Agenda Item

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Shetland Islands Council

# MINUTE - PUBLIC

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| **Meeting** | Integration Joint Board |
| **Date, Time and Place** | 29 July 2015 at 2.30 p.m.<br>Council Chamber, Town Hall, Lerwick, Shetland |
| **Present [Members]** | Voting Members<br>G Cleaver<br>B Fox<br>K Massey<br>C Smith *[Chair]*<br>C Waddington *[Vice-Chair]*<br>M Williamson<br><br>Non-voting Members<br>S Beer, Carers Representative<br>S Bokor-Ingram, Chief Officer<br>H Massie, Patient/Service User Representative<br>M Nicolson, SIC Chief Social Work Officer<br>E Watson, NHS Chief Nurse Community and ACF<br>K Williamson, Chief Financial Officer |
| **In attendance [Observers/Advisers]** | M Boden, Chief Executive SIC<br>C Ferguson, Director of Corporate Services SIC<br>J Riise, Executive Manager – Governance and Law SIC<br>S Duncan, Financial Accountant SIC<br>L Hall, Director of Human Resources and Support Services NHS<br>A Cogle, Team Leader – Administration SIC *[note taker]* |
| **Apologies** | Non-voting Members<br>S Bowie, Senior Clinician – GP<br>S Gens, SIC Staff Representative<br>C Hughson, Voluntary Sector Representative<br>I Sandilands, NHS Staff Representative<br><br>Observers/Advisers<br>R Roberts, Chief Executive NHS |

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| **Chairperson** | Mr C Smith, Chair of the Integration Joint Board, presided. |
| **Declarations of Interest** | None. |

| 02/15 | Constitutional Documents |
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| **Report No. IJB-150729-01** | The Board considered a report which sought approval for the following constitutional documents, with immediate effect, with or without amendment: Scheme of Administration; Standing Orders for Meetings; and Financial Regulations.<br><br>The Executive Manager Governance and Law introduced the report, explaining to members the importance of these documents, not only for the conduct of IJB business, but for accountability and audit purposes. He said that these documents would be drawn on heavily when producing an end of year governance statement, and would illustrate that the decisions taken by the IJB had been done in a proper, legal and financially prudent manner.<br><br><u>Scheme of Administration</u><br><br>The Executive Manager – Governance and Law then introduced the Scheme of Administration, highlighting the main points for consideration. He said that the Scheme identified the constitution of the IJB as a body corporate, and explained the significance of this in legal terms and accountability through the courts. He also explained that the IJB was a devolved public body and to this extent it was accountable to a number of institutions and to the public and so meetings would be held in public.<br><br>The Executive Manager – Governance and Law went on explain that the Scheme identified the membership of the IJB, including the voting, non-voting and appointed officer members, and this mirrored the statutory requirements, including the provision to appoint proxies. He added that the Scheme went on to set out a range of matters relating to the terms of office, casual vacancies and appointment of the Chair and Vice-Chair. He said it also made reference to the code of conduct and how conflicts should be considered and declared at meetings, pointing out the dispensation that IJB members had received from the Standards Commission in relation to their existing roles on their appointing bodies.<br><br>The Executive Manager – Governance and Law said that the Scheme included provisions for the appointment of Committees, and in this regard the Integration Scheme required the appointment of an Audit Committee and a Care and Clinical Governance Committee, the terms of reference for which would be appended to the Scheme once established by the IJB. He said that the Scheme concluded with the responsibilities of the IJB, including those services which were delegated by statute, or delegated to the IJB by agreement of the parties, and also listed those matters which were reserved to the Board, and explained the roles of the Chief Officer and the Chief Financial Officer.<br><br>Dr C Waddington referred to paragraphs 2.5 and 2.6 of the Scheme in relation to the appointment of Proxies or substitutes. |

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| | She referred to the provisions within the Standing Orders for attendance at meetings by remote participation, and proposed that this should be referred to within this section.<br><br>The Board concurred and, on the motion of Mr C Smith, seconded by Mr K Massey, adopted the Scheme of Administration, subject to an amendment at sections 2.5 and 2.6 to make reference to remote participation.<br><br><u>Standing Orders for Meetings</u><br><br>The Executive Manager – Governance and Law introduced the Standing Orders, and said that these had been produced with a lot of input from members. He said they had been drafted to take account of legislation, but had also had some modification to suit local needs. The Executive Manager said that there had been some helpful contributions from individual members during the drafting stage, and these had also been incorporated where possible. He said that one issue that had arisen was the extent to which the role and responsibility of the Chair or Vice-Chair had in proceedings. He went on to explain the importance of this role, particularly in giving the Chair the power to take control and ensure that business is properly transacted at meetings. The Executive Manager added that the Chair does not often have to apply the rules, but they were to be used when the need arose.<br><br>With regard to attending meetings from a remote location, the Executive Manager pointed out that in terms of the chairing of meeting, it was therefore possible for the Chair to chair the meeting from a remote location, but it was within the gift of the Chair to allow another member to run the meeting within the room, but the Chair retains responsibility for any procedural rulings, if necessary.<br><br>The Executive Manager – Governance and Law drew attention to the remaining sections of the Standing Orders, summarising the procedures for declaring interests at meetings, discussion and decision making, voting and appointments, and public participation in relation to petitions and deputations.<br><br>Ms S Beer referred to section 6.6.4 and asked for clarification as to whether the non-voting members would be permitted to vote on the correctness of the minutes. The Executive Manager – Governance and Law advised that whilst any member, including non-voting members may raise matters relating to the correctness or otherwise of the minutes, any motion to approve the minutes, as presented or as amended, could only be made by voting members. He went on to confirm that if the none of the required voting members were present at the meeting, as set out in paragraph 6.6.4, the minutes would be held over for approval to the next meeting when those members would be present. He explained further that the reason for restricting approval of the minutes to the voting members was that minutes |

were a probative document and have a legal context that cannot be altered or reduced in value because of any local desire to have non-voting members approve them, as in every respect, a decision to approve the minute was the same as any other decision of the IJB.

Mr G Cleaver referred to paragraph 6.4.5 and proposed that consultation by Chief Officer in relation to unresolved matters, include the Chair and Vice-Chair. The Board concurred with this proposal.

Mr Cleaver then referred to paragraph 6.5 and said that, by way of example, the Council's Standing Orders for meetings allowed for matters to be considered within 6 months if there was a material change in circumstances. He asked whether Standing Order 6.5 would make prevent reconsideration of a decision which may be affected by a material change in circumstances. The Executive Manager – Governance and Law said that this section of the Standing Orders would allow for a matter to be considered before suspending the standing order. In this regard, he said that the Chief Officer would be permitted to come back to the IJB with any matter resulting from a material change of circumstances, or on a question of legality, and the IJB would be asked to consider the matter and then suspend standing orders if a previous decision required changing. He reassured members that this standing order would not prevent any matter from being reconsidered, but that Members had to bear in mind their responsibilities under the Code of Conduct to ensure that their decisions were legal, and that members remained accountable for those decisions.

Reference was made to paragraph 5.6.1 regarding remote attendance at meetings. Members agreed that if there were any confidential or exempt items of business, it would be a matter for the Chair to rule whether, taking account of the method and location of the remote participant, to allow that to continue.

The Board concurred and, on the motion of Mr C Smith, seconded by Mr B Fox, adopted the Standing Orders for meetings, subject to the amendments raised: sections 2.5 and 2.6 to make reference to remote participation; paragraph 5.6.1 to reference the ruling of the Chair; and 6.4.5 to include reference to the Vice-Chair.

<u>Financial Regulations</u>

The Chief Financial Officer gave a brief introduction to the Regulations.

Mr H Massie referred to paragraph 29 and advised that reference to "paragraph 20" should be "paragraph 30". Members concurred.

Mr B Fox referred to section 30, and paragraphs 31 and 32, in

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| | relation to virement, and asked for clarification as to how this would be done in practice. He said he understood that virements were a useful financial tool, and should only be used in exceptional circumstances. In this regard, Mr Fox said that perhaps some clarification was required as to how it would be used in practice, so that the criteria was defined and not left as a judgement call for the officers, or without being agreed by the IJB. The Chief Financial Officer said that the provision for undertaking virements was contained within the existing financial regulations and rules for both the Council and NHS, and in terms of the NHS he confirmed it was a provision that was very rarely used. He said that the proposed sections could not supersede what was already within the Parties' own rules and regulations, which were more clearly defined, and suggested that the IJB Financial Regulations should make reference to that fact.<br><br>The Chief Officer confirmed that undertaking virements would be a rare exception, given that the joint Commissioning Plan would be produced with a description of service delivery against a defined budget. He went on to say that the issue of virements would truly be exceptional, and if there were pressures being brought to bear on a particular service and virements were required, that would be brought to the attention of the IJB through the normal method of financial reporting. Mr Fox said he took assurance from the fact that virements would only be used in exceptional circumstances, and in those circumstances would be reported to the IJB on a quarterly basis.<br><br>The Board agreed that reference should be made to fact that the NHS and SIC rules of virement would be applied, and reported on regularly.<br><br>Ms S Beer said that given the fact that the governance documents were long term documents, suggested that paragraph 92 refer to an annual review, rather than regular.<br><br>The Board concurred and, on the motion of Mr C Smith, seconded by Ms M Williamson, adopted the Financial Regulations, subject to the amendments raised: paragraph 29 to change cross reference to section 30; Sections 31 and 32 to make reference to the NHS and SIC rules and quarterly reporting ; and paragraph 92 in relation to an annual review. |
| **Decision** | The Integration Joint Board RESOLVED to adopt the Scheme of Administration, the Standing Orders for Meetings, and the Financial Regulations, subject to the following amendments:<br><br>Scheme of Administration:<br>Replace paragraphs 2.5 and 2.6 with the following:<br><br>2.5 If a voting member is unable to attend a meeting of the Integration Joint Board, either in person at the place specified for the meeting 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 at the place specified for the meeting or by remote participation, that member may arrange for a suitably experienced substitute to attend the meeting subject to prior notification to the Chair.

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

Standing Orders for Meetings
Replace paragraph 5.6 with the following:

**5.6 Remote Participation**

5.6.1 The Integration Joint Board may be conducted in any other way in which each member is enabled to participate although not present with others in such a place. This includes by telephone or video-conference. Such a meeting, or any part of a meeting which is not held in public in accordance with Standing Order 5.8, shall only be conducted on the ruling of the Chair, whom failing, the Vice-Chair, of the Integration Joint Board.

Standing Orders for Meetings
Replace the last 2 sentences of paragraph 6.4.5 with the following:

6.4.5 ... The Chief Officer will then be obliged to review the matter, in consultation with the Chair and Vice-Chair, with the aim of addressing any concerns, and developing a proposal which the Integration Joint Board can reach a decision upon. Standing Order 6.5.1 shall not preclude reconsideration of any such item within a 6 month period.

Financial Regulations
Paragraphs 29 amend as follows:
Last bullet point, change reference to “paragraph 29” to “paragraph 30”.

Financial Regulations
Add the following bullet points to section 32 - Virements:

- Virements will be processed by the Parties as required in accordance with their respective Financial Regulations and Standing Financial Instructions.

- All virements processed must be included in the quarterly financial report which is reported to the Integration Joint

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| | Board.<br><br>Financial Regulations<br>Paragraph 92 amend as follows:<br>Change “regular review” to “annual review”. |

The meeting concluded at 3.50 p.m.

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CHAIR

Agenda Item

**2**

Shetland Islands Council

NHS Shetland

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| **Meeting:** | Integration Joint Board (IJB) |
| **Date:** | 25 August 2015 |
| **Report Title:** | Establishing the IJB Audit Committee Cover Paper |
| **Reference Number:** | CRP-14-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

**Decisions / Action required:**

1. To agree the Terms of Reference for the IJB Audit Committee;
2. To appoint the members of the IJB Audit Committee; and
3. To appoint the Chair and Vice-chair of the IJB Audit Committee.

**High Level Summary:**

The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.
It is recommended that the IJB have an Audit Committee. This report presents proposals to establish the IJB Audit Committee.

**Corporate Priorities and Joint Working:**

The IJB Audit Committee will have a key role in 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.
The IJB as a public body must ensure that it operates in accordance with relevant legislation and the principles and codes that apply to all public bodies.
This includes a duty of Best Value and achieving appropriate standards of performance across all activities.
For the IJB, quality assurance activities must cover all the functions delegated to the IJB by the Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board).

**Key Issues:**

The IJB must make sure that an appropriate assurance framework is established with regard to the functions delegated to the IJB by the Council and the Health Board.
The establishment of the IJB Audit Committee will be a key component of the IJB assurance framework.

| Implications : | |
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| **Service Users, Patients and Communities:** | The IJB Audit Committee will perform an important performance monitoring role with regard to the efficient and effective performance of the IJB itself and its role in commissioning health and social care services.<br>This will complement the work of professional advisers to the IJB and of the Clinical and Care Governance Committee ensuring that the best possible outcomes are achieved for service users, patients and the community. |
| **Human Resources and Organisational Development:** | It has been agreed that the internal audit function for the IJB will be undertaken by the Council's Internal Audit Service and this is reflected in their current work programme.<br>Support for the IJB Audit Committee will be provided by the IJB's Chief Officer and Chief Financial Officer and Corporate Services Support as required. |
| **Equality, Diversity and Human Rights:** | Quality assurance on Equalities, Diversity and Human Rights is an integral part of the activities of the Council and the Health Board and any performance issues for the functions delegated to the IJB will be reported to the IJB or the IJB Audit Committee as appropriate.<br>The recommendations in this report do not require an Equalities Impact Assessment. |
| **Legal:** | The IJB is required to properly manage its financial affairs under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance and Shetland's Integration Scheme. An Audit Committee would be a key component in fulfilling this legal obligation. |
| **Finance:** | Any expenses and costs associated with the IJB Audit Committee including backfill for its members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded and monitored to inform future budget setting processes. |
| **Assets and Property:** | There are no implications for major assets and property.<br>It is proposed that all meetings of the IJB Audit Committee will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board. |
| **Environmental:** | There are no environmental issues arising from this report. |
| **Risk Management:** | The IJB is required to have its own Risk Management Strategy and Risk Register. This is the subject of a separate report on today's agenda.<br>The main risk associated with this report is failure to establish procedures to effectively administer the IJB's finances. Subsequent and consequent risks would be the failure to deliver Best Value through inadequate checks and balances on |

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| | performance. |

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| **Policy and Delegated Authority:** | Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015.<br>The IJB has the authority to establish the IJB Audit Committee as set out in this report. |
| **Previously considered by:** | This report has not been presented to any other formal meeting. |

Agenda Item

**2**

Shetland Islands Council

NHS Shetland

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|---|---|
| **Meeting:** | Integration Joint Board |
| **Date:** | 25 August 2015 |
| **Report Title:** | Establishing the IJB Audit Committee |
| **Reference Number:** | CRP-14-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

## 1. Introduction

1.1 This report presents proposals to establish the Integration Joint Board (IJB) Audit Committee. The proposed Terms of Reference for the Audit Committee is attached at Appendix 1.

