

Report: Establishment of the Strategic Planning Group
Date: 19 June 2015
Author: Chief Officer Designate

Item 5

1. Introduction

- 1.1 The purpose of this paper is to present to members of the shadow Integration Joint Board (IJB) for consideration and agreement in principle:
- an update on the progress being made to appoint members for the shadow Strategic Planning Group (SPG),
 - the preferred approach for appointing SPG members in the long term,
 - proposed procedures for the SPG's operation, and
 - proposed Terms of Reference for the SPG.
- 1.2 The matters agreed in principle by the shadow Integration Joint Board will require to be ratified by the Integration Joint Board at a future meeting.
- 1.3 This report refers to the shadow SPG only where the commentary exclusively applies to the Group before it is formally constituted. Where the commentary relates to both the shadow SPG and full SPG, the term SPG is used.

2. Background

- 2.1 Members will be aware of the reports dated 20 March 2015 submitted to the shadow IJB on Development of the Strategic Plan and Non-Voting members of the Shadow Integration Joint Board.
- 2.2 These reports outlined the Shadow IJB's obligations and options for appointing non-voting IJB members and SPG members and remitted establishing a process for identifying and appointing appropriate individuals to these groups of Officers.
- 2.3 Additionally, the reports outlined that officers will establish a process of appointing interim members for the Shadow Strategic Planning Group.
- 2.4 This paper details the progress made by officers to that effect.
- 2.5 In carrying out this work, officers have taken cognisance of the obligations of the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, the statutory guidance on Strategic Commissioning Plans and the approaches adopted by other partnerships nationally
- 2.6 In particular, officers noted in relation to the SPG, the following from the statutory guidance:

“While Integration Authorities will be expected to make best use of established local user, carer and advocacy groups, they should not be constrained by a traditional working group approach. Rather, they may wish to introduce innovation in respect of networks and in-roads to community engagement.”

and the following from the Integration Scheme:

“Existing forums and networks between the Parties and other stakeholders shall be involved in the development, implementation, review and, where appropriate, monitoring of any new arrangements.”

3. Shadow SPG Member Appointment Update

- 3.1 During the course of their work, officers identified some challenges surrounding timeous appointment of the relevant Shadow SPG members that are necessary to appropriately support the Shadow IJB in the development of the Strategic Plan.
- 3.2 Officers also noted previous successful partnership working and engagement with groups which are already established locally. These local groups comprise representatives from the statutory partners, third sector and service users, carers, service providers and other interested stakeholders. There are over 50 local groups or fora already established and operating.
- 3.3 Members of these groups are familiar with the local context in which health and social care arrangements operate and with the responsibilities of being a member of such a group.
- 3.4 With the above in mind, and reflecting the national guidance, officers have completed work in preparation for inviting existing local groups to nominate members from within their groups for SPG membership on an interim basis, viewing this as a fair and transparent approach for appointing members. The table below shows the SPG membership category and the group/forum that nominations have been sought from:

Membership Category	Proposal for Nomination
Chief Officer	David Leese
Nomination(s) by Renfrewshire Council	Corporate Planning Representative Operational Head of Service Housing and Development Services
Nomination(s) by NHS Greater Glasgow and Clyde	Head of Planning & Health Improvement Operational Head of Service Head of Acute Planning (Clyde)
Health Professionals (doctors, dentists, optometrists, pharmacists, nurses, AHPs)	Nomination from GP Forum Nomination from Professional Nursing Group Mental Health/Addictions clinician Pharmacist Nomination from AHP professionals
Social Care Professionals	Social Worker, Older People’s Services and Occupational Therapist
Third Sector bodies carrying out activities related to Health and Social Care	3rd Sector Providers
Carer of user of social care Carer of user of health care	Nominations from Carers’ Centre Nomination from Learning Disabilities Carers’ Forum
User of social care	Nomination from service managers
User of health care	Nomination from Public partnership Forum (PPF)
Non commercial provider of healthcare	Nomination from PPF
Commercial provider of social care	Nomination from Providers Forum
Commercial provider of healthcare	Scottish Care
Non-commercial provider of social care	Nomination from Health and Wellbeing network
Non-commercial provider of social housing	Nomination by Development and Housing Services

