



**south ayrshire**  
health & social care  
partnership

# Integration Joint Board Governance Handbook



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# Table of Contents

- 1. Introduction**
- 2. Health and Social Care Integration: Legislative Context**
- 3. The Integration Joint Board**
  - 3.1 IJB Membership**
  - 3.2 The Role of the IJB**
  - 3.3 Strategic and Operational Role of the IJB**
- 4. Integration Scheme**
  - 4.1 Remit of the Integration Scheme**
  - 4.2 The Integration Scheme and Delegated Functions**
- 5. Integration Joint Board Governance Structures**
  - 5.1 Governance in South Ayrshire**
  - 5.2 Statutory Sub-groups of the IJB**
  - 5.3 Locality Planning**
  - 5.4 Officer-Led Governance Meetings**
  - 5.5 Directorate Management Meeting and other management meetings**
  - 5.6 Pan-Ayrshire Officer Group**
  - 5.7 Additional Groups contributing to governance arrangements**
  - 5.8 Informal Meetings**
- 6. Decision-making process**
- 7. Performance Reporting**
- 8. Links to key policy documents**

# 1. Introduction

Welcome to the Governance Handbook designed specifically for the South Ayrshire Integration Joint Board (IJB). This is intended to be a living document of direct practical value, especially for members of the IJB Board and key staff.

Its primary purpose is to act as an up-to-date, authoritative, and dynamic reference point on the fundamentals of good governance thinking and practice for the IJB. This means it has been designed in short sections to allow easy navigation around multiple themes, but also to provide easy-to-use material for the continuing development of both the Board and the Directorate Management Team (DMT) and for use in future induction and re-induction, as necessary to keep pace with a changing landscape.

The aim of creating this handbook has been to increase the understanding and maturity of governance for the IJB in support of a clear, shared intent to make a significant impact in South Ayrshire Health and Social Care.

The handbook includes all the essential elements of good governance. Attention to good governance is now well-established and central to the culture of the IJB. The handbook consolidates this progress and sets out the hallmarks of good governance which mark out how the IJB does its business.

The handbook looks to provide an overview of the South Ayrshire Health and Social Care Partnership (SAHSCP), where social care and community health services in South Ayrshire are being jointly planned and delivered with direction by the South Ayrshire Integration Joint Board.

## 2. Health and Social Care Integration: Legislative Context

The background information in this section describes the legislation and national guidance applicable to all IJBs across Scotland.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to bring together Health Boards, Local Authorities and others to ensure the delivery of efficient, integrated health and social care. The Act establishes governance and financial arrangements, together with principles and a set of outcomes. It is predicated on a collaborative approach between Integration Authorities, Local Authorities and Health Boards, each with their own accountabilities and responsibilities, to ensure effective delivery of integration.

The local authority and NHS Board are jointly responsible for the development of an [Integration Scheme](#) and for submitting these to Scottish Ministers for approval. The scheme of integration for each IJB must be reviewed at least every 5 years.

The legislation directs local authorities and the NHS to delegate specific services to the Integration Authority (IJB). These are detailed in relevant guidance but in summary include primarily adult health and care services. The local authority and NHS are permitted to delegate other services to the IJB. In the South Ayrshire context Children's Health and Care Services together with justice services have also been delegated to the IJB.

Integration Authorities are responsible for planning, designing and commissioning services in an integrated way from a single budget in order to take a joined-up approach, more easily shifting resources to best meet need. They have a duty to publish a Strategic Commissioning Plan for integrated functions and budgets under their control. In South Ayrshire the IJB has delegated resources from the NHS and Council totalling around £250m.

Directions are the legal mechanism by which Integration Authorities action their strategic commissioning plans. These binding directions are issued to one or both of the Health Board and Local Authority. They are the means via which clarity and transparency on decision making and budgets is achieved under integration.

Chief Officers are the chief accountable officer to the Integration Joint Board. Chief Officers are also accountable to each of the constituent authorities, and report jointly to the relevant Chief Executive of the Health Board and Local Authority as senior operational directors.

The Health Board and Local Authority must comply with all directions received from the Integration Authority and they may not amend, ignore, appeal or veto any direction. Neither party can use resources allocated via the Integration Authority in pursuit of a direction for any other purpose than that set out in the Direction.