## 2. Background

2.1 The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.

2.2 The IJB is required to properly administer its financial affairs under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014, the associated Regulations and Guidance.

2.3 The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the financial implications of integrating health and social care and to help develop professional guidance. An extract from the guidance which covers the role of IJB audit committees is attached at Appendix 2 for ease of reference.

2.4 IRAG has made a number of recommendations, including the requirement for each IJB to put in place systems to establish good governance arrangements, including proportionate internal audit arrangements. In particular the IRAG suggests that an Audit Committee would be a key component to such governance systems.

2.5 The Council and the Health Board have agreed that the Council's internal audit service will undertake the role of internal audit for the IJB in Shetland. Time has been set aside for the IJB in the Council's service plans for internal audit activities in 2015/16.

## 3. Establishing the IJB Audit Function

**Chief Internal Auditor for the IJB**

3.1 The IJB is required to appoint a Chief Internal Auditor. The Council's head of audit is the Executive Manager Audit, Risk and Improvement and the IJB is asked to formally appoint the Executive Manager Audit, Risk and Improvement as the Chief Internal Auditor for the IJB.

3.2 **External Audit**

The external auditor for the IJB will be advised by Audit Scotland in due course. The expectation is that this will be the same as for the Council; currently the external auditor for the Council is Audit Scotland.

**IJB Audit Committee**

3.3 The proposed membership of the IJB Audit Committee is included in the Draft Terms of Reference attached below at Appendix 1.
The IJB are asked to approve the Terms of Reference for the IJB Audit Committee and to appoint the members of the IJB Audit Committee; the Chair and Vice-chair in accordance with the Terms of Reference.

3.4 Once formally constituted, the first meeting of the IJB Audit and Performance Committee will be convened at a time and place determined by the Chair of the IJB Audit Committee.

**IJB Audit Plan**

3.5 The IJB will be asked to approve an Audit Plan for the IJB at a future meeting of the IJB.

3.6 IRAG recognises that the post-integration period is a critical stage in the process of implementing the new arrangements for health and social care integration and has recommended that IJB Audit Committees are provided with a Post Integration Report within the first year of the establishment of the IJB to evaluate the actual risk and financial performance against the post integration assumptions, performance on relevant integration milestones, to identify lessons learned and assess whether the IJB is on course to deliver long term benefits. Work on a Post Integration Report will be included in the IJB Audit Plan.

3.7 The audit report produced in May 2015 by Scott Moncrieff regarding the work undertaken to establish the IJB in Shetland will inform the work on the Post Integration Report. The audit report by Scott Moncrieff is attached at Appendix 3 for information. Scott Moncrieff currently provides internal audit services to the Health Board.

**Recommendations**

3.8 **It is recommended that the IJB:**

1. **Formally appoint the Chief Internal Auditor for the IJB as set out in paragraph 3.1 of this report;**
2. **Approve the IJB Audit Committee Terms of Reference attached at Appendix 1;**

3. **Appoint four members of the IJB Audit Committee from among the voting members of the IJB as set out in the Terms of Reference;**
4. **Appoint the Chair and Vice-chair of the IJB Audit Committee as set out in the Terms of Reference; and**
5. **Note that an IJB Audit Plan will be prepared and presented at a future meeting of the IJB for approval.**

## 4. Conclusions

4.1 The establishment of the IJB Audit Committee is key to ensuring that an effective assurance process is in place reporting to the IJB regarding the assessment of governance arrangements, risks and post integration performance results.

4.2 The recommendations in this report will establish the audit function for the IJB in line with IRAG Guidance, Shetland's Integration Scheme and the Public Bodies (Joint Working) (Scotland ) Act 2014 ("the Act").

**Contact Details:**
For further information please contact:
Christine Ferguson, Director of Corporate Services
christine.ferguson@shetland.gov.uk
*17 August 2015*

## Appendices

Appendix 1: IJB Audit Committee Draft Terms of Reference

Appendix 2: Extract from IRAG Guidance

Appendix 3: NHS Shetland Internal Audit Report,
Review of Governance, Risk Management and Project Management for the Integrated Board by Scott Moncrieff

## Background Documents

H&SCI Integration Scheme
http://www.shetland.gov.uk/Health_Social_Care_Integration/Integrationscheme.asp

Joint Strategic (Commissioning) Plan
http://www.shetland.gov.uk/Health_Social_Care_Integration/StrategicPlan.asp

# Shetland Health and Social Care Partnership
# Integration Joint Board Audit Committee 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 *date to be inserted*.

## 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.

Ends.

**Extract from**

# Integrated Resources Advisory Group Financial Guidance 2nd Draft Version 1

***Note: This revised version of the IRAG Guidance is expected to be available on Scottish Government website in early course. Meantime, a full version can be provided by SIC Corporate Services.***

## 2.4 Internal audit

2.4.1 It is the responsibility of the Integration Joint Board to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.

2.4.2 The operational delivery of services within the Heath Board and Local Authority on behalf of the Integration Joint Board will be covered by their respective internal audit arrangements as at present.

2.4.3 The internal audit service should undertake its work in compliance with the Public Sector Internal Audit Standards[1].

2.4.4 To ensure that the risk based audit plans for the Integration Joint Board, Local Authority and Health Board are co-ordinated to ensure proper coverage, avoid duplication of efforts and determine areas of reliance from the work of each team, it is recommended that the Chief Internal Auditors for each of the respective bodies share information, co-ordinate activities with each other and with other external providers of assurance and consulting services.

### *Will there be a separate internal audit plan for the Integration Joint Board?*

2.4.5 Yes; it is recommended that there should be a risk based internal audit plan. Until the Integration Joint Board is empowered to provide services **(Section 12 (1)(c)(d))**, the Chief Internal Auditor of the Integration Joint Board, in developing the audit plan, would be expected to consider the risks associated with:

- The Strategic Plan and planning process;
- Financial plan underpinning the Strategic Plan; and
- Relevant issues raised from the partner Health Board and Local
- Authority internal auditors

2.4.6 The risk based audit plan should be developed by the Chief Internal Auditor of the Integration Joint Board and approved by the Integration Joint Board or other committee (see 2.6 Audit Committees). It is recommended that it is shared with the relevant committees of the Health Board and Local Authority.

### *Who will provide the internal audit service?*

[1] Relevant internal audit standard setters adopted set of common internal audit standards from 1 April 2013

2.4.7 It is recommended that internal audit service should be provided by one of the internal audit teams from the Health Board or Local Authority. It is recommended that the arrangements for the internal audit service provided to the Integration Joint Board should be set out in a service level agreement.

2.4.8 It is recommended that the Chief Internal Auditor from either of the Health Board or Local Authority fulfil this role in the Integration Joint Board in addition to their role as Chief Internal Auditor of their respective Authority.

***How will the internal audit be reported?***

2.4.9 The Integration Joint Board Chief Internal Auditor should report to the Integration Joint Board on the annual audit plan, delivery of the plan and recommendations and should provide an annual internal audit report including the audit opinion.

2.4.10 It is recommended that the Integration Joint Board annual internal audit report is shared with the partner Health Board and Local Authority through the reporting arrangements in those bodies for internal audit.

2.4.11 Reports on each internal audit engagement will be reported to the Chief Officer. The IJB should determine any other reporting arrangements it requires from the Chief Internal Officer Auditor.

**2.5 External Audit**

***Will the Integration Joint Board require an external audit?***

2.5.1 Yes; this will be specified in the legislation **(Section 13)**.

***Who will carry out the external audit?***

2.5.2 The Accounts Commission will appoint the auditors to the Integration Joint Board.

**(Section 13)**.

**2.6 Audit Committees**

***Will the Integration Joint Board be required to have an audit committee?***

2.6.1 The Integration Joint Board should make appropriate and proportionate arrangements, for consideration of the audit provision and annual financial statements, which are compliant with regulations and good practice governance standards in the public sector. This should include any reports from internal audit, external audit and the annual accounts (see section 3). For example this may be an audit committee which meets before the main Integration Joint Board meeting two or three times per year.

***Who may be the members of the audit committee?***

2.6.2 It will be the responsibility of the Integration Joint Board to agree the membership having regard to the agreed remit, skills and good practice for a public sector audit committee[2]. It is anticipated that members of the Integration Joint Board will serve in this capacity.

[2] On Board: A Guide for Board Members on Public Bodies in Scotland, 2006 , section 4.8 Audit Committees
http://www.scotland.gov.uk/Topics/Government/public-bodies/On-Board

# NHS Shetland

## Internal Audit Report

### Review of Governance, Risk Management and Project Management for the Integrated Board

**May 2015**

Scott-Moncrieff
business advisers and accountants

# NHS Shetland

## Internal Audit Report

## Review of governance, risk management and project management for the Integrated Board

# Introduction

This audit will review the progress made by NHS Shetland in meeting the pre-integration provisions included in the Scottish Government "Guidance for Integration Financial Assurance", to support the preparation of the 2014/15 Governance Statement..  The control objectives included in this review are:

### Governance

- whether an Integrated Board is in place and attended by all relevant stakeholders;
- whether the Board has clear terms of reference and the decision making processes are clear;
- whether the Board is receiving sufficient information to take informed decisions;

### Risk management

- whether a risk process has been developed to monitor and assess risks facing the Board;
- is the risk process embedded into the day to day activities of the Board;

### Project management

- is there a project plan and is it broken into appropriate works stream and does it contain relevant milestones;
- does the Board receive regular updates as to progress against the project milestones;

### Finance

- is there clarity over the services the Board will be responsible for and is the budget transfer aligned to those services;
- are mechanisms for addressing any overspend understood;

# Background

The Scottish Government has issued guidance on providing financial assurance for health and social care integration. Guidance for Integration Financial Assurance states that the assurance process should enable the integration authority and the delegating local authority and health board to identify the resources to be delegated and the risks associated with the integrated functions.

Integration Joint Boards will be established during 2015/16 and so will not be able to formally participate in the financial assurance process until that point. In the interim, the Scottish Government have recommended that:

- the shadow Chief Officer and the shadow Chief Finance Officer work with the Health Board and Local Authority Directors of Finance in carrying out the assurance work; and
- the Health Board and Local Authority internal auditors provide a report to the Health Board and Local Authority audit committees on this assurance process.

A recent Audit Scotland Technical Bulletin (2015/01) recommended that the assurance report provided is considered in the preparation of the 2014/15 Governance Statements of both bodies.

# Summary of findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Further details, along with any improvement actions, are set out in the Management Action Plan.

| No | Control Objective | Control objective assessment |
|---|---|---|
| 1 | Governance | GREEN |
| 2 | Risk management | GREEN |
| 3 | Project management | GREEN |
| 4 | Finance | GREEN |

| Assessment | Definition |
|---|---|
| BLACK | Fundamental absence or failure of key control procedures - immediate action required. |
| RED | The control procedures in place are not effective - inadequate management of key risks. |
| YELLOW | No major weaknesses in control but scope for improvement. |
| GREEN | Adequate and effective controls which are operating satisfactorily. |

# Conclusion

We conclude that the Board has made appropriate pre-integration arrangements regarding the Shetland Islands Health and Social Care Partnership (SIHSCP)

The Council and Board have worked in partnership through the Community Health Partnership Committee for a number of years with a shared joint lead post. This joint appointment will become the Chief Executive of the SIHSCP.

An appropriate governance framework has been established for the transition to the SIHSCP. This transition is being managed by a Transition Programme Board which consists of senior individuals from the council and board. The Transition Programme Board has established 9 work streams covering areas required for the successful establishment of the SIHSCP. These work streams are monitored monthly through progress reporting against an agreed work plan. Risks to the successful implementation are regularly considered and the project is being appropriately managed.

The local partnership finance team has been working to address developments in financial reporting and management information requirements. The Integration Scheme covers how over and under spends should be dealt with. The minutes of the finance work stream confirm that any over spends will remain the responsibility of the host body.

The draft Integration Scheme is still with the Scottish Government for approval although this approval is anticipated in the near future.  A shadow Integrated Joint Board will be established before the Board goes fully live in April 2016.

## Acknowledgements

We would like to thank all staff consulted during this review for their assistance and co-operation.