- 3.6 It is also considered important, in recognition of the invaluable contribution made by carers, that the Carer's Centre as the local focal point for many carers is represented. The Centre has been invited to put forward a senior manager as an additional member of the Group.
- 3.7 Members appointed to the Shadow SPG would hold their office on an interim basis, for a period of one year, unless they are removed, replaced or step down in accordance with the SPG Terms of Reference. Thereafter, membership will be reviewed to establish a process to be carried out that establishes substantive SPG members.
- 3.8 Officers have produced background material to support the local groups in this process, providing information about what the SPG member role entails and inviting local groups to nominate individuals from within their membership.
- 3.9 A covering letter was drafted for lead officers to cascade to existing stakeholder groups with a supplementary person specification document. The covering letter introduces the role of the SPG member, with the person specification document providing more detail of what is expected of the SPG member and what they can expect to gain from being a part of the group.
- 3.10 Nominations were requested by 30th May 2015 and the first meeting of the shadow SPG is scheduled for 23rd June 2015.
- 3.11 As part of this work, officers have developed draft materials that could be used for a recruitment process of SPG members at a later date if this option is chosen by the IJB.

4. Longer Term: SPG Appointment Approach

- 4.1 The preferred method for appointing SPG members in the long term is a combination of open recruitment and seeking appointments from existing local groups/fora. This combination method fits well with the approach advocated in the national guidance as described in paragraph 2.6 above.
- 4.2 This option would allow the HSCP to benefit from the knowledge and experience that existing group members can bring as well as achieving diversity and transparency through open recruitment where appropriate, which can bring new ideas and insights. This should result in a balanced mix of representatives.
- 4.3 It is considered that the categories of membership on the SPG lend themselves to this appointment approach. For example, there are already strong links with and among professional groups that can be built upon and the invaluable contribution of individuals already working in partnership with the parent organisations cannot be understated. :

The balance between appointment from existing groups and open recruitment is shown in the table below:

Appoint from Existing Groups	Appoint by open Recruitment
Health Professionals (Doctors, Dentists, Optometrists, Pharmacists, Nurses, Allied Health Professionals)	Carer of user of social care
Social Care Professionals (Social Worker or Provider)	Carer of user of health care
Third sector bodies carrying out activities relating to health and social care	User of social care
Commercial provider of social care	User of health care
Commercial provider of health care	Non commercial provider of health care
Non commercial provider of social housing	Non commercial provider of social care

- 4.4 The open recruitment portion of this option could take a longer period of time to complete, given the need to give candidates appropriate notice periods. However, officers have already completed some of the work that would be necessary for a recruitment campaign, as part of the Shadow SPG member appointment process.

5. **SPG Operating Arrangements**

- 5.1 The IJB has responsibility for determining how the SPG's business operates, for example the quorum of the Group and how members may be removed or replaced.
- 5.2 It is proposed that the Chair of the SPG in the first year is the Chief Officer of the HSCP and thereafter, a Chair and Vice Chair will be elected at the first meeting of every calendar year.
- 5.3 It is proposed that the quorum of the SPG will be one third of its members, at least three of whom will be from the non-statutory partner organisations, recognising the balance of expertise within the SPG.
- 5.4 Members will be expected to attend meetings regularly to support the SPG's work programme. They will be expected to actively contribute to the SPG's discussions and to fairly represent the interests of their stakeholder group. Members will be expected to support the HSCP to deliver the national health and wellbeing outcomes via the SPG's role in developing and delivering the Strategic Plan.
- 5.5 It is proposed that these criteria are appropriate for the IJB when considering a member's continuing role on the SPG. The invaluable contribution of SPG members in the HSCP's strategic planning work is recognised and will be taken into account at all times.
- 5.6 It is proposed that the IJB would be obliged to write to the member in question to notify them of any changes to their membership.
- 5.7 It is also proposed that SPG members may notify the IJB should they wish to stand down. SPG members may suggest potential replacements for themselves however the final decision to appoint rests with the IJB.
- 5.8 A full draft Terms of Reference document has been produced and is attached in Appendix 1 for consideration and approval in principle.