The Health Board Chief Executive is the chief accountable officer to the Health Board and the Chief Executive of South Ayrshire Council is the chief accountable officer to the Council. They are jointly responsible for the line management of the Chief Officer. They should ensure that directions issued to the Health Board and the Council by the Integration Authority are implemented and remain responsible for the delivery of services that are delegated. Further information available at 3.2.

It is important to recognise that the IJB and the Council and Health Board are all separate legal entities.[The term HSCP is used to describe when the staff in the two bodies are working together to deliver the Strategic Plan for the IJB but the HSCP does not have a legal status .If contracts are therefore being entered into it will be the IJB/Health Board or Council who are the contracting parties to any arrangement as appropriate. It is important to seek advice if you are unsure who is contracting or delivering services to ensure this is correct. The IJB, Health Board and Council have their roles and functions set out in legislation as outlined above for the delivery of the integrated health and social care services.

The Chief Officer/Director fulfils two roles. As Chief Officer, they are the chief advisor to the IJB and are responsible for managing the execution of the decisions of the IJB. This includes all aspects of service delivery including budget management and staff governance for the IJB. As Director of Health and Social Care in the Council the postholder is responsible to the Council for the operational delivery of health and care services delivered by the Council.

## 3. The Integration Joint Board

The IJB is the primary governing body for the Health and Social Care Partnership comprising nominated members from the Council and from the NHS. The Chief Officer and Chief Finance Officer for the IJB are accountable to the IJB. It is the overarching decision-making body for all delegated functions under the Scheme.

### 3.1 IJB Membership

The IJB is made up of voting and non-voting members; Voting members nominated on a 50/50 basis by the council and the health board. Each party nominates 4 members for the IJB, As laid out in statute there are also a range of representatives from other sectors including; the 3rd sector; independent sector; staff representatives and others representing the interests of patients, service users, carers and professionals.

On the IJB and its committees, voting members are there as members of the board of an independent statutory organisation, not as “delegates” from the NHS/local authority. The period of office of voting members will be for a period not exceeding three years. It is for the two parties to review their nominees every three years.

Further detail in relation to voting membership is set out within the [Integration Scheme and IJB Standing Orders for Meetings](#).

Councils and Health Boards may retain visibility of IJB activity and are able to influence it through IJB voting members. IJB voting members sit as decision makers for the board and therefore not for their employed role. Councils and Health Boards may not use funds allocated from IJB for a specific purpose to carry out any other function.

Council and Health Board will have been consulted with as to how financial resources should be allocated to support delivery of the Strategic Plan. However, the IJB need to be advised by officers of relevant factors which might influence their decisions and in addition, the IJB is required to provide full resources to partners to deliver the direction. This will be addressed in a number of ways locally, including each IJB report for decision/direction requiring specific assurance that guidance has been sought on finance, legal, HR, practice/clinical, environmental and procurement implication.

### 3.2 The role of the IJB

In line with both the requirements and spirit of the legislation the IJB has a dual function. It is required to develop a Strategic Plan which acts as the basis for the commissioning of services, under Directions, from both the NHS and Council. The Strategic Plan should be refreshed every 3 years. It also acts a body charged with ensuring the delivery against the 9 National Outcomes for Health and Social Care. In discharging these duties, the IJB has a role in determining the use of resources and the monitoring of progress to achieve the strategic intent:

- As a separate legal entity, the IJB has full autonomy and capacity to act on its own behalf in relation to the discharge of its statutory duties.
- The IJB can make decisions about the exercise of its functions and responsibilities as it sees fit. Two NHS Board members and Two Councillors sit as members of the IJB and in this role they take decisions in the best interests of the IJB in accordance with paragraph 3.31 of the Model Code of Conduct for members of Devolved Public Bodies. This code is found [here](#).
- The IJB produces a single Strategic Plan for Health and Social Care to deliver National Health and Wellbeing Outcomes.
- The IJB commissions the Council and Health Board to deliver services in line with the Strategic Plan and allocates budget accordingly.
- The Council and Health Board then deliver these services or purchase them from third and commercial sectors.
- The Council and Health Board must comply with a direction from the IJB. The IJB must keep the Directions current. The Council and Health Board must comply with a direction from the IJB. The Guidance produced by the Scottish Government on the purpose and effect of Directions is attached in Appendix [A]. Directions are issued after discussion and agreement with the Health Board and/or Council (as appropriate) on the delivery of the function. They are the end point and must include the detailed agreement on the financial resources that are available for carrying out the functions, the allocated budget and how that budget (whether this is a payment, or a sum set aside and made available) is to be used. They provide clear advice on the expected delivery of any given function, together with the identified resource available. The IJB must keep the Directions current.
- IJB monitors performance of those functions within its control.

