive and consider Audit Reports along with regular Progress Reports on all health and care clinical, care and professional governance matters;
- 5.2.4 Review the actions taken by the Accountable Officers of the Health Board, the Council and/or the IJB on any recommendations or issues arising from Audit Reports, that relate to clinical, care and professional governance (paragraph 3.1.3 refers);
- 5.2.5 Review the effectiveness of the Audit and service improvement programmes of the Health Board, the Council and the IJB with regard to health and social care clinical, care and professional governance.

5.3 Clinical, Care and Professional Governance – External Monitoring

- 5.3.1 Review Audit and Inspection Reports from external monitoring and scrutiny bodies e.g. Healthcare Improvement Scotland, Care Inspectorate, Audit Scotland in relation to clinical, care and professional governance; and
- 5.3.2 Monitor and report to the Health Board, the Council and /or the IJB as appropriate to give assurance that appropriate actions in

relation to external review and monitoring of clinical, care and professional governance are being taken.

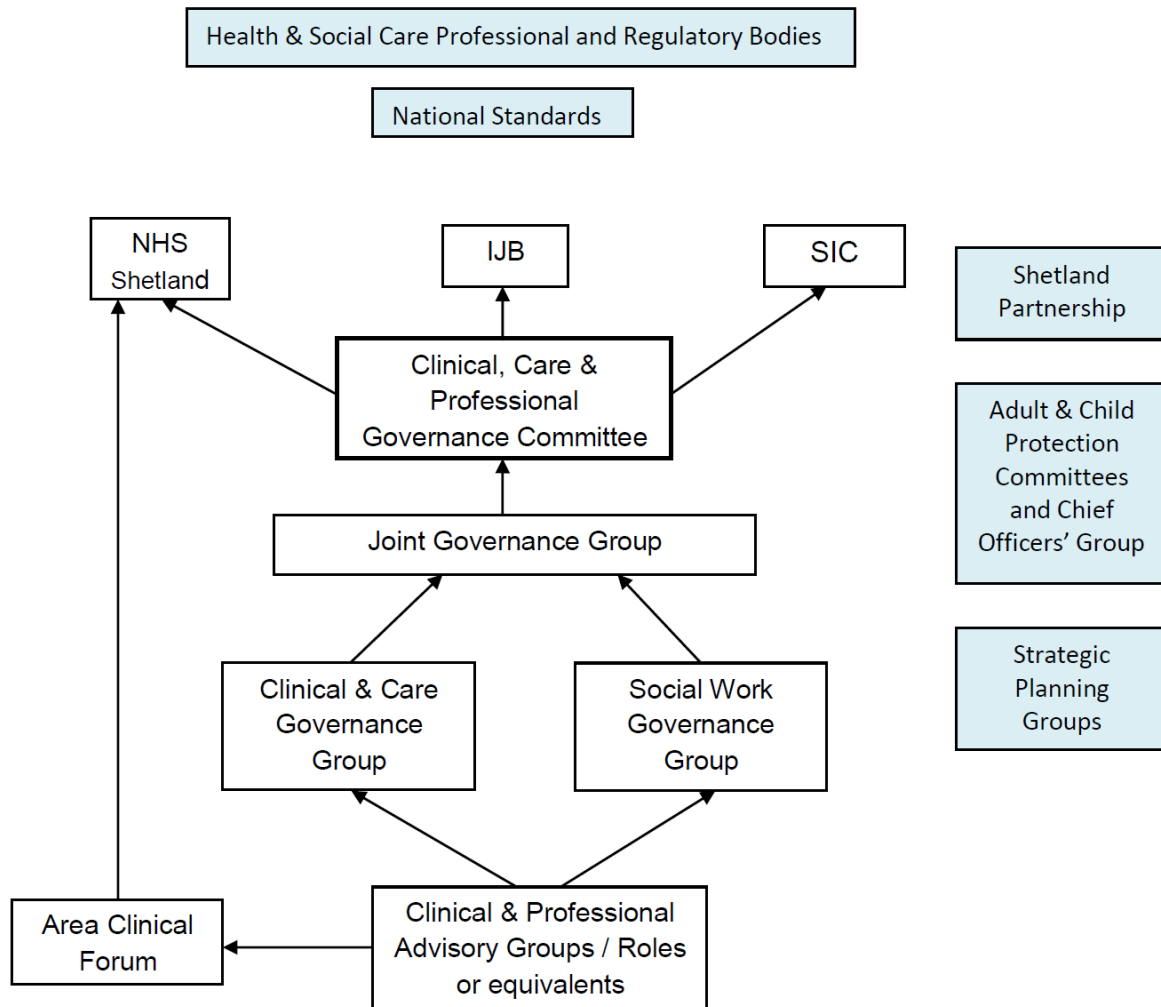
6. Reporting to the Health Board, the Council and the IJB