6. **Recommendations**

- 6.1 It is recommended that the shadow Integration Joint Board:
- note the progress made to appoint members of the Shadow Strategic Planning Group,
 - agree in principle to the preferred approach for the long term appointment of

- Strategic Planning Group members as described,
- agree in principle the operating procedures of the Strategic Planning Group,
 - agree in principle the Strategic Planning Group Terms of Reference, and
 - otherwise note the contents of the paper.

6.2 The matters agreed in principle will require to be ratified by the Integration Joint Board at a future meeting once it is legally constituted.

Implications of the Report

1. Financial- none.
2. HR & Organisational Development- none.
3. Community Planning- none.
4. Legal- none.
5. Property/ Assets- none.
6. Information Technology- none.
7. Equality & Human Rights- The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's and NHS GG&C websites.
8. Health & Safety- none.
9. Procurement- none.
10. Risk- none.
11. Privacy Impact- none.

Background Papers-

[20 March 2015 shadow IJB Report](#)

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Renfrewshire Strategic Planning Group Terms of Reference

The Renfrewshire “Strategic Planning Group” (SPG) is established in accordance with section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014.

These Terms of Reference are the procedures of the Strategic Planning Group as determined by the Integration Joint Board in accordance with section 32(11).

Purpose of the Group

The main role of the Strategic Planning Group is to give its views during the development, implementation and review of the strategic plans of the Renfrewshire Integration Joint Board on behalf of the Renfrewshire Health and Social Care Partnership.

The Strategic Planning Group is the main group within the strategic planning process that represents the interests of different local stakeholder groups in relation to health and social care services.

1. Objectives

To fulfil its purpose, the Strategic Planning Group should aim to:

- Make representations to the Integration Joint Board in a timely manner at each stage of the strategic planning process.
- To consider the following questions to inform the Group’s representations:
 - How many people will need services and what type will they need?
 - What is the current provision, is it the right level, quality and cost?
 - How can these services improve people's lives?
 - Which services will best achieve this?
 - How do we develop these services at an affordable cost?
 - How do we procure and deliver these services to best effect?
 - How do we monitor and review these services?
- To shape and develop the Integration Joint Board’s strategic proposals, policy documents, plans and services by giving due consideration to the draft materials produced by the Integration Joint Board.
- To identify gaps in the evidence base or in the mechanisms identified to address the gaps and suggest ways to deal with these gaps.

The Health and Social Care Partnership envisages that the SPG will be a key partner in developing and supporting engagement, communicating and sharing information locally to deliver the national health and wellbeing outcomes in Renfrewshire.

2. Membership of the Group

The Renfrewshire Strategic Planning Group consists of the following full time members:

- Chief Officer of the Renfrewshire Health and Social Care Partnership
 - 2 Nominees from Renfrewshire Council
 - 3 Nominees from NHS Greater Glasgow and Clyde
 - Health Professionals representing: doctors, allied health professionals, nurses, pharmacists, and optometrists
 - Social Care Professionals representing: mental health officers, social workers and occupational therapists
 - A third sector body carrying out activities related to health and social care
 - A person who uses local social care services
 - A person who uses local health care services
 - A carer of a person who uses local social care services
 - A carer of a person who uses local health services
 - A non-commercial provider of health services
 - A non-commercial provider of social care services
 - A commercial provider of social care services
 - A commercial provider of health services
 - A non-commercial provider of social housing
 - A nominee representing strategic housing planning
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- During the period of a strategic plan, representatives of the relevant localities will also be members of the Strategic Planning Group

In addition, the Strategic Planning Group may invite input from other relevant stakeholders that it considers will add value to its operations. This input may be on a one-off, for the duration of a defined piece of work/agenda item or on recurring basis and will be arranged at the discretion of the Chair in agreement with the individual(s) invited.

3. Operation of the Group

3.1 Work Programme and Meetings

The Strategic Planning Group will determine its programme of work in line with the national [Strategic Commissioning Plans Guidance](#) on an annual basis and agree a schedule of meetings sufficient to deliver the priorities of the programme. Work planning will be undertaken at the first meeting of a calendar year, except in the first year of operation, when it will be undertaken as reasonably practicable.