The Integration Joint Board and the HSCP are different entities and there are some important differences between the IJB and the Health and Social Care Partnership:

IJB	HSCP
Legally defined	Not a legal entity
Responsible for strategy	Operational construct
Defined membership	Wide range of partners

The HSCP is the vehicle for operational delivery of delegated services.

### 3.3 Strategic and Operational role of the IJB

The distinction between the strategic and operational responsibilities of the IJB often causes confusion. The intent of the legislation is not to limit the role of the IJB to a commissioning body.

- Only Council and Health Board employ staff and operationally manage services (the Integration Authority does not employ staff).
- The IJB places the Chief Officer at the disposal of both the Council and Health Board to manage these employees and services – the Chief Officer becomes member of both corporate management teams (single management).
- The IJB retains strategic responsibility and “operational oversight”, but not operational responsibility. Acting to deliver integration the IJB is required to oversee the delivery of services, particularly in relation to outcome 9 regarding the efficient use of resources.
- The Chief Officer, in his or her role as Director of Health and Social Care has officer-level responsibility for all strategy, resources and operational oversight of the delivery of the services by the Health Board and Council in terms of the direction served on the Council and Health Board for the delivery of the operational services.



## 4. Integration Scheme

The main purpose of integration is to improve the wellbeing of families, our communities and of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 the Council and the NHS Board prepared an Integration Scheme for the area of the local authority. A pan-Ayrshire approach was taken to developing the Integration Scheme. The Integration Schemes for the other Ayrshire Integration Joint Boards are in similar terms.

Following consultation, the Integration Scheme was submitted to Scottish Ministers for approval. The Integration Scheme between South Ayrshire Council and NHS Ayrshire and Arran established the South Integration Joint Board on 1st April 2015. The other Ayrshire Integration Joint Boards were established on the same date.

### 4.1 Remit of the Integration Scheme

The Integration Scheme sets out the functions that are to be delegated from the Council and the NHS Board to the Integration Joint Board, and includes the prescribed matters set out in The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014. In preparing the Integration Scheme the Council and the Health Board had regard to the Integration Planning Principles, and the National Health and Wellbeing Outcomes (Sections 4 and 5 of the Public Bodies (Joint Working) (Scotland) Act 2014).

The Integration Scheme is a legally binding agreement between the Council and the NHS Board. The Council, NHS Board and the Integration Joint Board must act in accordance with the governance arrangements for the delivery of the functions and services as set out in the Integration Scheme.

The Integration Scheme sets out:

- the local governance arrangements;
- the functions to be delegated: these will be delegated to the Integration Joint Board on the date set out in the approved Strategic Plan;
- the local operational delivery arrangements;
- Clinical and Care Governance arrangements;
- the arrangements in relation to the Chief Officer and the Chief Officer's line management;

- the arrangements to be put in place to develop a Workforce Development and Support Plan and an Organisational Development Strategy for integrated service teams;
- the finance arrangements;
- the information sharing and data handling arrangements;
- the complaints procedure;
- the claims handling, liability and indemnity arrangements;
- the development of a risk management strategy; and
- the dispute resolution mechanism.

#### **4.2 The Integration Scheme and Delegated Functions**

Theo delegated functions include the agreed Lead Partnership arrangements; i.e. the services that the three Ayrshire Councils and NHS Ayrshire and Arran recommend should be managed by one Integration Joint Board on behalf of the other Ayrshire Integration Joint Boards.

The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.

NHS Ayrshire and Arran and South Ayrshire Council have agreed that Children's and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included : National Outcomes for Children are:-

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

National Outcomes and Standards for Social Work Services in the Justice System are:-

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

The Integration Scheme for South Ayrshire can be viewed in full [here](#).