# Appendix 1 – Health and Social Care Integration checklist

| Requirement | Yes | No | Observation |
|---|---|---|---|
| **Governance** | | | |
| 1. Is there a project Board or similar decision making body attended by all relevant stakeholders, in place and maintaining a high level monitoring role over the project and ensuring decisions made are adequately considered? | ✓ | | A Transition Programme Board was established by SIC and NHSS which has been meeting at least monthly since September 2014. Items reviewed include a Transition Programme action plan. Nine work streams have been established. |
| 2. Are roles and responsibilities clearly articulated and understood including:<br>• Terms of reference, role descriptions and delegated authorities?<br>• Clear identification of the management structure and decision making process within the project, including whop is acting as a project manager?<br>• A process for the escalation of issues to the appropriate forum, where decisions will be made on the actions required to address them? | ✓ | | Terms of reference were established as part of the Programme Initiation Document (PID) for the Transition Programme in September 2014. These included: aims and objectives, project brief and organisation and reporting structure. The Transition Programme Board reports to a Steering Group which includes both chief executives and the chairmen of the board and council committee. Ultimately any issues would be escalated to the respective committees of the Board and Council. |
| 3. Is the project Board receiving regular information/evidence that the project and key actions are under control and risks are being managed in terms of delivery on time, within budget and the expected outcomes originally intended? | ✓ | | The Transition Programme Board receives updates each meeting against the work stream action plans. The action plan includes a risk assessment against each of the work streams. |
| 4. Is there a realistic and sufficiently detailed project plan to ensure that tasks relevant officers' responsibilities and timescales for action and decision making points are clear and subject to regular review/monitoring. | ✓ | | The work streams cover all of the areas one would expect to see covered and the action plan appears comprehensive. Actions and updates from the work streams are considered at the monthly meetings. |

| Requirement | Yes | No | Observation |
|---|---|---|---|
| 5. Are there clear governance arrangements in place to ensure that when project issues cross organisational boundaries there are arrangements in place to ensure sustainable alignment with corporate objectives and management arrangements for all organisations involved? | ✓ | | Any project issues are raised at the Transition Programme Board and escalated to the Steering Group and ultimately the governance committees of the Board and Council. The CHPC and Social Services Committee have since late 2014/15 been holding joint meetings to discuss the collective agenda. |
| 6. Is there a requirement for ongoing independent review and challenge of the project to provide assurance that the project continues to be effective and if so, have any such arrangements been defined and approved? | ✓ | | A joint budget seminar was held where by councillors and non-executive directors of the Board reviewed and challenged the IJB budget assumptions. The Steering Group will challenge the Transition Programme Board on matters as they arise. |
| **Risk management** | | | |
| 7. Has a risk register been developed, which assesses the likelihood and impact and the resultant relative importance of individual risks, and are the results used to inform the management of project risks and report to the Project Board? | ✓ | | Each of the work streams developed a risk register and this is reported back to the Transition Programme Board as part of the action plan update. |
| 8. Are the project's risk processes consistent with, and informed by, SIC and NHSS's risk management frameworks? | ✓ | | Project risks are considered by the Transition Programme Board. The risk management strategy and procedures build upon the existing joint risk management processes in place. A first shared risk management strategy will be prepared and presented to the IJB by 30 June 2015. |
| 9. Is the project's risk management framework embedded within the day-to-day project processes, such as constraints, assumptions, risks, dependencies? | ✓ | | Each work stream established a risk register and updates are regularly reported as part of the action plan. |
| 10. Has the Project Board established tolerances for costs, time and quality for the project and put in place agreed clear escalation levels should the level of risk be outside agreed limits? | ✓ | | Escalation procedures are in place and were included within the PID. |

| Requirement | Yes | No | Observation |
|---|---|---|---|
| **Project management** | | | |
| 11. Is there a project plan broken down into manageable work streams and relevant project milestones which are meaningful to the Project Board to allow accurate and frequent tracking of progress on the project and maximise visibility of critical path activities and any inter-dependences? | ✓ | | Work streams cover: Corporate governance, Finance, ICT, Information governance: data sharing, Staff governance, Care and Clinical Governance, Communications, Single management structure adult services, Localities. Some of these work streams were already in place eg Local Partnership Finance team and these have been assimilated into the overall project.<br><br>Costs and timescales are included in an action plan which is updated monthly. |
| 12. Does the Project Board regularly receive an analysis of progress against plan/key milestones and/or the effects of any slippage in time, cost, scope or quality? | ✓ | | Progress against the action plan is monitored by the Transition Programme Board on a monthly basis. |
| 13. Has the Project Team developed a resource plan for the duration of the project, in order to inform the Project Board on future and on-going resource requirements? | ✓ | | The Transition Programme Board members are carrying out this work as part of their on-going duties. Administrative support has been provided to the Board through funding from the Scottish Government. |
| 14. Does the Project Team have sufficient allocated resources and the necessary skills and/or access to relevant specialist expertise to achieve the project objectives successfully? | ✓ | | The Transition Programme Board covers leads from each work stream and is chaired by the Director of Corporate Services, SIC. Membership is at an appropriately senior level and includes those disciplines one would expect to be covered. |
| 15. Is there regular reporting of performance, against pre-defined criteria on cost, time and quality and project milestones to the Project Board and to other key stakeholders (e.g. SIC and NHSS) which clearly highlights the key issues affecting the project at the time of | ✓ | | Minutes have been produced of the Transition Programme Board meetings and feedback to the council and board takes place as and when required. |

| Requirement | Yes | No | Observation |
|---|---|---|---|
| reporting? | | | |
| **Finance** | | | |
| 16. The allocation of services to The Project Board is clear and the proposed budget allocation made by NHSS accurately reflects the budgets for the services that the Project Board will administer. | ✓ | | As part of the budget setting process, council members and NHS board members met in a joint session in November to review budgets. The Director of CHSC has been directly involved in the budget setting process and was formerly Director of Clinical Services for the Board so has an understanding of the budget. |
| 17. Significant assumptions within the NHSS budgets for health (including allowances for demographic change) and deviations from previous experience should be identifiable and understood. | ✓ | | NHS budgets have been set in line with the current establishments and needs of the service. In particular they reflect the capacity requirements of a rural and islands setting. |
| 18. The mechanisms for addressing and allocating any over spend by the Integrated Board are understood. | ✓ | | This was discussed and agreed by the local joint finance work stream. Any over spends against agreed plans will initially sit with the host body. Capital budgets have not been agreed as part of the IJB budget and will continue to lie with the SIC or NHSS. |

Agenda Item

3

Shetland Islands Council

NHS Shetland

| | |
|---|---|
| **Meeting:** | Integration Joint Board (IJB) |
| **Date:** | 25 August 2015 |
| **Report Title:** | Clinical, Care and Professional Governance – covering report |
| **Reference Number:** | CRP-19-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

**Decisions / Action required:**

1. To approve the DRAFT Terms of Reference for a Joint Clinical, Care and Professional Governance Committee (CCPGC) and recommend the proposals to the Council and the Health Board;
2. To agree the appointment of the members of the new Joint Committee in accordance with the membership set out in the DRAFT Terms of Reference; and
3. To note that the Joint CCPGC cannot be established unless and until the proposals are approved by the Council and the Health Board.

**High Level Summary:**

The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.
The IJB is required to have clinical and care governance arrangements in place as part of its governance framework.
This report presents proposals to establish a Joint Clinical, Care and Professional Governance Committee; the Committee would be a Joint Committee with the Council and the Health Board.

**Corporate Priorities and Joint Working:**

As part of its performance monitoring role, the IJB must ensure that all relevant legislation, principles and codes are applied consistently to the functions delegated to the IJB by the Council and the Health Board. This includes national standards with regard to the provision of health and social care services and professional codes of practice for a wide range of clinical and professional disciplines.
The CCPGC will provide assurance to the IJB that Shetland's Health and Social Care Partnership has appropriate and effective clinical, care and professional governance arrangements in place across all services commissioned by the IJB through the Strategic Plan.

| **Key Issues:** |
|---|
| The IJB must make sure that an appropriate assurance framework is established with regard to the functions delegated to the IJB by the Council and the Health Board.<br>The establishment of the CCPGC will be a key component of the IJB assurance framework. |

| **Implications :** | |
|---|---|
| **Service Users, Patients and Communities:** | The Joint CCPGC will perform an important performance monitoring and assurance role with regard to the standards of health and social care services provided by the Council and the Health Board including those services commissioned and directed by the IJB. |
| **Human Resources and Organisational Development:** | Professional leads for all staff involved in health and social care service delivery will be involved in the clinical, care and professional governance framework that supports and informs the work of the CCPGC. |
| **Equality, Diversity and Human Rights:** | Quality assurance on Equalities, Diversity and Human Rights is an integral part of the activities of the Council and the Health Board and any clinical, care and professional governance issues including matters with regard to the functions delegated to the IJB will be reported to the CCPGC as appropriate.<br>The recommendations in this report do not require an Equalities Impact Assessment. |
| **Legal:** | The IJB is required to establish a clinical and care governance framework under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance and Shetland's Integration Scheme. |
| **Finance:** | Any expenses and costs associated with the CCPGC including backfill for its members will be met from within existing budgets of the Council and the Health Board. The costs will be recorded and monitored to inform future budget setting processes. |
| **Assets and Property:** | There are no implications for major assets and property.<br>It is proposed that all meetings of the CCPGC will be held in either the premises of the Council or the Health Board and that the costs will be covered accordingly by the Council and the Health Board. |
| **Environmental:** | There are no environmental issues arising from this report. |
| **Risk Management:** | The IJB is required to have its own Risk Management Strategy and Risk Register. This is the subject of a separate report on today's agenda.<br>The main risk associated with this report is failure to approve the proposals to establish clinical and care governance arrangements as required by the legislation and the Integration Scheme.<br>There is also a risk that the proposals for a Joint Committee |

| | |
|---|---|
| | with the Council and the Health Board are not approved timeously by the Council and the Health Board.<br>Subsequent and consequent risks would be the failure to deliver safe, high quality services through a failure to provide adequate monitoring of the quality of services against national standards and codes of practice. |

| | |
|---|---|
| **Policy and Delegated Authority:** | Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015.<br>The IJB has the authority to approve the proposals in this report with regard to its own role however the Joint Committee cannot be established unless and until the proposals are also approved by the Council and the Health Board. |
| **Previously considered by:** | This report has not been presented to any other formal meeting. A report to the Health Board on 17 August makes recommendations to change the terms of reference for the Clinical Governance Committee in the Shetland NHS Board handbook. The recommendations are consistent with the proposals in this report. |

Agenda Item

3

Shetland Islands Council

NHS Shetland

| | |
|---|---|
| **Meeting:** | Integration Joint Board (IJB) |
| **Date:** | 25 August 2015 |
| **Report Title:** | Clinical, Care and Professional Governance |
| **Reference Number:** | CRP-19-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

## 1. Introduction

1.1 This report presents proposals to establish a Joint Clinical, Care and Professional Governance Committee for Shetland NHS Board (the Health Board), Shetland Islands Council (the Council) and the IJB.
The proposed DRAFT Terms of Reference for the Joint Committee is attached at Appendix 1.

## 2. Background

2.1 The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.

2.2 The IJB is required to establish a clinical and care governance framework in order to fulfil its role under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance. This is a key component in the governance framework for the IJB.

2.3 Other reports on today's agenda for the IJB include recommendations to establish the IJB Audit Committee; to approve the IJB Risk Management Strategy and the IJB Participation and Engagement Strategy. Once these and the clinical and care governance framework for the IJB are in place, the IJB can assume its full role by approving the Strategic Plan for 2015/16 and assuming the responsibilities for directing service delivery by the Council and the Health Board in line with the Strategic Plan and undertaking operational oversight, performance monitoring and reporting for health and social services as set out in the Integration Scheme.

2.4 The Council and the Health Board agreed in November 2014, "*that the committees, sub-committees and governance groups that are needed for the*

*Body Corporate should all be joint, looking at all the business of the Council and the [Health] Board unless there is a specific reason why this cannot be done e.g. legal impediment".* (Min Ref SIC-1105-CRP12)

2.5 In line with this commitment Shetland's Integration Scheme stipulates that the current local arrangements for clinical and care governance will be replaced by joint arrangements that will include representatives of the relevant professional groups for all health and social care professions.

2.6 The recommendations of a recent independent review of social work services in Shetland, which are currently being implemented, support the closer involvement of social work in clinical, care and professional governance as demonstrated by the following extracts:

"*Recommendation 7 – That the Chief Social Work Officer [...] has a defined role in relation to development of the regulated workforce, clinical and care governance...."*

*"Recommendation 28 – That a professional assurance framework be established by the CSWO working with the Director of Nursing and Acute Services".*

## 3. Proposals

3.1 It is proposed that a Joint Committee is established to provide clinical, care and professional governance assurance for all health and social care services commissioned by the Council and the Health Board. This proposal requires the agreement of all three agencies and would see the existing clinical and care governance arrangements replaced as described in the Integration Scheme.
It would also complement the response to the recent review of social work by including all social work services in the new governance framework.

3.2 The new Joint Clinical Care and Professional Governance Committee (CCPGC) would report separately to the three agencies advising on the specific aspects of service delivery in accordance with each agency's responsibilities as follows:

| Functions | Agency/Committee |
|---|---|
| Delegated health and social care functions as set out in the Integration Scheme | IJB |
| Other health care services | Shetland NHS Board |
| Children's Social Work | SIC Education and Families Committee |

The IJB would advise and/or direct the Council and the Health Board as relevant and appropriate with regard to matters affecting the delivery of services covered by the delegated functions as set out in the Integration Scheme.

3.3 Further work is required to finalise the detail of the proposals in terms of operational procedures and arrangements particularly with regard to social work where previously there has been no equivalent formal committee structure covering professional governance arrangements in this way.

**Recommendations**

3.4 **It is recommended that the IJB:**

1. **Approve the proposals for a Joint CCPGC and recommend the proposals to the Council and the Health Board for approval;**
2. **Approve the DRAFT Terms of Reference for the CCPGC at Appendix 1 and recommend the DRAFT Terms of Reference for approval by the Council and the Health Board;**
3. **Agree that the CCPGC once constituted will have delegated authority from the IJB to finalise the detail with regard to the operation of the clinical, care and professional governance framework and update the Terms of Reference accordingly;**
4. **Agree the appointment of the members of the new Joint Committee in accordance with the membership set out in the DRAFT Terms of Reference and more specifically;**
    a. **Appoint one voting member of the IJB who is a non-executive member of the Health Board and one voting member of the IJB who is an elected member of the Council as members of the CCPGC; and**
    b. **Agree that the appointment of the Chair of the CCPGC will be made on behalf of the IJB by the Health Board; and**
5. **Note that the Joint CCPGC cannot be established unless and until the proposals are approved by the Council and the Health Board and the appointments of all the members of the Joint Committee have been made.**

## 4. Conclusions

4.1 The establishment of an effective clinical, care and professional governance framework is an essential part of the overall governance arrangements required in order for the IJB to be able to fulfil its obligations under the terms of the Public Bodies Act.

4.2 The proposals in this report are for a joint arrangement that will bring together all the clinical, care and professional governance arrangements in one system providing a wholly joined up approach to this aspect of governance serving the needs of the Council, the Health Board and the IJB in this regard.