- 6.1 In addition to reporting to the Health Board, the Council and the IJB through the provision of updates whether verbal or through a summary report and providing copies of the approved Minutes of Meetings of CCPGC as outlined in 3.4 above, CCPGC will produce an Annual Report for the Health Board, the Council and the IJB to be presented by CCPGC Chairperson
- 6.2 CCPGC has a duty to review its own performance and effectiveness, including running costs and terms of reference and key performance indicators on an annual basis.

This information will be included in CCPGC's Annual Report.

END

Clinical, Care and Professional Governance Framework



TERMS OF REFERENCE

1. INTRODUCTION

- 1.1 The Integration Joint Board (IJB) is required to properly manage its financial affairs. A key component to fulfilling this obligation would be to have an Audit Committee. .
- 1.2 The IJB Audit Committee was established as a Standing Committee of the IJB on 25 August 2015.

2. PURPOSE OF THE IJB AUDIT COMMITTEE

The IJB Audit Committee will have a key role with regard to:

- 2.1 Ensuring sound governance arrangements are in place for the IJB; and
- 2.2 Ensuring the efficient and effective performance of Shetland’s Health and Social Care Partnership in order to deliver the outcomes set out in the Integration Scheme.

3. CONSTITUTION OF THE IJB AUDIT COMMITTEE

Appointments

- 3.1 The IJB will make all appointments to the IJB Audit Committee including the appointment of the Chair and Vice-chair of the Committee.

Membership

- 3.2 The Committee will consist of four voting members of the IJB comprising two elected members of the Council and two non-executive members of the Health Board.

Chair and Vice-Chair

- 3.3 The Chair and Vice-Chair of the IJB Audit Committee will be voting members of the IJB appointed from amongst those members appointed to the IJB Audit Committee; one will be an elected member of the Council and the other will be a non-executive member of the Health Board. They may not also be either the Chair or Vice-Chair of the IJB.
- 3.4 The role of Chair and Vice-Chair will rotate every 3 years with the first rotation taking place in May 2017.

Quorum

- 3.5 In accordance with the IJB Standing Orders for meetings, two members of the Committee will constitute a quorum, being one elected member of the Council and one non-executive member of the Health Board.

Frequency of Meetings

- 3.6 The Committee will meet at least quarterly.

In Attendance

- 3.7 The Chief Officer, Chief Finance Officer and Chief Internal Auditor and other professional advisers or their nominated representatives will normally attend meetings. Other persons shall attend meetings at the discretion of the Chair.
- 3.8 The external auditor will be invited to attend meetings of the IJB Audit Committee.

Sub-groups

- 3.9 The Committee may at its discretion set up working groups for specific tasks. Membership of working groups will be open to anyone whom the IJB Audit Committee considers will be able to assist in the task assigned. The working groups will report their findings and any recommendations to the IJB Audit Committee.

4. POLICY AND DELEGATED AUTHORITY

- 4.1 The IJB Audit Committee is authorised to request reports and to make recommendations to the IJB on any matter which falls within its Terms of Reference.

5. REMIT

- 5.1 The IJB Audit Committee will review the overall internal control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement and any other matters within its Terms of Reference.

- 5.2 Specific areas of responsibility include:

Performance Monitoring and Best Value

1. To ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against agreed objectives, levels and standards of service.
2. To consider reports on performance and to review progress against the national outcomes and the outcomes in the Strategic Plan.
3. To review and advise on Best Value and performance initiatives.