## 5. IJB Governance Structures

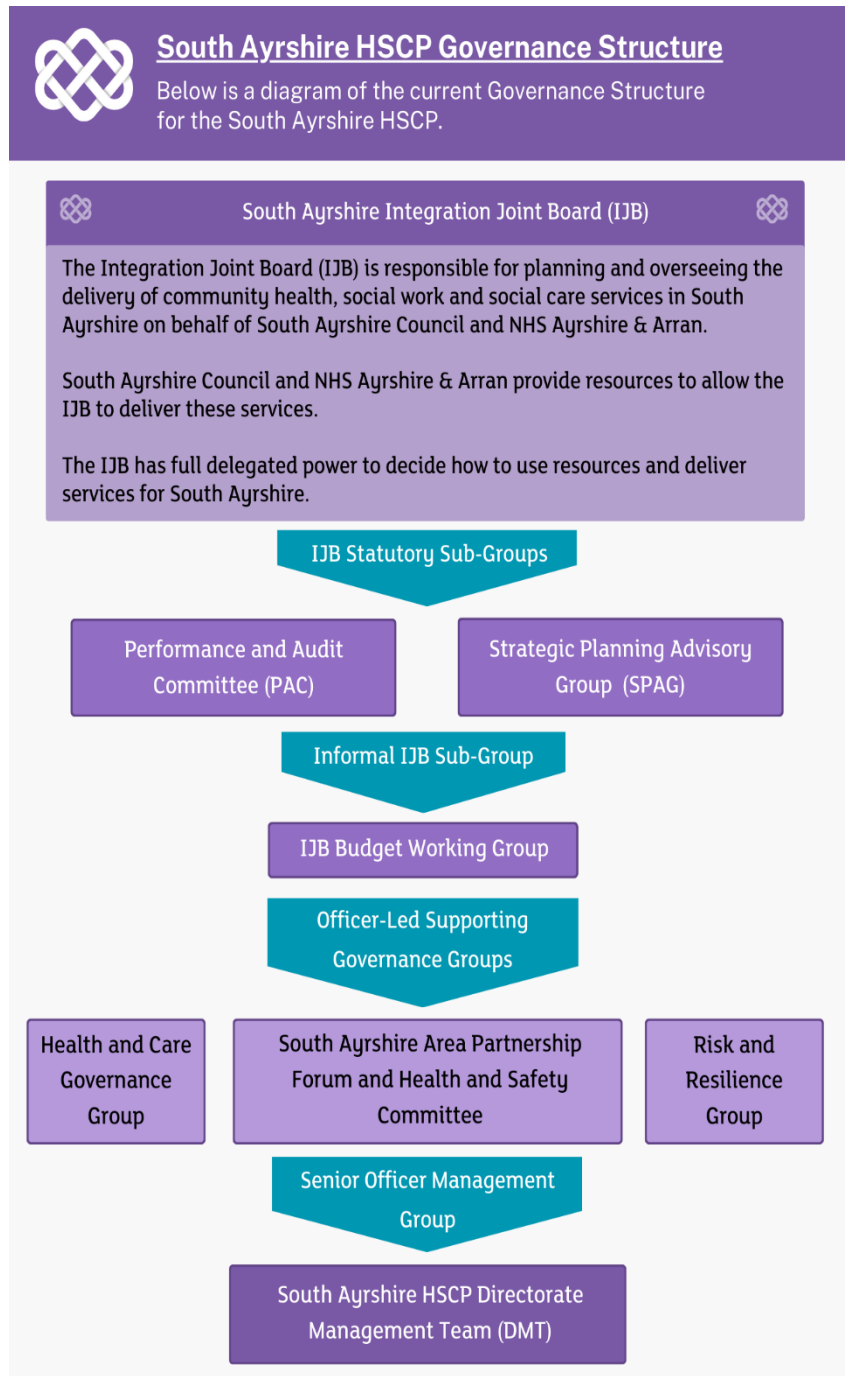
### 5.1 Governance in South Ayrshire

The background information above describes the legislation and national guidance applicable to all IJBs across Scotland. While this policy is set at a national level, there are inevitably some aspects of variation as to how these are delivered locally.

The main example of local variation is the optional services that may be delegated to the IJB e.g. in South Ayrshire Children's and Justice services are delegated to the IJB in keeping with many other IJBs whose delegated authorities also include these services.

Another way in which IJBs look different locally is their sub-groups, sub-committees, etc. The legislation sets out that governance must include:

- an IJB;
- a strategic planning group; (Strategic Planning Advisory Group)
- An audit committee (Performance and Audit Committee)
- Locality planning areas;



The South Ayrshire IJB is structured as follows with the role of each group/committee set out above. All of the groups/committees have Terms of Reference which are reviewed at least annually.

