



MORAY INTEGRATION JOINT BOARD

STANDING ORDERS

FOR THE REGULATION OF MEETINGS

APPENDIX 2

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1. General

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- 1.1 These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (“the 2014 Order”).
- 1.2 These Standing Orders shall, as far as applicable, also regulate the proceedings of Committees and Sub-Committees of the Board and therefore reference to the term ‘Board’ shall be interpreted accordingly. The term ‘Chairperson’ shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.
- 1.3 The Board may amend these Standing Orders as it so determines except that all requirements of the 2014 Order and any order that may amend or replace it from time to time shall be met.
- 1.4 Any statutory provision, regulation or direction issued by the Scottish Government Ministers shall have precedence if they are in conflict with these Standing Orders.

2. Chair and Vice Chair

- 2.1 At every meeting of the Board the Chair, if present, shall preside. If the Chair is absent from any meeting the Vice-Chair, if present, shall preside. If both the Chair and the Vice-Chair are absent, a Chair shall be appointed from within the voting members present for that meeting. Any proxy or substitute attending the meeting for a voting member may not preside over that meeting.
- 2.2 The Chair shall, amongst other things:-
 - (a) Preserve order at meetings and at his/her discretion, order the exclusion of any individual present who is deemed to have been acting in a disorderly or offensive manner or whose presence or conduct is impeding the work or proceedings of the Board;
 - (b) Determine the order in which speakers can be heard;
 - (c) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;
 - (d) If requested by any Member, ask the member making a proposal, to clarify its terms;
 - (e) Decide all matters of procedure, having taken into account any advice offered by the Clerk in attendance at the Meeting, in reference to which no express provision is made under these orders.
- 2.3 Deference shall at all times be paid to the authority of the Chair. When he/she speaks, the Chair shall be heard without interruption and Members shall address the Chair whilst speaking.
- 2.4 The decision of the Chair on all matters within his/her jurisdiction shall be final.

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3. Codes of Conduct and Conflicts of Interest

- 3.1 Members of the Board shall subscribe to and comply with the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies - <http://www.gov.scot/Resource/0044/00442087.pdf> - which is deemed to be incorporated into these Standing Orders. All members who are not already bound by the terms of the Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.
- 3.2 If any Member has a direct or indirect financial or other interest as defined in the Code of Conduct of Members of Devolved Public Bodies, which the member considers should be disclosed, and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has such an interest and the nature of that interest.
- 3.3 If a Member has declared an interest then that member must decide whether in the circumstances it is appropriate to take part in discussion of or voting on the item of business.

4. Calling of Meetings

- 4.1 The Board shall meet at such place and such frequency as may be agreed by the Board. The Board shall approve annually a forward schedule of meeting dates for the following year.
- 4.2 The Chair may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chair. If the Office of Chair is vacant, or if the Chair is unable to act for any reason the Vice-Chair may at any time call such a meeting.
- 4.3 If the Chair refuses to call a meeting of the Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chair, or if, without so refusing, the Chair does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.
- 4.4 A member who is unable to be present for a meeting of Board or any Committee at the venue identified in the notice calling the meeting shall be able to take part remotely via video conferencing facilities.

5. Notice of Meetings

- 5.1 Before every meeting of the Board, a notice of the meeting, specifying the time, place and business to be transacted, shall be delivered by electronic means so as to be available to them at least five working days before the meeting. For the avoidance of doubt, the following days shall be excluded from this calculation:

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the day of the meeting, weekends and public holidays. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any member shall not affect the validity of anything done at a meeting.

5.2 At all Ordinary or Special Meetings of the Board, no business other than that on the notice shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chair, is of the opinion that the item should be considered at the meeting as a matter of urgency.

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5.3 Public Notice of the time and place of each meeting of the Board shall be given by posting it on the internet not less than five working days before the date of each meeting. For the avoidance of doubt, the following days shall be excluded from this calculation: the day the notice is issued, the day of the meeting, weekends and public holidays.

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5.4 The Notice will clearly identify any items which should be treated as confidential and in respect of which the press and public are likely to be excluded from the meeting in accordance with these Standing Orders.

6. Admission of Press and Public

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6.1 Subject to the extent of the accommodation available, meetings of the Board shall be open to the press and public who may observe proceedings but not take part in discussions. This is without prejudice to the Chair's powers of exclusion in order to suppress or prevent disorderly or offensive conduct at a meeting.

6.2 The Chair may at his/her discretion, at any meeting, in order to consider certain items of business, move the Board in to a closed session and exclude the press and public therefrom, and may decide to do so for the following reasons:

6.2.1 The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.

6.2.2 The business relates to the commercial interests of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.

6.2.3 The business necessarily involves reference to personal information, and requires to be discussed in private in order to uphold the principles of the Data Protection Act 2018.

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6.2.4 The business necessarily involves reference to confidential or exempt information, as determined by the Local Government (Scotland) Act 1973.

6.2.5 The Integration Joint Board is otherwise legally obliged to respect the confidentiality of the information being discussed.

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6.3 The minutes of the meeting will reflect the reason(s) why the chair decided to move the meeting in to a closed session.

7. **Adjournment of Meetings**

7.1 A meeting of the Board may be adjourned to another date, time or place by a member proposing this to the meeting. If such a proposal is made there will be no discussion on this and it shall be put to a vote. If such a proposal is carried by a majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the proposal.