Audit

1. To review and recommend the annual Internal Audit Plan to the IJB.
2. To oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate.
3. To consider monitoring reports on the activity of Internal Audit.
4. To consider External Audit Plans and reports as appropriate; any matters arising from these and management actions identified in response.

5. To review risk management and insurance arrangements and receive regular risk management updates and reports.
6. To ensure compliance with IJB governance arrangements and strategies e.g. Risk Management Strategy, Participation and Engagement Strategy.
7. To be responsible for setting its own work programme including reviews in order to properly advise the IJB on matters covered by the IJB Audit Committee's Terms of Reference.

Final Accounts

1. To consider the annual financial accounts of the IJB and any related matters before submission to and approval by the IJB.

Standards

1. To promote the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards in Public Life etc (Scotland) Act 2000;
2. To assist IJB Members in observing the relevant Codes of Conduct.

END

Strategic Planning Group

TERMS OF REFERENCE

Purpose

All stakeholders must be fully engaged in the preparation, publication and review of the Strategic Commissioning Plan as part of an on-going, cyclical process. To ensure this, the Act requires each Integration Authority to establish a Strategic Planning Group.

Role

The role of the Strategic Planning Group (SPG) is to support the Integration Joint Board in the cyclical development and finalising of the Plan and the continuing review of the progress in its delivery against the agreed national and local outcomes. The Strategic Commissioning Plan should be revised as necessary (and at least every three years), with the involvement of the Strategic Planning Group.

The Strategic Planning Group will take account of the relevant legislation and national guidance specifically the Strategic Commissioning Plans Guidance <http://www.gov.scot/Resource/0046/00466819.pdf> and Localities Guidance <http://www.gov.scot/Resource/0048/00481100.pdf>.

It will be concerned with supporting and challenging those responsible for strategic commissioning in the development of the local plan, for instance through asking:

- What exactly are we trying to achieve, and for whom?
- How successful have we been?
- What do we need to do differently for a better result, and how are we going to resource that?

Or using the series of questions included in the guidance based on work by Audit Scotland:

- How many people will need services and what type will they need?
- What is the current provision, is it the right level, quality and cost?
- How can these services improve people's lives?
- Which Services will best achieve this?
- How do we develop these services at an affordable cost?
- How do we procure and deliver these services to best effect?
- How do we monitor and review these services?

The views of localities must be taken into account so that the Strategic Commissioning Plan reflects closely the needs and plans articulated at locality level.

The role of the Strategic Planning Group is set out in the legislation and is to be consulted and provide feedback:

- At each stage of the production of the Strategic Plan; and
 - In respect of any significant decision about the arrangements for carrying out the 'integration functions' that the Board proposes to implement without revising the Strategic Plan.
- Review detailed business cases and change plans on behalf of the IJB to ensure they are robust and meet the aims of the strategic plan.

- Provide assurance to the IJB that there has been appropriate consultation and engagement in line with the statutory responsibilities for any service changes.
- Review the planning structures in place and provide assurance to the IJB that appropriate planning mechanisms exist within the partnership, and between the partnership and key stakeholders.
- Provide a forum for discussion and debate in relation to emerging themes and national or local initiatives which emerge following the finalisation of the Strategic Plan.
- Receive updated Joint Strategic Needs Assessment and performance information as this emerges to inform the annual review of the Strategic Plan.
- Collaborate on the production of future iterations of the Strategic Plan.
- Oversee delivery of the Strategic Plan on behalf of the IJB.

Support for meetings

The secretariat for the Strategic Planning Group will be provided by the NHS Head of Planning and Modernisation in line with Shetland's Integration Scheme.

Agendas for meetings will be issued no later than five working days before the date of the meeting. Papers will be issued electronically, but will be available as paper copies on request or by arrangement. Meetings will be formally minuted, and the minutes will be reported to the IJB on a regular basis.

Frequency of meetings

It is anticipated that the Strategic Planning Group will meet formally once a quarter. Additional meetings may be called to deal with particular items of business in agreement with the Chairman. A schedule of meetings in line with the planning cycle for developing the Joint Strategic Commissioning Plan will be drawn up once the IJB has approved the Terms of Reference and Membership.