**Contact Details:**
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*19 August 2015*

**Appendices**

Appendix 1: Joint Clinical, Care and Professional Governance Committee DRAFT Terms of Reference

**Background Documents**

H&SCI Integration Scheme Integration Scheme

Joint Strategic (Commissioning) Plan Strategic Plan

# CLINICAL, CARE AND PROFESSIONAL GOVERNANCE COMMITTEE (CCPGC)
# 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.

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

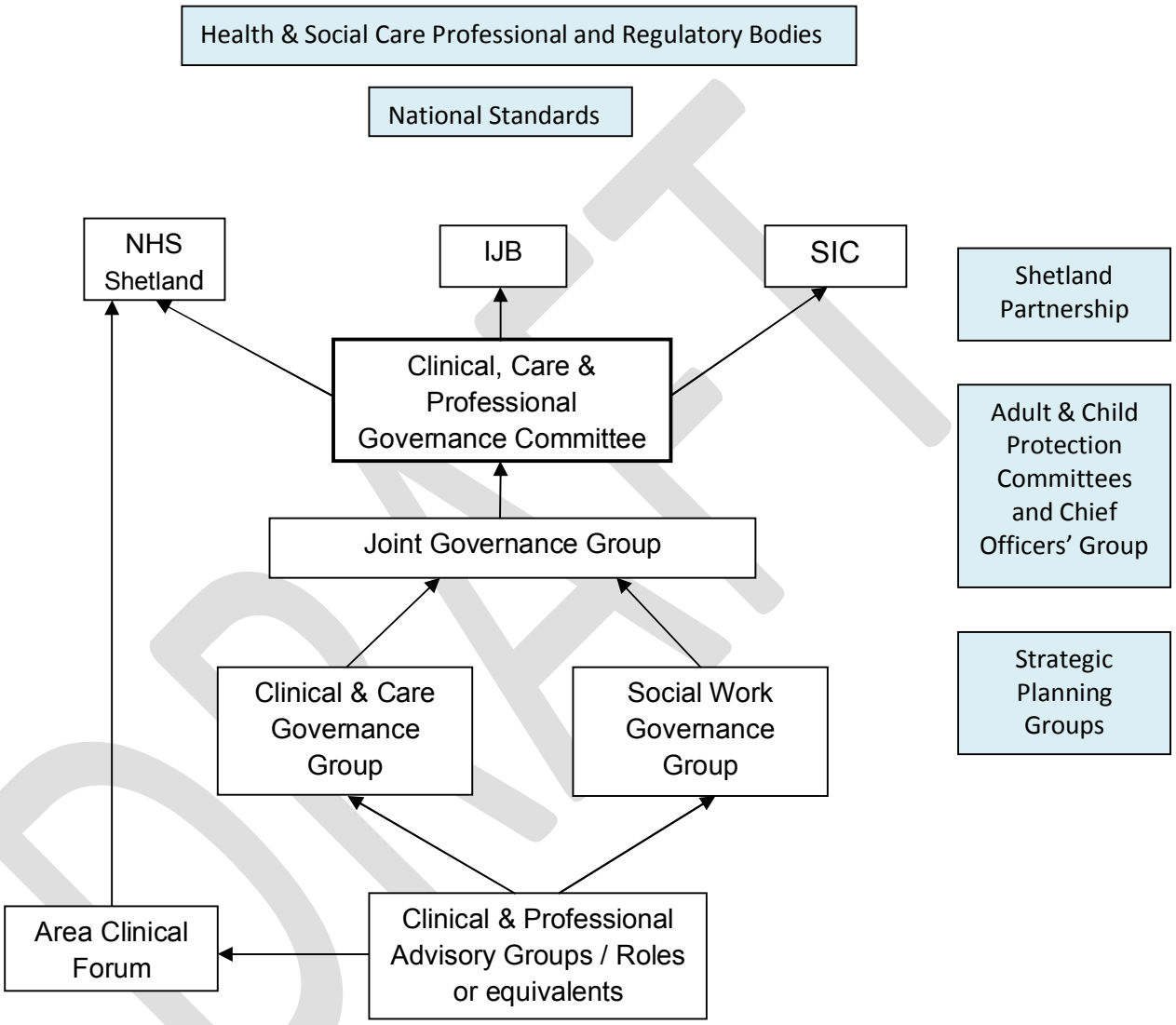
5.3.2 Monitor and report to the Health Board, the Council and /or the IJB as appropriate to give assurance that appropriate actions in relation to external review and monitoring of clinical, care and professional governance are being taken.

## 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.

## Clinical, Care and Professional Governance Framework



Agenda Item

4

Shetland Islands Council

NHS Shetland

| | |
|---|---|
| **Meeting:** | Integration Joint Board (IJB) |
| **Date:** | 25 August 2015 |
| **Report Title:** | IJB Risk Management Strategy Report Cover Paper |
| **Reference Number:** | CRP-17-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

**Decisions / Action required:**

1. To approve the Risk Management Strategy for the IJB; and
2. To discuss and advise the Chief Officer with regard to the IJB Risk Register.

**High Level Summary:**

The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.
The IJB is required to have its own Risk Management Strategy. This report presents a draft IJB Risk Management Strategy for approval and a first draft IJB Risk Register for consideration by the IJB.

**Corporate Priorities and Joint Working:**

The consideration of risks by the IJB is an essential part of 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.
The IJB as a public body must ensure that it operates in accordance with relevant legislation and the principles and codes that apply to all public bodies.
In order to fulfil the statutory duties with regard to the functions delegated to the IJB by the Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board), the IJB must consider and address the challenges and risks of planning for and directing the provision of services to meet the needs of some of the most vulnerable people in our community

**Key Issues:**

The IJB must make sure that an appropriate assurance framework is established with regard to the functions delegated to the IJB by the Council and the Health Board.
The development of the Risk Management Strategy is a requirement under the legislation and will be a key component of the IJB assurance framework.
The IJB must be satisfied that there is an appropriate risk management framework in place and that all decisions taken by the IJB are informed by an appropriate assessment of risk, the Risk Management Strategy will establish the framework for that process.

| Implications : | |
|---|---|
| **Service Users, Patients and Communities:** | The IJB must consider the risks associated with its role in commissioning and directing health and social care services. This includes issues with regard to positive risk taking in order to ensure that the best possible outcomes are achieved for service users, patients and the community. |
| **Human Resources and Organisational Development:** | It has been agreed that support for the risk management function for the IJB will be co-ordinated by the Council's Corporate Services Department as part of the corporate services support for the IJB. This will be achieved within existing resources. |
| **Equality, Diversity and Human Rights:** | Quality assurance on Equalities, Diversity and Human Rights is an integral part of the activities of the Council and the Health Board. Any risks in this regard that pertain to the functions delegated to the IJB will be considered by the Chief Officer and reported to the IJB as appropriate. |
| **Legal:** | The IJB is required to develop and maintain its own Risk Management Strategy under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance and Shetland's Integration Scheme. |
| **Finance:** | Any costs associated with the development and maintenance of the IJB Risk Management Strategy will be met from within existing budgets of the Council and the Health Board. |
| **Assets and Property:** | There are no implications for major assets and property.<br>Risks associated with the need for and use of assets and property will be recorded in the appropriate risk registers maintained by the Council and the Health Board and reported to the IJB where relevant to the delegated functions. |
| **Environmental:** | There are no environmental issues arising from this report. |
| **Risk Management:** | The IJB is required to have its own Risk Management Strategy and Risk Register. The main risk associated with this report is failure to approve a Risk Management Strategy for the IJB as required by the legislation and the Integration Scheme.<br>The IJB cannot adopt a Strategic Plan until it has its own Risk Management Strategy in place. Therefore subsequent and consequent risks would be failure to fulfil the statutory role of the IJB and failure to deliver the benefits of integration.<br>The IJB is required to develop and approve a Strategic Plan for 2016-19 however, there is an expectation that partnerships will move ahead with their plans at an earlier date where possible. The Council and the Health Board have developed and agreed a Joint Strategic Commissioning Plan for 2015/16 and therefore the IJB could undertake its full role and remit during 2015/16. |

| | |
|---|---|
| **Policy and Delegated Authority:** | Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015.<br>The IJB has the authority to approve the IJB Risk Management Strategy as set out in this report. |
| **Previously considered by:** | This report has not been presented to any other formal meeting. |

Agenda Item

4

Shetland Islands Council

NHS Shetland

| | |
|---|---|
| **Meeting:** | Integration Joint Board |
| **Date:** | 25 August 2015 |
| **Report Title:** | IJB Risk Management Strategy |
| **Reference Number:** | CRP-17-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

## 1. Introduction

1.1 This report presents a draft Risk Management Strategy for the Integration Joint Board (IJB).
The draft IJB Risk Management Strategy is attached at Appendix 1.

## 2. Background

2.1 The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.

2.2 The IJB is required to have its own Risk Management Strategy under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act), the associated Regulations and Guidance. The IJB cannot fulfil its statutory role to commission and direct health and social care provision without the IJB Risk Management Strategy in place.

2.3 Support for the Chief Officer in developing and maintaining the IJB Risk Management Strategy and IJB Risk Register is provided as part of the range of corporate services support provided by the Council and the Health Board as set out in the Integration Scheme.

## 3. Risk Management and the IJB

3.1 The IJB must have an effective risk management framework in place to support its activities. The IJB is responsible for:

3.1.1 Strategic planning for health and social care services as specified in the Integration Scheme, developing and maintaining a three year Strategic Plan;

3.1.2 Directing service delivery by the Council and the Health Board in line with the Strategic Plan; and

3.1.3 Operational oversight, performance monitoring and reporting on integrated health and social care services through the Chief Officer.

3.2 The IJB is required by statute to have its own Risk Management Strategy and the Risk Management Strategy must be in place before the IJB assumes its responsibilities as described in paragraph 3.1 above.

3.3 The IJB will, through its Chief Officer, maintain its own Risk Register. The Risk Register must identify those risks that are the IJB's risks in its own right as a separate autonomous legal entity. The IJB will also require to see and to review the risks associated with delivery of integrated health and social care services although these risks and any associated liability lie with the Council and the Health Board.

3.4 The first draft Risk Management Strategy for the IJB is attached below at Appendix 1. The Risk Management Strategy should be reviewed regularly by the IJB and it is proposed that the first review is undertaken approximately six months after the IJB has taken up its full role and range of responsibilities.

3.5 An initial Risk Register for the IJB is attached at Appendix 2. This does not include risks associated with the delivery of the integrated services per se. These will continue to be reported to the Council's Social Services Committee and the CHP Committee until such time as the IJB has approved a Strategic Plan and thereby assumed its full role and range of responsibilities under the terms of the Act and the Integration Scheme.

### Recommendations

3.6 **It is recommended that the IJB:**

1. **Approve the Risk Management Strategy at Appendix 1; and**
2. **Consider and advise the Chief Officer with regard to the risks set out in the IJB Risk Register at Appendix 2.**

## 4. Conclusions

4.1 The IJB Risk Management Strategy is an essential part of the governance framework for the IJB. The IJB cannot approve a Strategic Plan and thereby assume its full role and range of responsibilities without a competent Risk Management Strategy in place.

**Contact Details:**
For further information please contact:
Christine Ferguson, Director of Corporate Services
christine.ferguson@shetland.gov.uk
*19 August 2015*

## Appendices

Appendix 1: IJB Draft Risk Management Strategy

Appendix 2: IJB Risk Register, August 2015

## Background Documents

H&SCI Integration Scheme Integration Scheme

Joint Strategic (Commissioning) Plan Strategic Plan

Shetland Islands Council

**Appendix 1**

Shetland Islands Health and Social Care Partnership

# Integration Joint Board
# Risk Management Strategy

For further information contact:

Audit, Risk and Improvement
8 North Ness
Lerwick
ZE1 0LZ

## 1. Introduction

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities and Health Boards to integrate planning for, and delivery of, certain adult health and social care services. The Act requires them to prepare jointly an integration scheme setting out how this will be achieved.

1.2 Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board) have agreed on a body corporate model of integration under the terms of the Act. The Integration Joint Board (IJB) for Shetland's Health and Social Care Partnership was constituted on 27 June 2015.

1.3 As a separate legal entity the IJB has full autonomy and capacity to act on its own behalf. The IJB is responsible for the strategic planning of the functions delegated to it by the Council and the Health Board and for the preparation of the Strategic Plan.

1.4 This document is the Risk Management Strategy for the IJB. It is informed by the **Shetland Islands Health and Social Care Partnership Integration Scheme** (the Integration Scheme), which includes the framework for the Local Operational Delivery Arrangements of the delegated functions and supports the delivery of the Outcomes set out in the Integration Scheme.

1.5 The IJB Risk Management Strategy takes due cognisance of the Risk Management Strategies of the Health Board and the Council.

## 2. Objectives of the IJB Risk Management Strategy

2.1 The objectives of the IJB Risk Management Strategy are to:

- establish communication and systems that promote and allow the sharing of risk information through all areas of the IJB;
- protect and support the IJB, its members and the functions delegated to the IJB and covered by the Strategic Plan;
- promote awareness of risk and define responsibility for managing risk within the IJB;
- add value and create greater ownership of risk in and from strategic planning and decision-making activities;
- reduce uncertainty and exposure to risk;
- define and support the IJB's risk appetite;
- ensure consistency and transparency in the management of risk throughout the IJB's governance structure, functions and responsibilities.

## 3. Scope

3.1 The IJB Risk Management Strategy applies to all the activities undertaken by the IJB as a separate legal entity. The activities of the IJB must contribute to the performance of its role with regard to the functions delegated to the IJB by the Council and the Health Board as set out in the Integration Scheme.

3.2 The IJB Risk Management Strategy does not replace the strategies and policies of the Council or the Health Board.

## 4 Local Operational Delivery Arrangements - Responsibilities of the IJB on Behalf of the Parties

4.1 The IJB is responsible for the strategic planning for health and social care services as specified in the Integration Scheme; the direction of services in line with the Strategic Plan; performance monitoring and reporting.

4.2 The IJB is responsible for the operational oversight of integrated health and social care services through the Chief Officer.

## 5. Risk framework

5.1 The IJB, through this Risk Management Strategy, establishes a risk framework which covers policy, procedures, processes, systems, risk management roles and responsibilities that are specific to the IJB's activities.

5.2 The Council's Risk Management Strategy[1] and Policy[2] and the Health Board require that the Council's and the Health Board's standards with regard to risk management **or those of an equivalent standard**, must be applied.

5.3 The recording and reporting of risk on behalf of, for and to the IJB will be done using the Council's systems i.e. risk data for the IJB will be recorded, managed, monitored and reported from the RiskWEB system.

5.4 The IJB considers and takes account of risk in all its decision-making, and ensures that risk management information is reported to the IJB periodically.

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[1] Risk Management Strategy - **http://intranet2/Policy/_layouts/listform.aspx?PageType=4&ListId={2AFF6F2D-3544-42E9-84C2-28D986D302BF}&ID=1968**

[2] Risk Management Policy - **http://intranet2/Policy/_layouts/listform.aspx?PageType=4&ListId={2AFF6F2D-3544-42E9-84C2-28D986D302BF}&ID=1970**

5.5 Corporate Services Support including support for risk management will be co-ordinated by the Council's Corporate Services Department in accordance with the Integration Scheme.