3.2 Chair

The Strategic Planning Group will elect a Chair and Vice Chair to hold office for a one year term. The Chair and Vice Chair will be elected at the first meeting of a calendar year, except in the first year of operation, when Health and Social Care Partnership Chief Officer will assume the Chair and nominate a Vice Chair. Holding the Chair or Vice Chair position in one year will not prevent these individuals from also being elected in the following year.

The Chair whom failing, the Vice Chair will coordinate the efficient operation of Strategic Planning Group meetings to ensure appropriate consideration of agenda items in the time available. The Chair whom failing, the Vice Chair will manage discussions during meetings to ensure these are balanced, productive and on point.

The Chair will hold the casting vote during Strategic Planning Group meetings. The Chair whom failing the Vice Chair will be responsible for facilitating consensus within the group and articulating the conclusions reached for the purpose of the Minutes.

3.3 Role of Members

Members are expected to attend Strategic Planning Group meetings and to have read reports and papers in advance of meetings so that the time available can be used for productive discussions. Members are expected to actively contribute to the Strategic Planning Group's discussions in a way that represents the interests of their stakeholder group.

The Health and Social Care Partnership will offer members reasonable support, including expenses, to enable them to attend meetings and fulfil their duties.

3.4 Removal or Replacement of Members

Members will be expected to: attend meetings regularly to progress the Strategic Planning Group's work programme timeously and effectively, actively contribute to the discussions of the Strategic Planning Group, fairly represent the interests of the relevant stakeholder group, act and behave in such a way that supports the Health and Social Care Partnership's public reputation and to support the Health and Social Care Partnership to deliver the national health and wellbeing outcomes via its strategic plans.

The Integration Joint Board will use these criteria when considering a member's continuing role on the Group..

Where there are changes to an individual's membership, the Integration Joint Board will notify the member in writing.

A member of the Strategic Planning Group may notify the Integration Joint Board at any time for any reason, should they wish to stand down. Where the member has identified a potential replacement for themselves, they should provide details of that person to the Chair whom failing the Vice Chair. Appointments are at the discretion of the Integration Joint Board, which may choose to appoint by other means.

3.5 Quorum

The Quorum for the Strategic Planning Group will be one third of the members, at least 3 of whom will be from the non-statutory partner organisations. If inquorate, agenda items may be discussed however no representations may be made to the Integration Joint Board on these matters until such times as a quorum of members have acceded to them.

If necessary to deliver the Strategic Planning Group's work programme, the Chair whom failing the Vice Chair will be responsible for obtaining the agreement of enough members to achieve a quorum outwith scheduled meetings, in order to make representations to the Integration Joint Board.

3.6 Apologies and Substitutes

Strategic Planning Group members are expected to submit their apologies in advance of any meeting they are not able to attend.

It is permissible for members to nominate another individual who represents their stakeholder group as a substitute to attend meetings. Members will be asked to nominate their substitute at the first meeting they attend. It will be for the IJB to decide on the suitability of the substitutes nominate. Substitutes are expected to be representative of their stakeholder group and otherwise display the same behaviours expected of members, as detailed in paragraph 3.3.

4. Support

Support will be provided to the Strategic Planning Group by Health and Social Care Partnership staff.

This support will include; arranging meetings, producing meeting agendas, taking minutes and action notes and circulating papers to members to facilitate the Group.

The Health and Social Care Partnership will endeavour to provide any appropriate support necessary to assist members to attend. Members who require to be supported to attend will be able to be accompanied if this assists their participation.

5. Minutes

The minutes of the Strategic Planning Group will be submitted to the Integration Joint Board for information at its next meeting following their approval by the Group.

6. Terms of Reference

These Terms of Reference will be reviewed at least annually, at the first meeting of the Strategic Planning Group in each financial year, or at any time the IJB considers a review to be necessary in the light of experience or emerging issues. The findings of the review will be recorded in the minute and submitted to the Integration Joint Board as above. The final determination on the suitability for purpose of the Terms of Reference rests with the Integration Joint Board.