The Integration Joint Board is supported by two statutory sub-groups; the Performance and Audit Committee (PAC) and the Strategic Planning Advisory Group (SPAG). Both groups meet quarterly with additional meetings added at the discretion of the Chair should these be required.

## 5.2 Statutory Sub-Groups of the IJB

### Performance and Audit Committee

The Performance and Audit Committee monitors all performance and audit activity of the IJB, receiving assurance against key performance measures, strategies, etc. Has delegated power to receive these assurances on behalf of the IJB and approve annual accounts.

The purpose of the Performance and Audit Committee is to review the overall internal control arrangements of the IJB and make recommendations to the Board.

The Performance and Audit Committee will be concerned primarily with the below.

#### Performance/Best Value

- Preparation and implementation of the strategy for Performance Review;
- Ensure that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against set objectives, levels and standards of service including receipt of regular reports on these and to review progress against the outcomes in the Strategic Plan;
- Act as a focus for Best Value and performance initiatives; and
- Monitor the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB.

#### Governance

- Review and approve the annual Internal Audit Plan on behalf of the IJB, receive reports and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate.
- Receive monitoring reports on the activity of Internal Audit;
- Consider External Audit Plans and reports (including annual audit certificate / annual report), matters arising from these and management actions identified in response;
- Review risk management arrangements and receive regular risk management updates and reports; and
- Ensure existence of and compliance with an appropriate Risk Management Strategy.

#### Audit

- Consider annual financial accounts and related matters before submission to and approval by the IJB; and

- Be responsible for setting its own work programme which will include the right to undertake reviews following input from the IJB, other IJB Committees and the Chief Officer, Chief Financial Officer and/or Chief Internal Auditor.

#### Standards

- Promote the highest standards of conduct and professional behaviour by IJB members in line with The Ethical Standards and Public Life etc (Scotland) Act 2000;
- Assist IJB Members in observing the relevant Codes of Conduct and;
- Monitor and keep under review the Codes of Conduct maintained by the IJB.

*They have no further operational decision-making powers.*

### **Strategic Planning Advisory Group**

The Strategic Planning Advisory Group (SPAG) has a remit and membership set out in the regulations of the Act. The IJB must consult and engage with a range of partners in the development and oversight of its Strategic Commissioning Plan and the SPAG is the main vehicle for this.

In accordance with the Terms of Reference for the IJB, the Vice Chair of IJB is automatically appointed as Chair of the SPAG.

The SPAG is primarily concerned with supporting and informing the development process for the Partnership's Strategic Plan, together with ongoing iterative review and providing stakeholder advice to the Integration Joint board (IJB) for any emerging plans, programmes and interventions.

The purpose of the SPAG is:

- issues of concern expressed in locality planning arrangements from the communities. The Planning Advisory Group meets the Strategic priorities set within agreed timescales.
- Influence and shape the development of the Partnership's Strategic Plan on a 3 yearly basis (with annual updating of Plan).
- Review annually the ongoing strategic planning process for the HSCP, including responding to Scottish Government and other stakeholder feedback.
- Ensuring a clear link across the 'whole system' including membership from other Health Board and Local Authority areas, if required.
- Provide a reality check between the stakeholder aspirations of the Strategic Plan and the financial realities in which services require to shift to co-production approaches. This will also include discussions in relation to workforce planning.

- Display positive behaviours which support the integration agenda to peers and other stakeholders.
- Provide advice to Integration Joint Board (IJB) when developing responses to emerging Scottish Government policy and regulations.
- Provide an effective conduit and feedback loop to IJB members on key proposals and service changes by linking effectively to wide groups of staff, users, carers, clinical & care professionals, and locality members.
- Through robust and engaged membership, the Strategic Planning Advisory Group will bring forward key issues of concern expressed in locality planning arrangements from the communities.

*No decision-making powers.*

### **5.3 Locality Planning**

**The legislation directs IJBs to establish two or more localities. In South Ayrshire we have established 6 Locality Planning Partnerships.**

The Locality Planning Partnerships (LPPs) cover the HSCP's locality planning areas and allow for more direct, locality-focused liaison with the community in relation to the planning of health and care services and feed into the work of the Strategic Planning Advisory Group. Each locality has a Locality Planning Group. These are not formal sub-committees of the IJB but a representative from each of the 6 Locality Planning Groups attends the Strategic Planning Advisory Group.

The representative is responsible for tabling issues emerging from the local groups and for disseminating information from the Strategic Planning Advisory Group to the local groups.