5.6 The IJB will use the Council's Risk Matrix[3].

## 6. Risk appetite

6.1 The IJB's risk appetite statement is included below:

> *"The IJB aims to ensure a safe environment for everyone working within the Integrated Services; it is committed to safely, efficiently and effectively achieving the corporate objectives of the IJB. The IJB supports well-managed risk-taking and recognises the need to be risk aware, not risk averse".*

## 7. Risk responsibilities

7.1 The IJB's Chief Officer will ensure, through effective and timely reporting, that the IJB:

- Understand risk sources, systematically examine changing situations over time and focus on circumstances that affect the IJB's ability to meet the IJB's objectives and statutory duties;
- Monitor corporate and operational risks that affect integrated service delivery and performance against the Outcomes set out in the Integration Scheme;
- Develop a process for learning from adverse events;
- Develop and agree risk tolerance linked to the Objectives set out in the Integration Scheme; and
- Ensure sufficient resources are in place to meet these requirements through negotiation with the Council and the Health Board.

7.2 The Chief Officer will lead the development and implementation of the IJB Risk Management Strategy with support from corporate support services.

[3] Risk Matrix - **http://intranet2/Policy/_layouts/listform.aspx?PageType=4&ListId={2AFF6F2D-3544-42E9-84C2-28D986D302BF}&ID=1960**

7.3 The Chief Officer will keep the IJB, the Council and the Health Board apprised of all risks affecting the delivery of integrated health and social care services including strategic risks.

7.4 The Council and the Health Board will jointly identify effective reporting and data-sharing processes in order to provide management information to the IJB on a quarterly basis or as required.

7.5 The Chief Officer will report incident and risk information including the IJB Risk Register and Health and Social Care Directorate Risk Register to the IJB.

7.6 The IJB will receive regular (initially quarterly) reports on its Risk Register and in relation to trends, claims and incidents from the Chief Officer with additional supplementary information and exception reports as required by the IJB.

7.7 The Risk Management Strategy and any associated action plans will be included in the Supplementary Documentation to the Integration Scheme and these will be published on the IJB website.

## 8. Review Date

The IJB Risk Strategy will be reviewed regularly at intervals decided by the IJB.

# Risk Register - Integrated Joint Board (DRAFT) App 2

| Risk & Details | Current | | | Current and Planned Control Measures | Target | | | Assigned To |
|---|---|---|---|---|---|---|---|---|
| **IJB0003 - Policies - effect of** Health & Social Care Integration governance arrangements through the Integration Joint Board are not fully implemented. Risk that when in place they will not be effective. | Unlikely | Major | Medium | • **There are proposals for an informal liasion group at a senior level for members of the council, the Health Board and IJB** issues regarding governance can be discussed by the group and inform any remedial action required. | Minor | Unlikely | Low | Simon Bokor-Ingram |
| **IJB0017 - Policies - effect of** Strategic Planning for Health & Social Care is ineffective. The Strategic Plan does not reflect the needs of communities and identify appropriate communication strategies. | Unlikely | Major | Medium | • **Participation and Engagement Strategy being developed.** Action plans developed for the preparation of the strategic plan. Shadow strategic planning group in place. Work in localities is being developed engaging with a wide range of stakeholders including staff, service users, other service providers, community representatives | Minor | Unlikely | Low | Simon Bokor-Ingram |
| **IJB0018 - Policies - effect of** The IJB fails to direct service delivery to meet the outcomes required, these include local and national outcomes, service standards and quality measures and targets. | Unlikely | Major | Medium | • **Direction will be through the detail of the strategic plan.** The strategic plan for 2015/16 has already been developed and approved by the council and the Health Board. The level of detail has evolved from the previous CHCP agreement and includes detail at service plan level. Quarterly performance monitoring is well establised. | Significant | Unlikely | Medium | Simon Bokor-Ingram |
| **IJB0019 - Partnership working failure** Failure of the IJB to agree a Strategic Plan or Budget proposals. For example failure to agree the adoption of the Strategic Plan 2015/16 will mean that the social services committee and CHP committee arrangements will continue during 2015/16 causing duplication of effort. Failure to agree the budget or the budget recovery plan for the identifited shortfalls in NHS budget allocation to the IJB for 2015/16 could lead to overspends or a lack of direction to the council and the Health Board through the comissioning process. | Likely | Major | High | • **Where failure of IJB to agree means there is a dispute between the Council and the Health Board** Then a dispute resolution mechanism in the integration scheme can be used. IJB standing orders also cover failure to agree. | Significant | Possible | Medium | Simon Bokor-Ingram |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **IJB0020 - Partnership working failure**<br>Poor attendance or lack of commitment to the IJB from amoung its members. | Likely | Major | High | • **Need to look at ways of taking into account the diverse commitments of members.**<br>In particular clinical commitments of clinicians on the IJB. Commitment has been given to find backfill and look at individual work plans. | Significant | Possible | Medium | Simon Bokor-Ingram |
| **IJB0021 - Technological - Other**<br>Failure to provide adequate corporate services support to the IJB eg. finance, legal, committee services, ICT & HR | Possible | Major | High | • **During the implementation phase the transition programe board brought together representatives of corporate support services**<br>from the council and the Health Board. A link group will continue to meet under the direction of the Director of Corporate Services in order to ensure a co-ordinated approach to Corporate support services. Key joint groups will continue to work on key technical areas. These include the Local Partnership Finance Team, Joint Staff Forum and Data Sharing Partnership | Significant | Unlikely | Medium | Simon Bokor-Ingram |

Agenda Item

**5**

Shetland Islands Council

NHS Shetland

| | |
|---|---|
| **Meeting:** | Integration Joint Board (IJB) |
| **Date:** | 25 August 2015 |
| **Report Title:** | IJB Participation and Engagement Strategy – cover paper |
| **Reference Number:** | CRP-16-15-F |
| **Author / Job Title:** | Simon Bokor-Ingram, Director of Community Health and Social Care |

**Decisions / Action required:**

To approve the IJB Participation and Engagement Strategy.

**High Level Summary:**

The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.
The IJB is required to have a Participation and Engagement Strategy, as laid out in the Integration Scheme. The strategy is presented today to the IJB for approval.

**Corporate Priorities and Joint Working:**

The IJB Participation and Engagement Strategy will provide the framework for Shetland's Health and Social Care Partnership to actively involve local communities in the decision making process as required by the Public Bodies (Joint Working) (Scotland) Act 2014.

The aims of Shetland's Health and Social Care Partnership are set out in the Integration Scheme and include:-

- Agencies working together in partnership within local communities
- Actively engaging people and their carers
- Services integrated around the needs of our customers
- Listening and responding to community needs and aspirations

**Key Issues:**

Shetland Health and Social Care Partners are committed to working collaboratively with service users, carers and the wider community in all aspects of health and care service delivery from strategic planning through to the realisation of individual preferences in response to assessed needs. The Participation and Engagement Strategy is a fundamental tool setting out how this will be achieved.

| Implications : | |
|---|---|
| **Service Users, Patients and Communities:** | The IJB Participation and Engagement Strategy sets out the framework for Shetlands Health and Social Care Partnership to begin speaking to and including stakeholders in the decision making process. Local communities, patients, service users, their families and carers can expect to be treated as equal partners in how decisions are taken by Shetland's Health and Social Care Partnership. |
| **Human Resources and Organisational Development:** | There are no implications at this time. |
| **Equality, Diversity and Human Rights:** | Quality assurance on Equalities, Diversity and Human Rights is an integral part of the activities of the Council and the Health Board and any performance issues for the functions delegated to the IJB will be reported to the IJB or the IJB Audit Committee as appropriate.<br>An Equalities Impact Assessment will be done collaboratively as an integral part of taking forward this strategy with communities. |
| **Legal:** | The engagement of stakeholders is a statutory responsibility on the Integration Authority in the preparation of the Strategic Plan, locality planning and the associated commissioning process. |
| **Finance:** | There are no financial implications associated with this report. The Strategy will be developed, maintained and implemented within existing resources. |
| **Assets and Property:** | There are no implications for major assets and property. |
| **Environmental:** | There are no environmental issues arising from this report. |
| **Risk Management:** | The IJB is required to have its own Risk Management Strategy and Risk Register. This is the subject of a separate report on today's agenda.<br>The main risk associated with this report is failure to agree a Participation and Engagement Strategy for the IJB as required by the Integration Scheme.<br>Subsequent and consequent risks would be the failure to appropriately involve stakeholders at key decision making milestones. |

| | |
|---|---|
| **Policy and Delegated Authority:** | Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015.<br>The IJB has the authority to approve this strategy as set out in this report. |
| **Previously considered by:** | This report has not been presented to any other formal meeting. |

Agenda Item

5

Shetland Islands Council

NHS Shetland

| | |
|---|---|
| **Meeting:** | Integration Joint Board |
| **Date:** | 25 August 2015 |
| **Report Title:** | IJB Participation and Engagement Strategy Report |
| **Reference Number:** | CRP-16-15-F |
| **Author / Job Title:** | Simon Bokor – Ingram, Director of Community Health and Social Care |

## 1. Introduction

1.1 This report presents a draft IJB Participation and Engagement Strategy for discussion and approval.

## 2. Background

2.1 The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.

2.2 The IJB is required to have a Participation and Engagement Strategy, as laid out in the Integration Scheme.

2.3 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) stipulates that the IJB must have a Participation and Engagement Strategy in place by April 2016 in order to support its 2016-18 Strategic Plan, however, early adoption of the Strategy will support and inform current work on localities and on key Strategic plans including the Older People's Strategy, Dementia Strategy and Primary Care Strategy.

## 3. Main Discussion

3.1 The Participation and Engagement Strategy will provide the framework for Shetlands Health and Social Care Partnership to actively involve local communities in the decision making process.

3.2 The IJB, with support from the Council and the Health Board, will be required

to develop an action plan for the strategy, which stipulates how the IJB will engage with stakeholders at key decision making points.

3.3 The IJB must make sure that an appropriate performance framework is established with regard to the functions delegated to the IJB by the Council and the Health Board. The action plan, mentioned above, will be a key part of this, enabling engagement activities to be monitored and developed further in accordance with best practice.

3.4 With the implementation of the Act and the Community Empowerment (Scotland) Act, amongst others, local communities can expect to be treated as equal partners in how decisions are taken within Shetland's Health and Social Care Partnership.

**Recommendations**

3.5 It is recommended that the IJB:

- Approve the IJB Participation and Engagement Strategy, attached at Appendix 1
- Instruct the Chief Officer to prepare an action plan for approval by the IJB by 31 December 2015.

## 4. Conclusions

4.1 The engagement of stakeholders is a statutory responsibility on the Integration Authority in preparation of the Strategic Plan, locality planning and associated commissioning process.

4.2 The development of a Participation and Engagement Strategy demonstrates the IJB's commitment in this regard.

**Contact Details:**
For further information please contact:
Laura Saunders
laura.saunders@shetland.gov.uk
*19 August 2015*

**Background Documents**

H&SCI Integration Scheme
http://www.shetland.gov.uk/Health_Social_Care_Integration/Integrationscheme.asp

Joint Strategic (Commissioning) Plan
http://www.shetland.gov.uk/Health_Social_Care_Integration/StrategicPlan.asp

# Integrated Joint Board; Participation and Engagement Strategy

lsaunders
11 August 2015

## 1. Purpose

The intended audience of this strategy is primarily the members of the Integrated Joint Board. Although this strategy has not directly been co-written by lay representatives, citizens have indirectly been involved through the engagement work within localities and the wider integration agenda.

The purpose of this strategy is to set out a clear vision as to how Shetland's Health and Social Care Partnership will involve citizens in their decision making processes.

The Public Bodies (Joint Working) (Scotland) Act stipulates that the Integration Authority (Integrated Joint Board) must prepare a strategic plan:

- Setting out the arrangements for the carrying out of the integration functions
- Setting out arrangements for the carrying out of the integrated functions in relation to each agreed locality[1].
- Setting out how these functions are intended to achieve the national health and well being outcomes

In order to ensure that the IJB meet their requirements fully it will be necessary and desirable that the IJB establishes a culture of open dialogue with stakeholders. Stakeholder and community engagement is vital for service planning and service improvement. Stakeholder experience can be a powerful tool in service redesign and improvement and can build mutual trust and respect when a project is undertaken in partnership

[1] 7 locality areas have been agreed for Shetland. This has been approved by NHS board and council.

## 2. Background

There is a strong cultural tradition in Shetland of listening and engaging with its communities. The Integrated Joint Board will be required to build on this and look for innovative new asset-based approaches for community engagement.

Citizen feedback and insight are essential for a learning organisation to shape and improve the services it delivers, and in due course to improve citizen satisfaction. In turn, this contributes to the perceptions communities have of public bodies, such as whether they trust their public services to make Shetland a better place for themselves, their families and the local community.

This strategy links into many other strategies and plans, such as the Single Outcome Agreement, Community Plan and Cultural Strategy, but does not attempt to duplicate objectives set out in those documents. Instead, it provides an arena in which the broad aims and objectives from the overall context can be brought together. It will be for the members of the Integrated Joint Board to further develop and strengthen engagement priorities.

## 3. Context

Community participation and engagement are based on the fundamental principles of equality and equity. The IJB recognises that engagement, participation and co-production will not, in themselves, alleviate the effects of long term structural inequality and disadvantage, but are nonetheless vitally important within the context of current changes in national policy and a redefinition of the relationship between the citizen and the state.

The **Public Bodies (Joint Working) (Scotland) Act**

Integration of health and social care is the Scottish Government's ambitious programme of reform to improve services for people who use health and social care services. Integration will ensure that health and social care provision across Scotland is joined-up and seamless, especially for people with long term

conditions and disabilities, many of whom are older people.

The key components of the act which relate to participation, engagement and involvement;

**(1) The integration planning and delivery principles-**

(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.

**(1) The integration authority for the area of a local authority must prepare strategic plans in accordance with this section.**

**(2) A strategic plan is a document—**

(a) setting out the arrangements for the carrying out of the integration functions for the area of the local authority over the period of the plan,

(b) setting out how those arrangements are intended to achieve, or contribute to achieving, the national health and wellbeing outcomes, and

(c) including such other material as the integration authority thinks fit.

(3) The provision required to be included in a strategic plan by virtue of subsection (2)(a) is to include provision—

(a) dividing the area of the local authority into two or more localities, and

(b) setting out separately arrangements for the carrying out of the integration functions in relation to each such locality.

(4) If the functions of the integration authority are to be delegated to the authority before the day prescribed under section 9(3) or, as the case may be, section 15(2), the first strategic plan must specify the day on which functions are to be delegated to the authority.