Notice of meetings

All ordinary meetings of the Strategic Planning Group shall be called by notice in writing issued by or on behalf of the chairman at least five working days before the date of the meeting.

Conduct of meetings

The Strategic Planning Group is an advisory group to the IJB and therefore there will be no formal voting in meetings. Differences of opinion will be reported to the IJB to take into account in its decision making.

A meeting shall be considered quorate if a minimum of seven members are present.

Minutes shall be taken of the proceedings of the Strategic Planning Group. Draft Minutes shall be distributed for consideration and review to the Chairman of the Meeting and the draft Minutes shall be presented at the next Meeting of the Group for approval. Formally approved Minutes shall be included in Integration Joint Board Meeting papers for noting.

The meetings will not be held in public (minutes will be published via reporting to the IJB).

Membership

Membership is set out in Table 1.

Table 1

STATUTORY MEMBERSHIP	LOCAL REPRESENTATION
Users of health care	A health care user representative to be identified from the current PFPI arrangements
Users of social care	A social care user representative to be identified from the current PFPI arrangements
Carers of users of health care Carers of users of social care	A carers representative to be identified from the current Carers Support arrangements representing carers of health and social care users. A representative of carers' support via the Carers Support Team
Commercial providers of health care	A representative of local commercial providers to be sought (engagement with Boots, Freefield and Brae commercial pharmacy businesses; Independent dental and optometry businesses) ¹
Commercial providers of social care	N/A
Non-commercial providers of social care	Crossreach (Walter and Joan Gray Care Centre, Scalloway)
Non-commercial providers of social housing	Hjatland Housing Association
Non-commercial providers of health care	N/A
Health professionals ²	A representative to be identified via Area Clinical Forum
Social care professionals ³	A representative to be identified via Area Clinical Forum
Third sector bodies carrying out activities related to health or social care	A representative identified via Voluntary Action Shetland
Members ⁴ nominated by the Local Authority or the Health Board, or both	Director of Public Health & Planning (Chair) IJB Chief Officer / Director of Community Health & Social Care (Vice-Chair) Director of Nursing & Acute Services (NHS)

¹ A meeting of local commercial providers will be held to seek representation

² As described in the legislation – see Strategic Commissioning Guidance

³ As described in the legislation – see Strategic Commissioning Guidance

⁴ The group must involve members nominated by the Local Authority or the Health Board, or both. In effect, this provides for the partners who prepared the Integration Scheme, and are party to the integrated arrangements, to be involved in the development of the strategic commissioning plan.

	Other officers as determined by the IJB Chief Officer
Representatives of the interests of each locality ⁵	TBC by IJB Chief Officer, Director of Community Health & Social Care
Other persons the Integration Authority considers appropriate, such as Local Authority housing colleagues	A representative of SIC Housing Dept

Chairman: The role of Chairman will be taken initially by the NHS Head of Planning and Modernisation who has responsibility to the IJB for supporting the development of the Joint Strategic Commissioning Plan as set out in Shetland's Integration Scheme.

The role of Vice-Chairman will be taken by the IJB Chief Officer, the Director of Community Health & Social Care.

Members Roles

Strategic commissioning is crucially about establishing a mature relationship between different partners from across the public, third and independent sectors in a way which will help to achieve the best services for the population. Providers themselves will bring knowledge and experience of their services and the outcomes they are delivering. Every partner has a role to play in strategic commissioning, and that is why it is important that local arrangements promote mature relationships and constructive dialogue. Members will be expected to:

- represent their sector or professional area (community of interest) see Table 1 and relevant Guidance;
- ensure the interests of the agreed localities are represented;
- develop and maintain the necessary links and networks with groups and individuals in their community of interest to enable views to be sought and represented over the development, review and renewal of the Strategic Commissioning Plan;
- take an active role in the development of the initial draft of the Strategic Commissioning Plan (as well as the subsequent drafts);
- help ensure the Plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations) both across Shetland and in the localities.

END

⁵ The Integration Authority is required to identify the most appropriate person to represent each locality on the Strategic Planning Group. Local flexibility is allowed, so that an individual can represent more than one locality.