*No decision-making powers although these groups fulfil the IJB's statutory requirement to have two or more planning localities with representative structures.*

### **5.4 Officer Led Governance Meetings**

#### **Health and Care Governance Group**

The Health and Care Governance (HCG) Group provides assurance to the statutory partners via the Director (Chief Officer) on the delivery of safe, effective, person centred care in line with the Integration Joint Board's statutory duty for the quality of health and care services. The CCG reviews and supports decision making with regards to reports from Health, Social Work, Children's Services, Community Hospitals and Integrated Care Team. It provides the strategic direction for development of health and care governance and staff governance within the HSCP and ensures its implementation.

The role of the Group is outlined in national guidance which was reviewed by the Executive Director of Nursing in Ayrshire and Arran in a report to the NHS Board in

October 2019. The Terms of Reference outline the key areas which fall under the remit of the group and the membership of the group. Membership of the group includes the senior management of the HSCP and 'external' members including from provider organisations, carers representative and Public Health.

*No decision making powers.*

The South Ayrshire HCG group meets quarterly.

### **South Ayrshire Area Partnership Forum**

The South Ayrshire Area Partnership Forum (SAAPF) is the vehicle for strategic engagement between the HSCP management and staff Trade Union representatives. While formal responsibilities on terms and conditions, etc. remain the responsibility of the employing organisation (council or NHS), the SAAPF provides a vital means of engagement with staff side, covering emerging/planned service change activity and health, safety and wellbeing considerations. The meeting also fulfils the important role of Health and Safety Group for the HSCP.

The SAAPF group meets quarterly.

*No decision making powers.*

### **Risk and Resilience Meeting**

The Risk and Resilience Group was established by the HSCP Directorate Management Team as part of the organisation's governance arrangements and will embed risk management and organisational resilience wherever possible into the organisation's existing philosophy, practices, and business processes to deliver quality improvement in relation to patient and staff safety and organisational learning.

The purpose of the Risk and Resilience Group is to

- To implement Risk Management strategies for both NHS Ayrshire and Arran and South Ayrshire Council and assuring operational delivery.
- To implement NHS Ayrshire and Arran's and South Ayrshire Council's Organisational Resilience strategies.
- To embed risk management and organisational resilience wherever possible into the organisation's existing philosophy, practices and business processes.
- Provide assurance to the NHS Risk and Resilience Scrutiny & Assurance Group and SAC governance structures that the organisation complies with the requirements of the Civil Contingencies Act 2004, the Counter Terrorism and Security Act 2015 and other relevant legislation and regulations including the Control of Major Accident Hazards Regulations (CoMAH) and Major Accident Control Regulations (MACR).



- To ensure there are adequate arrangements for assessment, prevention, preparedness, response and recovery; ensuring that the essential health and care needs in South Ayrshire are met when normal services become overloaded, restricted or non-operational for whatever reason.
- To embed resilience wherever possible into the organisation's new and existing, practices and business processes.

This meeting takes place quarterly.

*No decision making powers.*

### **Staff Governance Group**

The South Ayrshire HSCP Staff Governance Group will provide support to the Partnership in relation to governance arrangements and decisions made at this group will reflect principles set out in the Workforce Plan.

The purpose of the Staff Governance Group is to ensure the workforce plan is embedded across South Ayrshire HSCP.

Essentially the Staff Governance Group will be primarily concerned with:

- Talent management activities to ensure the HSCP has the right number of people, with the right skills in the right place at the right time to deliver its strategic plan.
- Leadership development, recruitment and retention, total reward, succession planning, and staff deployment/redeployment.
- Short-term/operational workforce planning activities (3-12 months) and long-term strategic workforce planning (3-5 years).
- Approve/consider any policy amendment, funding or resource submission that impacts on people management.
- Take responsibility for the timely submission of all staff governance information required for national monitoring arrangements.
- Oversee whistleblowing arrangements and monitor frequency and content of reports and any trend in the context of the national standards.

This group meets quarterly. *No decision-making powers.*

## **5.5 Directorate Management Meeting and other management meetings**

The HSCP also operates a typical set of management structures, including regular DMT (Directorate Management Team) and SMT (Senior Management Team) meetings; the Chief Officer is part of the Council and NHS corporate leadership teams. Service areas (Community Health and Care, Children's Health, Care and Justice, and Allied Health Professionals) operate their own management structures led by each Head of Service.