(5) The first strategic plan of an integration authority is to be prepared before the integration start day.

(6) In this section, "integration start day" means—

(a) in relation to an integration authority which is an integration joint board, the day on which functions are delegated to the authority by virtue of subsection (4) or, as the case may be, section 9(3),

(b) in relation to any other integration authority, the day on which functions are delegated by virtue of subsection (4) or, as the case may be, section 15(2) to, or to the constituent authorities of, the integration authority.

**Preparation of the strategic plan**;

(1) This section applies where an integration authority in relation to the area of a local authority is preparing a strategic plan

.

(2) The integration authority is to—

(a) prepare proposals for what the strategic plan should contain, and

(b) seek the views of its strategic planning group on the proposals.

(3) Taking account of any views expressed by virtue of subsection (2)(b), the integration authority is then to—

(a) prepare a first draft of the strategic plan, and

(b) seek the views of its strategic planning group on the draft.

(4) Taking account of any views expressed by virtue of subsection (3)(b), the integration authority is then to—

(a) prepare a second draft of the strategic plan,

(b) send a copy to—

(i) the persons mentioned in subsection (5), and

(ii) such other persons as it considers appropriate, and

(c) invite the recipients to express views (within such period as the integration authority considers appropriate) on the draft.

(5) The persons referred to in subsection (4)(b)(i) are—

(a) where the integration authority is an integration joint board, each constituent authority,

(b) where the integration authority is a local authority, the Health Board with which the local authority prepared the integration scheme in pursuance of which the integration authority acquired its delegated functions,

(c) where the integration authority is a Health Board, the local authority with which the Health Board prepared the integration scheme in pursuance of which the integration authority acquired its delegated functions, and

(d) persons who the integration authority considers to be representative of each of the groups mentioned in subsection (6).

(6) The groups referred to in subsection (5)(d) are such groups of persons appearing to the Scottish Ministers to have an interest as may be prescribed.

(7) In finalising the strategic plan, the integration authority must take account of any views expressed by virtue of subsection (4)(c).

**Publishing the Strategic plan;**

(1) As soon as practicable after the finalisation of the plan, an integration authority must publish its strategic plan.

(2) At the same time as publishing a strategic plan, an integration authority must also publish a statement of the action which it took.

**Significant decisions outside strategic plan: public involvement;**

(1) This section applies where the integration authority for the area of a local authority—

(a) proposes to take a significant decision about the arrangements for the carrying out of the integration functions for the area of the authority, and

(b) intends the decision to take effect other than by virtue of revising its strategic plan

(2) In subsection (1)(a), *"significant decision"* means a decision which the integration authority considers might significantly affect the provision of a service provided in pursuance of the integration functions in the area of the local authority.

(3) The integration authority must—

(a) seek and have regard to the views of its strategic planning group, and

(b) take such action as it thinks fit with a view to securing that persons mentioned in subsection (4) are involved in and consulted on the decision.

(4) Those persons are users of the service which is being or may be provided.

**Establishment of Strategic Planning Group (membership)**

(1)

(a) health professionals;

(b) users of health care;

(c) carers of users of health care;
(d) commercial providers of health care;
(e) non-commercial providers of health care;
(f) social care professionals;
(g) users of social care;
(h) carers of users of social care;
(i) commercial providers of social care;
(j) non-commercial providers of social care;
(k) non-commercial providers of social housing; and
(l) third sector bodies carrying out activities related to health care or social care.

(2) For the purposes of paragraph (1)—
(a) in the case of users of health care or social care, they must reside within the area of the local authority;
(b) in the case of carers of users of health or social care, they must care for a person who resides within the area of the local authority; and
(c) in any other case, they must operate within the local authority area.

(3) In this regulation, *"third sector"* includes representative groups, interest groups, social enterprises and community organisations.

**Communities**, whether geographically based or those of interest, ***must*** be **involved** in the development of the localities work, as laid out by the Public Bodies Act.

In addition, the **Community Empowerment (Scotland) Bill**; stipulates key policy objectives to;

1. Empower community bodies through the ownership of land and buildings and strengthen their voices in the decisions that matter to them; and

2. Support an increase in the pace and scale of Public Service Reform by cementing the focus on achieving outcomes and improving the process of community planning.

In doing so, this Bill aims to support approaches that can contribute to improving outcomes in all aspects of people‘s lives.

**The key components of the bill**:

Part 1:

Places a duty on Scottish Ministers to develop, consult on and publish a set of national outcomes for Scotland, which builds on the Government’s “Scotland Performs” framework.

Part 2:

Places community planning partnerships on a statutory footing and imposes duties on them around the planning and delivery of local outcomes.

Part 3:

Provides a mechanism for communities to have a more proactive role in having their voices heard in how services are planned and delivered. *(Schedule 2 lists “public service authorities” to whom participation requests can be made. Where an appropriate community body, or a group of bodies, believes it could help to improve the outcome of a service, it will be able to make a request to the public body or bodies that deliver that service, asking to take part in a process to improve that outcome.)*

Part 4:

Amends Part 2 of the Land Reform (Scotland) Act 2003, extending the community right to buy to all of Scotland, and introduces a new Part 3A to the 2003 Act to make provision for community bodies to purchase neglected and abandoned land where the owner is not willing to sell that land.

Part 5:
Provides community bodies with a right to request to purchase, lease, manage or use land and buildings belonging to local authorities, Scottish public bodies or Scottish Ministers. The list of “relevant authorities” affected is given in Schedule 3.

Part 6:
Places a statutory duty on local authorities to establish and maintain a register of all property held by them for the common good. It also requires local authorities to publish their proposals and consult community bodies before disposing of or changing the use of common good assets.

Part 7:
Updates and simplifies legislation on allotments. It requires local authorities to take reasonable steps to provide more allotments if waiting lists exceed certain trigger points and ensures appropriate protection for local authorities and plot-holders. This replaces the provisions of the Allotments (Scotland) Acts 1892, 1922 and 1950, which are repealed in their entirety by Schedule 5, and some provisions of the Land Settlement (Scotland) Act 1919.

Part 8:
Provides for a new power which will allow councils to create and fund their own localised business rate relief schemes to better reflect local needs and support communities. It does this by inserting a new section into the Local Government (Financial Provisions etc.) (Scotland) Act 1962.

Part 9:
Makes general provisions in relation to the Bill, including provision about subordinate legislation, ancillary provision and commencement. Schedule 4 makes minor and consequential amendments to other legislation, and Schedule 5 provides for repeals.

It is the role of the IJB to ensure that the local authority is held to account in terms of the implementation of the community empowerment bill.

**Effective Democracy: Reconnecting with Communities**

The Commission on Strengthening Local Democracy was established in 2013 as an independent body to address centralisation in Scottish democracy by putting more powers in the hands of communities. The commission was aiming to challenge the prevailing culture, which has three key characteristics; first, it is technocratic and bureaucratic rather than democratic, and based on trying to get economies of scale and standardisation rather than responding to local diversity. Secondly, its design principle was top down, and largely thought of local governance as a way of delivering nationally decided policy. Thirdly, it treats citizens and communities as recipients of services, rather than as participants and co-producers of outcomes and democratic governance.

Decisions about the design and delivery of service are often national and local government down, rather than community up. The commission notes that this has failed to reduce inequalities and improve outcomes as fully as possible. It has produced substantial alienation from the democratic system, and further disempowered communities that had already become economically marginalised. It is believed that it has also created a sense of dependency on government, rather than support for people to participate in how they want their place to be.

Based on sound international evidence, the conclusion within the report is that, ***outcomes are therefore best, and inequalities lowest, where positive macroeconomic and fiscal policies interact with highly localised, empowered and participative democratic arrangements***.
The Scandinavian countries offer the best example of this model, and they have consistently had better and more equal outcomes, a more sustained pattern of economic growth, and fewer recessions than other developed economies.

In other words, localised, empowered and participatory democratic arrangements are all critical factors in improving people's lives and tackling the challenges and opportunities that Scotland faces.

Full report - Effective Democracy

The commission concludes that: "A radical transfer of power to communities is essential if we are to rebuild confidence in Scotland's democracy and improve outcomes across the country." This means a shift away from one-size-fits-all, top down decision-making, where the best that can be expected is a trickle of power down from national government, through councils to communities, and working to make policy and spending both efficient *and* local.

## 4. Key Strategies and Policies

The Scottish Community Development Centre (SCDC) introduced The National Standards for Community Engagement in 2005 after they were commissioned by the Minister for Communities.

SCDC Introduced VOiCE (visioning Outcomes in Community Engagement) to support community planning partnerships to implement the National standards for community engagement. VOiCE is a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement.

Visioning Outcomes in Community Engagement

**In relation to particular community engagement initiatives**,
VOiCE supports us to:

- Reflect on what we are trying to achieve.
- Develop plans that have real purpose.
- Monitor progress in implementing our plan.
- Evaluate the process and outcomes.

- Learn lessons for future activity

VOiCE is published by the Scottish Government as part of its support for implementation of the National Standards for Community Engagement.

The Scottish Health Council has also produced a participation toolkit for use when considering engagement activities within communities. SHC Toolkit

For more information on this or other Community Engagement tools used please visit the Council's community planning department website or the Scottish Health Councils.

Shetland's Single Outcome Agreement, updated for 2015.

In 2011 the Shetland Partnership commissioned a piece of work to produce a guide for community, consultation and engagement to help standardise the practice of agencies interacting with the public and communities of interest in Shetland.

The cultural strategy 2009 - 20013, although requires refresh is a key component when considering engagement with our citizens.

Shetlands Islands Council's Equality Strategy - Equality for Shetland

NHS Shetland - Equality Publications

Deprivation and Social Exclusion - Deprivation and Social Exclusion

PFPI Strategy - Strategy

**Patient Focus Public Involvement**

In 2006, patient focus public involvement was launched nationally. This was a programme of change management throughout NHS boards to ensure that a

patient focus is embedded in the culture, to ensure that listening, understanding and acting on the views of local communities, patients and carers is given the same priority as clinical standards and financial performance.

A "patient-focused" NHS exists for the patient and is designed to meet the needs and wishes of the individual receiving care and treatment. It should therefore:

- Maintain good communications, including listening and talking to patients, public and communities
- Know about those using the service and understand their needs
- Keep users of the service informed and involved
- Have clear, explicit standards of service
- Maintain politeness and mutual respect
- Have the ability to respond flexibly to an individual's specific needs
- Ensure effective action is taken to improve services
- Talk with citizens, the wider public and communities.

Involving patients, carers and the public is a very important part of improving the quality of service provided by NHS Scotland. Effective public involvement can:

- Act as a catalyst for change
- Help achieve a major improvement in the health of the public
- Help strengthen public confidence in the NHS.

Each NHS Board has a Designated Director with responsibility for public involvement. Whilst this lead responsibility is important there is a need to ensure that public involvement is promoted by the whole organisation.

NHS Boards are expected to take a pro-active and positive approach to public involvement on issues of potential service change. This is an important area of active ongoing public involvement and one where effective communication is essential.

Involving the public should not be seen as something that has to be done at the end of a process, but something that is part of an integrated process of

communication and discussion; where communities, patients, public and NHS staff have opportunities to influence decision making. An inclusive process must be able to demonstrate that the NHS listens, is supportive and takes account of views and suggestions.

Further information regarding NHS Shetland and PFPI can be found at NHS Shetland PFPI

**PPF'S**

Public Partnership Forums (PPFs) are a network of patients, carers', community groups, voluntary organisations and individuals who are interested in the development and design of local health and social care services.

Anyone who lives or works in an area can be a member of that Public Partnership Forum. Participants do not need to be a member of an existing group or organisation and can take part as much or as little as they choose.

- Public Partnership Forums historically supported Community Health Partnerships to inform local people about the range and location of health and social care services in their area.
- They involve patients, carers and members of the public in discussions about how to improve local health services.
- They support wider public involvement in planning and decision-making about services that are delivered locally.
- They represent the public view at meetings.
- With the disestablishment of CHP's and the forming of new Integration Authorities there is a review being undertaken to look at the remit of PPF's to ensure that they fit the new integrated structures.

## 5. Vision, Mission and Aims

### Our Vision

To ensure, through innovative, responsive and effective strategic commissioning, that our population has access to the highest quality health and social care provision, providing the best citizen experience possible within the resources available."

**We strive to meet our vision by upholding values of:**

1. Collaborative Working
2. Quality & Safety
3. Innovation
4. Courage
5. Learning
6. Excellence

### Our Aims

1. To make sure citizens within the community have the chance to be involved. This especially includes working with people who are often left out:
   - Non English speakers
   - People who are housebound, in residential homes
   - People with complex needs, for example those who are disabled. This includes people with physical and sensory impairments as well as people with mental health problems and learning disabilities
   - People who are hidden from services or may feel stigmatised (e.g. refugees and asylum seekers, lesbian, gay, bisexual and transgender communities)

2. To implement policy to ensure people are recognised and rewarded for their contribution in a range of ways
3. To develop support and training so that barriers are reduced, thereby making sure that involvement is meaningful and not just 'tokenistic'

4. To provide guidance for citizens and carers, and staff on what to do if there are any issues regarding involvement.
5. To continually monitor practices and/or policies and change those which may prevent people from being involved
6. To develop targets so that our progress can be measured and evaluated.
7. To give regular feedback on the progress made putting this strategy into practice to all groups within the community

## 6. What do we mean by Participation and Engagement?

The terms participation, involvement and engagement are often misunderstood or used interchangeably.

New techniques and models of best practice have been introduced to support greater engagement. These range from social media to support lifestyle and public health-based programmes, a greater focus on staff and stakeholder engagement and an increasing involvement of citizens, formally and informally, in health and care service design. Best practice insists upon listening organisations being responsive to internal and external stakeholders.

**Engagement**

The national standards define community engagement as 'Developing and sustaining a working relationship between one or more public body and one or more community group, to help them both to understand and act on the needs or issues that the community experiences.'

**Participate**

To participate, is to become involved in, or to share with.

Participation, in the development context, is a process through which all members of a community or organization are involved in and have influence on decisions related to development activities that will affect them.

In practice, there are not clear-cut distinctions between the different terms and it may be easier to think of them on a spectrum.

