



Integrated Joint Board

28th June 2017

This Report relates to
Item 7 on the Agenda

IJB Governance Arrangements Update

(Paper presented by Katy Lewis)

For Approval and Noting

Approved for Submission by	Katy Lewis, Chief Finance Officer, IJB
Author	Katy Lewis, Chief Finance Officer, IJB
Date:	13 th June 2017
List of Background Papers:	Not applicable
Appendices	Not applicable

SECTION 1: REPORT CONTENT

Title/Subject: IJB Governance Arrangements Update

Meeting: Integrated Joint Board (IJB)

Date: 13th June 2017

Submitted By: Katy Lewis, Chief Finance Officer, IJB

Action: For Approval/ Noting

1. Introduction

1.1 This report presents the Integration Joint Board (IJB) with an update on the governance arrangements for the IJB following the first year of operation.

2. Recommendations

2.1 Board Members are asked to:-

- **Note that the Chair of the IJB transferred to the NHS from 1st April 2017 with Penny Halliday (as the former vice chair) appointed into this role for a 2 year period.**
- **Confirm the appointment of the Vice-Chair of the Integration Joint Board from the council elected membership.**
- **Approve the standing orders for the IJB (appendix 1).**
- **Approve the scheme of delegation for the IJB (appendix 2).**
- **Agree and approve the new membership of the IJB committees.**
- **Confirm the appointment of the Chief Officer's Executive Assistant as the Standards Officer for the IJB**

3. Main Body of Report

Vice Chair Appointment

3.1 In accordance with the Integration Scheme between NHS Dumfries and Galloway and Dumfries and Galloway Council (the Scheme), the first Chair of the IJB was an IJB member nominated to the IJB by the Council and they held office as Chair for a period of 2 years. An IJB member nominated from NHS Dumfries and Galloway was the Vice-Chair and the Vice-Chair held office for a period of 2 years.

3.2 At the end of the 2 year period, responsibility for appointing the Chair and Vice-Chair transferred to the other Party and a new Chair and Vice-Chair are required to be appointed for a period of 2 years. Thereafter, responsibility for appointing the Chair and Vice-Chair will alternate between the Parties and the appointments will be made for a period of 2 years.

- 3.3 The Chair of the IJB has been confirmed as Penny Halliday who is an NHS Board voting member of the IJB. Following her period as Vice-Chair, and she assumed the Chair from 1st April 2017.
- 3.4 All 10 voting Board members are eligible to vote on the role of Vice-Chair position, with the IJB member to fill each position chosen from a pool of 5, from the relevant Party, in accordance with the Scheme. It is recommended that should a vote be required, in the interest of accountable and transparent decision making, this should be done by roll call.

Standing Orders

- 3.5 The standing orders have been reviewed and no significant changes identified. They have been transferred onto the IJB document format. These are attached at **appendix 1** for ease of reference. These are published on the DG change website. (www.dg-change.org.uk).
- 3.6 Please note item 7.4 in the document which states that any items of AOCB for the Board should be advised to the governance officer and chair of the board in advance of the meeting. The wording of this section has been amended slightly to reflect that this should be advised to the Chair in advance of the meeting rather than just at the start of the meeting wherever possible.

Scheme of Delegation

- 3.7 The scheme of delegation which has been previously agreed by the Board is attached at **appendix 2**. These reflects the delegated authority to the three committees which the IJB have established:

Clinical and care governance committee
Audit and Risk committee
Performance and Finance committee

- 3.8 There are no significant changes to the role and remit of the committees proposed in this update, however to establish effective operation of these committees we do need to ensure they are populated by voting and non voting members. Standing order 14 sets out the business procedures for committees, clearly stating that it is for the Board to determine the remit, membership, meeting frequency and committee chair and vice chair.
- 3.9 There are two minor changes to the scheme of delegation. The frequency of the Audit and Risk and Clinical and Care governance has been amended to be at least three per annum from at least quarterly. With the note that the chair of each committee can call additional meetings in year if required. The second change is that minutes from the committee will need to be approved by the relevant committee before going to the IJB for approval
- 3.10 The standing orders and scheme of delegation do not reference whether IJB committees are to be held in public. It is envisaged that whilst the Integration

Joint Board itself will always be held in public, committees will be private, with the minutes of committees made public when they are submitted to the IJB for noting.

- 3.11 For clarity quoracy of all committees in line with standing orders is 50% of voting members attending, this includes the member who is acting in the role of chair. There are no proposed changes to committees in this latest review.
- 3.12 Given the duplication of business which is evident between some of the IJB committees and the NHS committees it is proposed that we consider more closer alignment of these committees. Dates for IJB committees have been set for 2017 but these will be revised and linked with Council and NHS corporate diaries to reduce duplication and diary clashes.

Governance Support for the IJB

- 3.13 To date the clerking role and support for the IJB has been provided primarily through Dumfries and Galloway Council supporting the Board, Chief Officer and the Chair at IJB meetings. We would wish to move to an arrangement whereby a suitably qualified individual is available to us as an IJB on a more permanent basis to support a range of governance and support issues. A training programme has been agreed to develop an individual into this role but it will take around 6 months for this training programme to be completed. In the interim given the Council provided the corporate support to date an approach has been made to the NHS corporate team to access resources to provide governance support to the IJB during this transition period.

Standards Officer

- 3.14 In May 2016 a paper was brought to the IJB which indicated we had been contacted by the Standards Commission and were required to nominate an individual to the role of standards officer on behalf of the IJB. This update is to advise that the Chief Officer's Executive Assistant has been identified as an individual to undertake this role on our behalf and links in with her attendance at future IJB's to support the overall governance arrangements.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

4. Resource Implications

4.1 There are no resource implications identified.

5. Impact on Integration Joint Board Outcomes, Priorities and Policy

5.1 Good governance for the IJB supports the effective operation of the Board and has a key role in supporting the delivery of the Strategic Plan.

6. Legal & Risk Implications

6.1 The governance arrangements are in line with relevant legislation.

7. Consultation

7.1 Corporate Business Manager NHS, Executive Assistant to Chief Officer, Chief Officer, Chair of IJB.

8. Equality and Human Rights Impact Assessment

8.1 As this report does not propose a change in policy/strategy/plan/project, it is not necessary to complete an impact assessment.

9. Glossary