



Integration Joint Board Transformation and Innovation/Futures Committee Terms of Reference

(All Integration Joint Board Committee meetings must be conducted in accordance with the Integration Joint Board Standing Orders)

1. Purpose

- 1.1 The Integration Joint Board Transformation and Innovation/Futures Committee is identified as a committee of the Integration Joint Board.
- 1.2 This committee will maintain oversight of those areas of business as specified by the Integration Joint Board:
 - **Sustainability and Modernisation**
 - **Population Health**
 - **Partnership and Collaboration**
 - **Health Inequalities Outcome and Inclusion**
 - **Engagement and Participation**

2. Remit

- 2.1 The committee will agree the Terms of Reference for approval to the Integration Joint Board.
- 2.2 The committee will develop and present a full committee report to the Integration Joint Board once a year to be presented by the Chair or Vice Chair of the committee.
- 2.3 The committee will also highlight, to each meeting of the Integration Joint Board, any matters as they arise by way of updates, reports and/or presentations.
- 2.4 This committee will maintain oversight of those areas of business as specified by the Integration Joint Board:

- **Sustainability and Modernisation**
 - Ensure that there is a sufficient level of sustainability and modernisation planning activity in relation to the health and social care functions delegated to the Integration Joint Board.
 - Make recommendations to the Integration Joint Board with regard to directions relating to sustainability and modernisation.
 - Ensure that there is linkage between the Integration Joint Board and national programmes of sustainability and modernisation and provide the Integration Joint Board with assurance in relation to this.

- **Population Health**
 - Receive reports on changes to population health over time and, based on the findings, recommend strategic commissioning decisions to the IJB
- **Partnership and Collaboration**
 - Receive assurance on the effectiveness of integration arrangements in Dumfries and Galloway and consider recommendations for improvement to the IJB as required

- **Health Inequalities Outcome and Inclusion**
 - Receive quarterly assurance reports on the extent to which inequalities are being addressed
 - Receive quarterly assurance reports on assessment of potential impact of service change, modernisation and transformation on protected characteristic groups
 - Receive regular reports on progress against equality outcomes
 - Receive regular assessments of equality policies and practices and recommend changes to IJB where deemed necessary
 - Receive annual Equalities Mainstreaming Report and, subject to approval present to IJB

- **Engagement and Participation**
 - Receive quarterly assurance reports on the application of the Participation and Engagement Strategy in all service change, modernisation and transformation activities
 - Receive an annual report on the effectiveness of the Strategy

3. Membership

3.1 This Committee will consist of the following:

Voting Members

- 2 Voting members appointed by NHS Dumfries and Galloway (1 of whom will be either Chair or Vice Chair)
- 2 voting members appointed by Dumfries and Galloway Council (1 of whom will be either Chair or Vice Chair)

Advisory Members

- Third Sector Representative

- Service User Representative

Supporting Officers

- Lead Officer –Director of Strategic Planning and Commissioning
- Director of Public Health
- Sustainability and Modernisation Programme Manager
- Equality and Diversity Lead
- Governance/Standards Officer
- Communication and Engagement Manager

3.2 All committee members will be appointed by the Integration Joint Board.

3.3 Any Integration Joint Board member may substitute for a committee member who is also an Integration Joint Board member.

4. Quorum

4.1 The following members are required to attend each meeting:

- 2 Integration Joint Board Voting Members
- Lead Officer or their nominated deputy

4.2 If a quorum is not present, the meeting will stand adjourned to such a date and time as may be agreed by the Chair/Vice Chair.

5. Attendance at Meetings

5.1 A member will be regarded as being present at a committee meeting if they are able to participate from a remote location via Microsoft Teams or other communication link.

5.2 Members are expected to attend each meeting of the committee or to nominate a deputy unless there are exceptional circumstances that would prevent attendance. These should be communicated to the Chair/Vice Chair.

5.3 The committee may co-opt additional advisory members as required.

6. Schedule of Meetings

6.1 Meetings of this Committee will be 4 times per year.

6.2 Committee meeting dates will be agreed by the Integration Joint Board on an annual basis.

6.3 Additional committee meeting dates can be called by the Chair/Vice Chair.

7. Reporting and Arrangements

7.1 Minutes of the committee are to be reported and approved at its next meeting

7.2 Thereafter, approved committee minutes will be circulated to Chairs/Vice Chairs and members of other committees.

7.3 Approved minutes of all committees will be submitted to the next meeting of the Integration Joint Board for noting.

8. Support

8.1 Administrative support to the committee will be provided by the Health and Social Care Business Support Team.

9. Agenda and Papers

9.1 Responsibility of the preparation of Agenda and Reports for meetings rests with the Lead Officer for the committee.

9.2 An agenda setting for the committee will be held approximately 4 weeks prior to the meeting

9.3 A pre-meet for the committee will be held approximately 2 weeks prior to the meeting

9.4 All Reports will be distributed electronically by the Health and Social Care Business Support Team one week prior to the date of the meeting.

10. Review

10.1 This document will be reviewed by the committee every 2 year and presented to the Integration Joint Board for approval.