The concept of a 'ladder of public engagement'[2] has frequently been used to describe the different levels of participation.

| Frequently been used to describe the different levels of participation. The diagram below is simplified version. | Most active | Shared decision-making | Unstructured /less structure |
|---|---|---|---|
| **Co-production** |  |  |  |
| **Partnership** | | | |
| **Asset Based** | | | |
| **Engagement** | | | |
| **Involvement** | | | |
| **Consultation** | | | |
| **Information** | | | |
| | Most passive | No decision-making | Structured |

At the lower end of the ladder, public services use more traditional consultation and research techniques to find out what people think. The middle rungs (e.g. engagement) represent different levels of involvement in which stakeholders are more active participants, for example by attending meetings or taking part in discussions about aspects of a service. The upper steps of the ladder represent public engagement and partnerships in which participants actively contribute to or share decision-making. Co-production is essentially where professionals and citizens share power to plan and deliver support services together, recognising that both partners have a vital contribution to make.

[2] *A Ladder of Citizen Participation*, Arnstein, SJ, 1969.

Varying models of partnership and co-production are being actively pushed by central government as the ideal to be working towards. This has been instigated by the OECD who started to focus on co-production within its agenda of promoting innovative public services in 2008.

Co-production, as a method, approach and mind-set, is very different from traditional models of service provision. As has been shown, it fundamentally alters the relationship between service providers and users; it emphasises people as active agents, not passive beneficiaries; and, in large part because of this alternative process, it tends to lead towards better, more preventative outcomes in the long-term.

Further information can be found at Coproduction Scotland

It is the aim of this strategy to define the vision, the framework and create the conditions where people's views really do count. It is about creating an environment in which more people actively work in partnership with the Integrated Joint Board in shaping how we plan and commission services as we go forward. In addition how the IJB and the functions for which it is responsible work more actively in partnership with local communities to deliver its priorities and aim and improve the health and well being of the people of Shetland.

## 7. Structures in place for Engagement

There are various processes in place to support public bodies to engage with and work in partnership with communities. The following outlines a number of these:

1. Public Partnership Forum - Public Partnership Forums (PPFs) are a network of patients, carers, community groups, voluntary organisations and individuals who are interested in the development and design of local health and social care services.

They are one of the main links between local communities and the public services which are responsible for delivering all local health services. Locally the decision was taken to include social care in the remit of the PPF.

2. PFPI – Patient Focus Public Involvement. The PFPI Steering Group is the NHS Board's main group for developing and co-ordinating the principles of Patient Focus Public Involvement as well as being a source of advice for members of staff who wish to engage with lay members.

3. Patient opinion – is an online tool used to feedback patient experience. It is an independent site about patient's experiences of health services, **good** or **bad**. These stories are then passed to the right people to make a difference.

   Care Opinion is currently in the pilot stage within 2 areas of Scotland. The expectation is that if this goes well, it will be rolled out to all council areas for adult social care services.

4. Voluntary Action Shetland has a range of forums, charitable groups and social enterprises which it works with. It will be important when the IJB are planning how to engage with stakeholders that VAS are part of this early discussion to ensure a robust process.

   Voluntary Voice is a newsletter which updates stakeholders on current third sector news. Voluntary Voice. The newsletter goes out twice a year.

   On the Voluntary Action Shetland webpage there is a community's toolkit which provides information ranging from finding a funder to legal responsibilities and becoming a registered charity.

5. A new framework for engagement called Our Voice has just been developed by the Scottish Health Council, in partnership with healthcare improvement

Scotland, the ALLIANCE and COSLA. More information can be found at the following link Our Voice

Our Voice will work in 3 main ways;

At **individual level**, people should be fully involved in decisions about their treatment and care, and they should be empowered and supported to feed back about the care and services they receive. Their feedback should be used to drive and inform continuous improvement to services. Integration stakeholders will work together to develop systems for hearing and responding to feedback that are accessible, manageable for staff, and capable of being transferred across settings.

At **local level**, a peer network will support people to engage purposefully in local planning processes. Guidance, tools and techniques will build people's capacity to get involved in, and to lead, local conversations. Particular support will be given to those whose voices are not always heard, and to develop local networks of people who are willing to get involved.

At **national level**, a citizen voice 'hub' will tap into existing Structures and networks, gathering intelligence on issues of concern and involving as wide a range of people as possible in improving services. Strategic gathering and analysis of individual stories on topics of national interest will provide policy-makers and health and care providers with powerful evidence for improvement. Citizens' panels will create opportunities for people to engage in national policy debate.

The Integrated Joint Board will ensure that the principles and objectives of the new approach are build into the engagement action plan being work up over the next 6 months.

6. Complaints, Comments and Suggestion Schemes

7. The Patient Advice and Support Service (run through CAB)

8. For NHS boards, if there is approval for service change they must consult with the public on early stage development of any proposals so that all relevant stakeholders have the opportunity to have an input into the decision making process. This is a statutory obligation.

   The strategic plan, for which the IJB is responsible for, is the output of what is more commonly referred to as the "strategic commissioning" process. Commissioning can be described as the means to secure the best value for local citizens. It is the process of translating aspirations and need, by specifying and procuring services for the local population, into services which deliver the best possible health and wellbeing outcomes and provide the best possible health and social care provision within the best use of available resources.
   Most definitions of commissioning paint a picture of a cycle of activities at a strategic level. There are variations of the picture of the cycle but they include the same logical process and are concerned with whole groups of people (as opposed to commissioning services for an individual) - including:

   - assessing the needs of a population;
   - setting priorities and developing commissioning strategies to meet those needs in line with local and national targets;
   - securing services from providers to meet those needs and targets;
   - monitoring and evaluating outcomes; and
   - engaging and involving a range of stakeholders, citizens and communities in the process.

   The Act and supporting guidance also obliges local partnerships to develop their engagement with local communities through the process of Locality Planning, whose views must be taken into account as part of the strategic commissioning process. Localities, and locality planning, provide a key mechanism for strong local clinical, professional and community leadership, ensuring that services are planned and led locally in a way that is engaged with the community.

Historically in Shetland, joint strategic planning has been developed through client group focussed partnerships (eg the Mental Health Strategy, Shetland Alcohol and Drugs Partnership, the development of the Older People's Strategy), and the mechanisms of the Community Health and Care Partnership (CHCP) Agreement which has brought together service planning across joint services. For 2015/16 this has been developed into the Shetland Joint Strategic Commissioning Plan.

All services should involve citizens at a local level, via locally-based forums, in designing information explaining what an individual service offers. Locally based forums will link into a more strategically focused user groups[3] with representation at Board level. Citizens should be involved in reviewing information provided to ensure that it is up-to-date and relevant. The range of information should be agreed with citizens.

9. Local Health Councils.

   The **Scottish Health Council** supports NHS Boards across **Scotland** to effectively involve patients, carers and communities in planning and providing healthcare. They have local offices in all the NHS board areas including Shetland. Shetlands local health council has actively supported local people to become involved in ongoing conversations relating to service planning and improvement, some of which has led to real service change.

10. The statutory framework for Community Planning is set out in the Local Government in Scotland Act 2003. The Act places duties on:

    Local authorities - to initiate, facilitate and maintain Community Planning, including consulting and cooperating with communities;

[3] Shetland Alcohol and Drugs Partnership

Core partners - Health Boards, the Enterprise Networks, Police, Fire and Regional Transport Partnerships - to participate in Community Planning; and

Scottish Ministers - to promote and encourage Community Planning.

Community Planning is delivered by local Community Planning Partnerships (CPPs). There are 32 CPPS, one for each local authority area. As well as the statutory partners, a wide range of other organisations such as Jobcentre Plus, Further and Higher Education institutions and Scottish Natural Heritage are involved in CPPs, as are the third and private sectors. Third sector participation in CPPs is delivered through the third sector interfaces that have been established in each local authority area.

See Shetland Partnership Guide for more information.

Strengthening Community Involvement Project

This project was initiated by the Shetland Partnership Board to explore ways in which community involvement in Shetland can be strengthened. It was carried out because community involvement is a key element for improving public services and making them response to, and organised around the needs of communities.

The consultation stage of the project has provided a vision for how communities and agencies in Shetland will work together in the future.

A full report (PDF 989KB) on the project has been written, which sets out the reasons for the project, the findings and recommendations. The project findings were reported to the Shetland Partnership Board on 16th May 2014.

Community Capacity Building

Community capacity building is one of three strands of community learning and development in Scotland. It describes a particular way of working with and supporting communities - to build skills and experience, increase opportunities, and enhance involvement in the decisions that affect them.

This can involve developing confidence, skills, structures and knowledge, to increase the opportunities communities have to make a real difference to the services, activities and changes that take place in their area.

Most of us want to live in a society that is safe, caring, inclusive, respectful, and in which we feel valued. Many people want to work towards such a society, by learning from each other, by making connections to others, through volunteering or by seeking change.

Community capacity building is one of the three national priorities for CLD. The WALT[4] guidance links the community capacity building function to the wider purpose of CLD within community planning 'as a key tool in delivering our commitment to social justice'.

**Impact on Services Redesign**

Below are a number of examples where public feedback and involvement has made a positive impact on service design;

A nail-cutting service staffed by volunteers was set up at the request of local people, leaving the Chiropodist/Podiatrist free to deal with more serious cases. Citizens are included on the committee. This was started in 2006 and is still ongoing. Each year, the Committee meets and looks at the service provided. The annual committee meeting is also attended by users who are encouraged to make suggestions on how the Service could be improved.

NHS Quality Improvement Scotland congratulated the establishment of the Voluntary Nail Cutting Service, highlighting it as an “innovative approach to overcoming the changes to Podiatry services. The setup of the Volunteer Nail Cutting Service is the first of its kind in Scotland and has been held up as an

[4] WALT - Working and Learning Together to Build Stronger Communities

example of good practice in terms of the benefits to patients, whilst increasing volunteering opportunities within the health service".

NHS Shetland invited patients to share their experiences of physiotherapy services by "telling their story". This identified a number of areas for improvement and patients were keen to get involved. One way in which it improved service delivery was through the self referral set up for physiotherapy.

The PPF led a project to look at capacity issues within the Lerwick Health Centre. As a result of the findings from this project, the NHS board took the decision to hire a different skill mix which included higher levels of advanced nurse practitioners.

The carers' link group lead the program of work for carers in Shetland. This is an organised group of carers' representatives who meet regularly, with support from a dedicated carers' worker, to discuss and progress issues with service reps.

With assistance from the Scottish Health Council, the NHS have developed a 'feedback poster template' which has been used to display the results of feedback from patients from a wide variety of services including: Day Surgery Unit (DSU),Theatre/Endoscopy Unit, Stroke Liaison, Children's Occupational Therapy, Older Peoples Rehabilitation and Support Services for patients accessing Out Patient Services in Shetland and mainland Scotland.

The way in which feedback has been collected for display in poster format includes surveys, semi structured interviews, patient stories and observations of care (e.g. managed mealtimes).

The posters include results and comparative information as well as the intended or completed improvement actions in the 'You Said We Did' format

and they are displayed in the Health Centres, Hospital, and Dental Unit etc as well as made available online through the website and Twitter.
The online versions can be found at the following link:
Feedback posters
In addition the NHS have recently focussed on improving privacy and dignity for patients who are cared for in wards which are mixed sex and support the needs of both children and adults.

Examples of this include the installation of a new curtain system in Ward 3 which means that there is more space around each bed when the curtains are drawn; they have created an area on the DSU where patients can have confidential conversations and have trialled 'dignity trousers' for patients undergoing colonoscopy procedures which have been positively evaluated.

Building strong, resilient and supportive communities through community planning
Many communities in Shetland are developing resilience while facing challenges linked to reduced levels of public spending and the changes to services this has led to. SIC Community Planning and Development continue to play a key role in assisting communities to access funding and develop their own solutions to issues they encounter. Some examples from the last year include:
West Burrafirth Community Broadband: Disillusioned with waiting for national broadband providers to supply an adequate broadband service, the community of West Burrafirth took matters in to their own hands. With the help of CP&D, they formed a community group and applied for National Lottery funding to work in partnership with Shetland Broadband on community owned broadband provision. Following a successful funding application and instillation of transmitters and receivers, the community now enjoys some of the fastest broadband in Shetland which is having positive outcomes for local employment, study and leisure.

Bridgend Outdoor Centre Trust (BEOCT): This project reflected the identified need to expand and improve the Centre's facilities and was assisted by CP&D. Funding was secured for investment in new facilities and site enhancements, more effective marketing, an extended opening season and two new part-time paid posts have also been created. The BEOCT is currently developing Phase 2 of this project – which could see further infrastructure improvements – to continue the economic and social development of the thriving Bridge End community.

Bressay Community Development Association (BCDA): The BCDA was formed in 2013 in response to reduced public sector service levels and the impacts this has had on the community. The Association, with the assistance of CP&D, has developed a Local Action Plan to set out the priorities for the community and has begun to look at ways that the local community can deliver services for themselves. One such example is a local skip scheme, replacing the service previously operated by the Council.

Some of these examples have highlighted the importance of volunteering in our public services. Volunteers play a crucial role in the health and care sector. Working in a range of settings and providing a variety of services alongside paid staff, volunteers are a key part of care and support services.

Locally there are a high number of volunteers involved in services ranging from mentoring, befriending and peer support through to assisting with cleaning or cafes. Volunteering can help people to gain new skills and experience and, for some, can provide a stepping stone to paid employment.

## 8. Participation and Performance Framework

**Efficiency**

The IJB is committed to working together, both internally and with our partners to ensure greater coordination and minimise duplication of engagement activity. In order to do this and realise efficiencies, before undertaking any

engagement activity it is vital that we check what engagement activity has already been undertaken, is currently taking place, or is planned to take place in the next 6 months.

**Measuring success**

The key purpose of the Participation and Engagement Strategy is to ensure local people feel able to shape the delivery of public services. The Strategy directly contributes to the delivery of the 9 National Health and Wellbeing Outcomes, in that services designed with local people will be more effective and targeted.

We will develop a number of measures that enable us to quantify how effective we are at engaging local people, which will include:

- The percentage of people who feel informed about the work of the IJB
- The percentage of people satisfied with opportunities to be involved in the planning and redesign of services
- Number of people involved in engagement events

Other positive outcomes that result from this Strategy will include:

- Client/patient feedback processes impacting positively on service provision
- Increased levels of citizen satisfaction
- Increased level of trust in public services

We will also know if we are successful through being able to demonstrate that:

- Community engagement is embedded within business plans;
- Engagement activities involve partners; and
- People are using the mechanisms for coordinating engagement activities.

**Performance in respect of localities**

(1) A performance report must include an assessment of performance in planning and carrying out functions in localities, including—

(a) a description of the arrangements made for the consultation and involvement of groups in decisions about localities to which section 41 of the Act (carrying out of integration functions: localities) applies; and

(b) an assessment of how the arrangements described in sub-paragraph (a) have contributed to provision of services in pursuance of integration functions in accordance with the integration delivery principles in each locality.

