



Argyll & Bute Integration Joint Board Committee Terms of Reference

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

1.4. Strategic Planning Group Membership

The Strategic Planning Group is established according to Section 32 of the Public Bodies (Joint Working) (Scotland) Act 2018.

Locality Planning Groups Membership

Locality Planning Groups (x4)		
Role	Current	Membership
Chair	Area Manager	Member
Co-Chair	Other than HSCP staff	Member
Community Members (2)	Various based on Locality	Member
Carers (2)	To be recruited	Member
Third Sector	Various based on Locality	Member
Independent Sector	Various based on Locality	

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

2.2. Chair and Vice-Chair

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

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

2.3. Quorum

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

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

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

2.3.4.

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

AUDIT AND RISK COMMITTEE TERMS OF REFERENCE

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

2 Regulatory Framework and Risk Management

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

3 Financial Accounts and Governance

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

FINANCE AND POLICY COMMITTEE TERMS OF REFERENCE

REMIT

1. Financial Resources

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

2. Corporate Asset Management

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

3. Continuous Improvement

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

Without prejudice to the duties and responsibilities and delegated authority of other Committees, to review the performance and effectiveness of all the Integration Joint Board's work and the standards and level of service provided, to review the need to retain existing services, and to co-ordinate where

A strategic commissioning plan must set out the arrangements for carrying out the integration functions in the Local Authority area over the period of the Strategic Plan. The area must be divided into a minimum of two localities for this purpose, and the arrangements for each locality must be set out separately.

A strategic commissioning plan must also set out the way in which the arrangements for carrying out the functions are intended to achieve or contribute towards achieving the national health and wellbeing outcomes.

The strategic commissioning plan should ensure correlation with other local policy directions as outlines in, for instance, Single Outcome Agreements, NHS Local Delivery Plans, Housing Strategies, NHS Clinical Strategies, community plans and other local corporate plans.

3.3 Locality Planning Groups

The Strategic Planning Group has a governance role with respect to the Locality Planning Groups and their alignment with the Strategic Plan objectives and the planning “architecture”.

The Strategic Planning Group will assess Locality Action Plans against the progress of the Strategic Plan.

4 Accountability

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

5 Membership

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

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

TRANSPORT COSTS

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