## 5.6 Pan-Ayrshire Officer Group

### Strategic Planning Operational Group (SPOG)

In order to enable co-ordination of work, where appropriate, across all three partnerships a Strategic Planning Operational Group was established when the IJBs/HSCPs were formed in 2015. This group includes the Chief Officers/Directors from the 3 IJBs/HSCPs as well as the NHS Director of Acute Services, the NHS Director of Transformation and Sustainability and a number of other supporting officers.

The agenda is broad ranging, allowing discussion on issues affecting all parts of the health and care system. The meeting has no formal decision-making powers.

## 5.7 Additional Groups contributing to governance arrangements

### Alcohol and Drug Partnership

The Alcohol and Drug Partnership (ADP) is a statutory construct providing strategic direction and oversight to these services. *Reports formally to the IJB.*

### Chief Officer Group (Public Protection)

The Chief Officers Group (COG) (chaired by the local authority Chief Executive oversees the work of the Adult Protection and Child Protection Committees and the Multi-agency Public Protection Arrangement (MAPPA) functions). The COG provide oversight of and assurance in relation to Adult and Child Protection and MAPPA within South Ayrshire. The IJB has a key role in ensuring the provision of resources to health and acer services necessary to discharge public protection duties. *No decision-making powers pertaining to the services within the IJB.*

The Terms of Reference for each meeting are updated at a minimum on an annual basis or when significant change or new membership arrangements apply.

## 5.8 Informal Meetings

### IJB Budget Working Group

The IJB Budget Working Group (BWG) was established to provide an extra layer of support to the IJB through a challenging budget position, allowing for time and space to discuss budget challenges outside the main IJB or Performance and Audit Committee

meetings. It includes senior management and a smaller number of IJB voting members and is currently working well. This group meets at key points throughout the year.

*No decision-making powers.*

## 5. Decision-making process

Decision-making within the IJB follows a very similar pattern to that in both of the parent bodies. Proposals are developed by officers, subject to consultation with relevant parties depending on the nature of the issue at hand and then papers are presented to the IJB for decision or noting. The IJB are primarily involved in decision-making around the commissioning of services and budget allocations that sit out with the delegated authority of the Chief Officer. The IJB may also be asked to endorse proposals for matters such as service redesign following internal review or government policy changes. Given the breadth of the decision-making made by the IJB it is difficult to develop a standard operating procedure covering every circumstance. There are, however, a number of key principles which will be adopted; These include consultation with staff and other stakeholders affected by any proposed changes; the provision of information and evidence to support decision-making; sound financial management and governance principles.

The guidance drafted in 2018 based on the first few years of operation of IJBs emphasised that IJBs will make decisions in a consensual manner, rarely, if ever requiring members to exercise voting powers. In addition, a key guiding principle is that for all parties there should be “no surprises”; The IJB should not be asked to make decisions on matters where there has been no appropriate engagement with the Council or NHS.

## 6. Performance Reporting

Routine performance management arrangements are in place within the Partnership, with regular performance reports produced for internal scrutiny by the Partnership's management teams, as well as by the Integration Joint Board and its Performance and Audit Committee.

These performance reports cover the full range of community health and social care services provided by the Partnership and include sections upon older people's services; children's services; ADP; mental health; primary care; unscheduled care; carers; justice and health improvement. All indicators within the reports have been aligned to the outcomes set out within the IJB Strategic Plan, in order to be able to demonstrate impact.

In addition to presenting performance trends against targets, these performance reports also include details of the actions that are being taken forward to improve performance, along with the anticipated timescales for improvement that have been identified by service leads, when performance is below target.

A requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 is that Partnerships/Integration Joint Boards also produce an annual performance report outlining progress towards delivery of the nine National Health and Wellbeing Outcomes. This Annual Performance Report is required to be published within four months of the end of each reporting year, which is by 31 July following the reporting year.

Annual Performance Reports are available at the following web link: [Annual Performance Reports](#)

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## 9. Links to Key Policy and Other Documents

[Integration Joint Board Strategic Plan 2021-31](#)

[Scheme of Delegation](#)

[Integration Joint Board Standing Orders](#)

[Code of Conduct for Integration Joint Board members](#)

[Directorate Management Team](#)

[Integration Joint Board and Sub-Group Papers](#)

For any further information please contact [hscpgovernance@south-ayrshire.gov.uk](mailto:hscpgovernance@south-ayrshire.gov.uk)