(2) A performance report must set out, for of each locality identified in the strategic plan, the proportion of the total amount paid to, or set aside for use by, the integration authority spent during the reporting year in relation to the locality.

(3) A performance report must include, in respect of the information which is included in the report by virtue of paragraph (2), a comparison between the reporting year and the 5 preceding reporting years (or, where there have been fewer than 5 reporting years, all preceding reporting years, if any).

**Best value in planning and carrying out integration functions**

(1) A performance report must include an assessment of performance in relation to best value, including information about how the planning and delivery of services in pursuance of integration functions have contributed to securing best value.

(2) In paragraph (1), the reference to *'securing best value'* is a reference to—

(a) the duty to which that integration authority is subject

(b) any similar duty contained in guidance issued by the Scottish Ministers, on which the auditor may make findings in respect of the accounts of that integration authority by virtue of Section 22 of the Public Finance and Accountability (Scotland) Act 2000

When inviting people to get involved in service development we must be clear about what 'level' and type of involvement is being suggested, and why. People should also be asked for their views on how they want to be involved,

and work with them to agree the most appropriate method. For some people, receiving information about services is enough. Others will want to be more actively involved, both by giving their views and expecting to take part in local decision making. Some people may want to take part in decision making about their own services and also take part in the management, planning and development of services for the community. Others may want to take full control of their services. For instance, some take responsibility for managing their own support packages. Opportunity and support is now available for people to decide and define their own agendas, to make recommendations about services that affect them, to identify and carry out their own research and hopefully, and work with us on their own terms.

Agenda Item

6

Shetland Islands Council

NHS Shetland

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|---|---|
| **Meeting:** | Integration Joint Board (IJB) |
| **Date:** | 25 August 2015 |
| **Report Title:** | IJB Business Programme 2015/16 - Cover Paper |
| **Reference Number:** | CRP-18-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

**Decisions / Action required:**

1. To consider the IJB Business Programme 2015/16; and
2. To resolve to approve any changes or additions to the Business Programme.

**High Level Summary:**

The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.
A Business Programme has been developed for the IJB and the current Business Programme for the concurrent meetings of the Social Services Committee and CHP Committee is appended to the IJB Business Programme for information at this stage in anticipation of a decision whereby the IJB will approve a Strategic Plan and thereby become responsible for the agenda currently covered by these committees.
The IJB have asked that the Business Programme for the IJB is presented at all IJB meetings during 2015/16.

**Corporate Priorities and Joint Working:**

Work of the IJB is essential in 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.
The IJB as a public body must ensure that it operates in accordance with relevant legislation and the principles and codes that apply to all public bodies.
In order to fulfil the statutory duties with regard to the functions delegated to the IJB by the Shetland Islands Council (the Council) and Shetland NHS Board (the Health Board), the IJB must make sure its Business Programme supports its role in the planning and direction of services to meet the needs of some of the most vulnerable people in our community

**Key Issues:**

The IJB must make sure that an appropriate Business Programme is in place to carry out the functions delegated to the IJB by the Council and the Health Board.
The IJB must be satisfied that there is an appropriate Business Programme in place to agree the Strategic Plan; have operational oversight of Acute Services; develop and

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| maintain a set of performance measures and locally developed targets; and publish an Annual Report as required by the legislation. |

| **Implications :** | |
|---|---|
| **Service Users, Patients and Communities:** | The establishment of an IJB Business Programme will help ensure its role in monitoring and directing health and social care services; and ensure the best possible outcomes for service users, patients and the community. |
| **Human Resources and Organisational Development:** | It has been agreed that support for the Business Programme function for the IJB will be co-ordinated by the Council's Corporate Services Department as part of the corporate services support for the IJB. This will be achieved within existing resources. |
| **Equality, Diversity and Human Rights:** | Quality assurance on Equalities, Diversity and Human Rights is an integral part of the activities of the Council and the Health Board. Any risks in this regard that pertain to the functions delegated to the IJB will be considered by the Chief Officer and reported to the IJB as appropriate. |
| **Legal:** | The IJB is advised to establish a Business Programme, but there are no legal requirements to do so. |
| **Finance:** | Any costs associated with the development and maintenance of the IJB Business Programme will be met from within existing budgets of the Council and the Health Board. |
| **Assets and Property:** | There are no implications for major assets and property. Risks associated with the need for and use of assets and property will be recorded in the appropriate risk registers maintained by the Council and the Health Board and reported to the IJB where relevant to the delegated functions. |
| **Environmental:** | There are no environmental issues arising from this report. |
| **Risk Management:** | The main risk associated with this report is failure to appropriately maintain the Business Programme for the IJB. |

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| **Policy and Delegated Authority:** | Shetland's Integration Joint Board (IJB) was formally constituted on 27th June 2015.<br>The IJB has the authority to approve the IJB Business programme 2015/16 as set out in this report. |
| **Previously considered by:** | This report has not been presented to any other formal meeting. |

Agenda Item

6

Shetland Islands Council

NHS Shetland

| | |
|---|---|
| **Meeting:** | Integration Joint Board |
| **Date:** | 25 August 2015 |
| **Report Title:** | IJB Business Programme 2015/16 |
| **Reference Number:** | CRP-18-15-F |
| **Author / Job Title:** | Christine Ferguson, Director Corporate Services |

## 1. Introduction

1.1 This report presents an updated draft IJB Business Programme 2015/16 for the Integration Joint Board (IJB). The draft IJB Business Programme is attached at Appendix 1.

## 2. Background

2.1 The IJB was formally constituted on 27th June 2015 and the inaugural meeting, which confirmed the full membership of the IJB, was held on 20 July 2015.
At the second meeting of the IJB on 29 July 2015, the IJB approved their Standing Orders, Scheme of Administration and Financial Regulations.

2.2 The purpose of this report is to inform the IJB of the planned business to be presented to the IJB for the financial year to 31 March 2016 for the IJB to consider and advise regarding any changes or additions required to that programme.

2.3 The IJB have agreed that the Business Programme will be presented to every meeting of the IJB for the time being. It is anticipated that by April 2016, the Business Programme would be presented on a quarterly basis for discussion and approval.

2.4 Dates still have to be scheduled for the 4th and subsequent meetings. The Strategic Plan for 2015/16 will be discussed at the 4th meeting of the IJB and only after approval of a Strategic Plan for the IJB will the IJB assume responsibility for the functions delegated to it by the Council and the Health Board. In the meantime, the business programme for the Social Services and CHP Committee meetings schedule will continue to be presented together with that of the IJB for information. This will include items in relation to the remaining projects and reports which are still to be scheduled.

## 3. Establishing the IJB Business Programme for 2015/16

3.1 The IJB must have an effective business programme in place to support its activities. The IJB is responsible for:

3.1.1 Strategic planning for health and social care services as specified in the Integration Scheme, developing and maintaining a three year Strategic Plan;

3.1.2 Directing service delivery by the Council and the Health Board in line with the Strategic Plan; and

3.1.3 Operational oversight, performance monitoring and reporting on integrated health and social care services through the Chief Officer.

3.2 The manner in which meetings have been scheduled is described below.

- Ordinary meetings – where there is no scheduled business within 2 weeks of the meeting, the meeting will be cancelled.

- Special meetings may be called on specific dates for some items – other agenda items can be added, if time permits.

- It is planned to build in quarterly PPMF (Planning and Performance Management Framework) meetings for the IJB. These meetings are time restricted, with a specific focus on PPMF only and therefore no other business will be permitted on those agenda.

- "Budget" meetings are budget setting meetings, where other agenda items can be added, if time permits, or if required as part of the budget setting process.

- In consultation with the Chair, Vice Chair and relevant Officers, and if required according to the circumstances, the time, date, venue and location of any meeting may be changed, or special meetings added.

**Recommendations**

3.4 **It is recommended that the IJB:**

1. **Considers the IJB Business Programme for 2015/16 as set out at Appendix 1; and**
2. **Resolves to approve any changes or additions to the Business Programme.**

## 4. Conclusions

4.1 The presentation of the IJB Business Programme for 2015/16 at each meeting provides a focussed approach to the business of the IJB and allows senior officers an opportunity to update the IJB with regard to any changes

and / or additions required to the Business Programme in a planned and measured way.

**Contact Details:**
For further information please contact:
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christine.ferguson@shetland.gov.uk
*19 August 2015*

**Appendices**

Appendix 1: IJB Business Programme for 2015/16

**Background Documents**

H&SCI Integration Scheme Integration Scheme

Joint Strategic (Commissioning) Plan Strategic Plan

# Integration Joint Board - Shetland Health and Social Care Partnership
## Meeting Dates and Business Programme 2015/16

Chair: Mr Cecil Smith, SIC / Vice-Chair: Dr Catriona Waddington, NHS
as at Wednesday, 19 August 2015

| Integration Joint Board - Shetland Health and Social Care Partnership<br>*D= Delegated R=Referred* | | | |
|---|---|---|---|
| **Quarter 2<br>1 July 2015<br>to<br>30 September 2015** | **Date of Meeting** | **Business** | |
| | Monday<br>20 July 2015<br>11 a.m. | Appointment of Joint Accountable Officer - Chief Officer, Chief Financial Officer and Non-voting Members | D |
| | Wednesday<br>29 July 2015<br>2.30 p.m. | Approval of Constitutional Documents:<br>Scheme of Administration<br>Standing Orders for Meetings<br>Financial Regulations | D |
| | Tuesday<br>25 August<br>at 11a.m. | Clinical, Care and Professional Governance | D |
| | | Establishment of Audit Committee | D |
| | | Risk Management Strategy | D |
| | | Participation and Engagement Strategy | D |
| | | IJB Business Programme 2015/16 | D |
| | 4th meeting<br>Tbc | Budget Recovery Plan | D |
| | | Strategic Plan 2015/16 | D |
| | | Establishment of Strategic Planning Group | D |

***Overleaf is the current Social Services Committee/CHP Committee Business Programme, as at 19 August 2015, and is subject to amendment and approval by the IJB***

***The following is the current Social Services Committee/CHP Committee Business Programme,***

# Integration Joint Board - Shetland Health and Social Care Partnership
## Meeting Dates and Business Programme 2015/16

Chair: Mr Cecil Smith, SIC / Vice-Chair: Dr Catriona Waddington, NHS
as at Wednesday, 19 August 2015

***as at 19 August 2015, and is subject to amendment and approval by the IJB***

**Social Services Committee / CHP Committee**

***D= Delegated R=Referred***

| | Date of Meeting | Business | |
|---|---|---|---|
| **Quarter 2 1 July 2015 to 30 September 2015** | *Special* 30 July 2015 10am | External Audit Report – Care Inspectorate: Annsbrae House | D |
| | | External Audit Report – Care Inspectorate: Care Home / Day Care / Support Services | D |
| | | External Audit Report – Care inspectorate: Support at Home Shetland | D |
| | | Local Unscheduled Care Action Plan (LUCAP) 2014/15 | D |
| | | Update on Lerwick Health Centre Action Plan | D |
| | | IRISS Action Plan Update | D |
| | | Delays in Discharge from Hospital to Community Setting Update | D |
| | | New Eric Gray Resource Centre – Funding Update | D |
| | | Review of Social Work Services – update | D |
| | *Performance Monitoring* 17 August 2015 11.30 a.m. | Management Accounts – Quarter 1 | D |
| | | Community Health and Social Care Services Directorate – Performance Overview – Quarter 1 | D |
| | | Integrated Joint Board Risk Register | D |
| | | Committee Business Programme 2015/16 | D |
| **Quarter 3 1 October 2015 to 31 December 2015** | **Date of Meeting** | **Business** | |
| | *Ordinary* 30 September 2015 2 p.m. | New Eric Gray Resource Centre Update | D |
| | | Delays in Discharge from Hospital to Community Setting | D |
| | *Special* 29 October 2015 10 a.m. | Integrated Care Fund | D |
| | | Winter Plan | D |
| | | Adult Support and Protection Committee Biennial Report | D |
| | | Chief Social Work Officer Report | D |

**Integration Joint Board - Shetland Health and Social Care Partnership**
**Meeting Dates and Business Programme 2015/16**
Chair: Mr Cecil Smith, SIC / Vice-Chair: Dr Catriona Waddington, NHS
as at Wednesday, 19 August 2015

| Social Services Committee / CHP Committee | | | *D= Delegated R=Referred* |
|---|---|---|---|
| **Quarter 3 1 October 2015 to 31 December 2015** | **Date of Meeting** | **Business** | |
| | *Performance Monitoring* 16 November 2015 11.30 a.m. | Community Health and Social Care Services Directorate – Performance Overview – Quarter 2 | D |
| | | Integrated Joint Board Risk Register | D |
| | | Committee Business Programme 2015/16 | D |
| | *Budget* 24 November 2015 10 a.m. | Community Health and Social Care Services Directorate Plan 2016-17 | D |
| | | Financial Monitoring Report [NHS] | D |
| | | Management Accounts – Quarter 2 | D |
| | | 2016-17 Budget and Charging Proposals | R P&R 25 Nov SIC 2 Dec |
| **Quarter 4 1 January 2016 to 31 March 2016** | *Ordinary* 4 February 2016 10 a.m. | New Eric Gray Resource Centre Update | D |
| | | Delays in Discharge from Hospital to Community Setting | D |
| **Quarter 4 1 January 2016 to 31 March 2016** | **Date of Meeting** | **Business** | |
| | *Performance Monitoring* 29 February 2016 11.30 a.m. | Management Accounts – Quarter 3 | D |
| | | Financial Monitoring Report [NHS] | D |
| | | Community Health and Social Care Services Directorate - Performance Overview Q3 | D |
| | | CHCP Action Plan Main Priorities | D |
| | | Integrated Joint Board Risk Register | D |
| | | Quarterly Report on Health Improvement and Health Inequalities | D |
| | | Committee Business Programme 2016/17 | D |

**Planned Committee business still to be scheduled - as at Wednesday, 19 August 2015**

- Primary Care Strategy
- Older People's Strategy
- Mental Health Action Plan

tbc = to be confirmed
Performance Management – no other business to be added
Budget = Budget setting meetings – other items can be added if time permits
Ordinary = Ordinary meetings – other items can be added
Special = Special meetings arranged for particular item(s) – other items can be added if time permits

END OF BUSINESS PROGRAMME as at Wednesday, 19 August 2015