7.2 A meeting of the Board may be adjourned to another date, time or place by the Chair, in the case of disorder or misconduct that is impeding the work or proceedings of the Board.

8. **Quorum**

8.1 No business shall be transacted at a meeting of the Board unless there are present, at least three of the voting Members, which shall include one of the members nominated from each of Grampian Health Board and Moray Council.

8.2 If within a reasonable period after the time appointed for the commencement of a meeting of the Board as determined by the Chair, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact.

9. **Voting**

9.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

9.2 Only the **four** Members nominated by Grampian Health Board, and the **four** Members nominated by the Council, and all of their proxies when standing in for those members, shall be entitled to vote. No other members are entitled to vote.

9.3 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question.

9.4 In the case of an equality of votes the Chair shall not have a second or casting vote and the matter under consideration shall be carried forward to the next meeting for further discussion/resolution. If at the next meeting an equality of votes remain then the matter shall be referred to dispute resolution as provided for within the Integration Scheme.

10. **Discussions and Proposals**

10.1 It will be competent for any Member of the Board at a meeting of the Board to make a proposal directly arising out of the business before the Meeting.

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10.2 If the chair, so requires, every proposal shall be noted by the Clerk in writing and read to the Board before the proposal is discussed.

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10.3 The member making the proposal will have the right to speak first in support of his during discussions on the proposal. Once the discussion has closed the Chair will call for a vote on the proposal to be taken.

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10.4 Any Member who has not already spoken in a discussion about a proposal may propose the ending of the discussion and a vote will be taken on this. If a majority of the Members present vote for the discussion to be closed, the discussion will be closed. However, closure is subject to the right of the member making the proposal to sum up. Thereafter, a vote will be taken immediately on the proposal that is the subject of discussion.

10.5 In a discussion, any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member.

10.6 It is the duty of all members to ensure that they have all the information that they require in order to reach an informed decision on any item of business. Accordingly, in addition to the papers which have been issued to members, prior to any decision being reached on an item, the Chair will at any time afford an opportunity to the relevant officer presenting a report, or to any adviser to the Board, or to any member to provide any further information or brief explanation as they feel necessary.

11. Suspension of Standing Orders

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11.1 Any one or more of the Standing Orders, in the case of emergency as determined by the Chair, upon a proposal, may be suspended at any Meeting so far as regards any business at such meeting, provided that two thirds of the Members of the Board present and entitled to vote shall so decide. Any proposal to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended and the reason for this. A suspension shall not apply to any Standing Order or part thereof that incorporates a statutory provision.

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12. Minutes and Recording of Proceedings

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12.1 The names of the Members (both voting and non-voting) and officers present at a meeting shall be recorded in the minutes of the meeting.

12.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up by the Clerk and submitted to the next meeting for agreement, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

Commented [JN2]: Tracey what do we need to put here?

Commented [TS3]: The minutes haven't been signed by the Chair for the last 2 years. I know that the Council have just had theirs signed for the last 2 years and they get bound into minute books to be kept for ever more but I have no idea what happens to the IJB ones.

12.3 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior written approval of the Board.

Commented [JN4]: Alasdair/Aileen - do you know what used to happen or should happen?

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13. Disclosure of Information

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13.1 There shall be no disclosure to any person of any information regarding proceedings of the Board from which the press and public have been excluded unless or until disclosure has been authorised by the Board or the information has been made available to the press or to the public under the terms of relevant legislation.

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13.2 Without prejudice to the foregoing no Member shall use or disclose to any person any information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Board.

14. Committees and Working Groups

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14.1 The Board may establish any Committee or Working Group as may be required from time to time but each Working Group shall have such lifespan as may be determined by the Board.

14.2 The Membership, Chair, remit, powers and quorum of any Committee or Working Groups will be determined by the Board and once agreed, set out within a Scheme of Administration and periodically reviewed. The Scheme of Administration will be deemed to form part of these Standing Orders.

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14.3 Agendas for consideration at a Committee or Working Group will be issued by electronic means to all Members no later than five working days prior to the start of the meeting. For the avoidance of doubt, the following days shall be excluded from this calculation: the day of the meeting, weekends and public holidays.

14.4 The minutes of a Committee meeting, once approved by that Committee in line with 12.2 above, shall be submitted to the next available Board meeting for noting. The minutes of a Working Group meeting will not generally be made public but excerpts may be published on the Board's website at the discretion of the Chair of the group.

14.5 A Committee may, notwithstanding that anything is delegated to it, refer any matter for decision to the Board.

Approved and adopted by the Board at their meeting on [26 May 2022](#).

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Version History

to be updated to 26 May 2022	Revision agreed by Board to sections:- 4.1; 4.4; 5.1; 9.2; 12.2
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28 June 2018	Revision agreed by Board to section 14.4.
31 August 2017	Revisions agreed by Board to sections:- 4.1; 5.1; 5.3; 5.4; 6.1- 6.3; 8.1; 8.2; 10.6; 11.1; 12.1; 14.1- 14.5; Appendix (Scheme of Administration).
25 February 2016	First Standing Orders agreed by Board.



MORAY INTEGRATION JOINT BOARD

SCHEME OF ADMINISTRATION

Dealing with the Board's Committee Structure and Working Groups

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Terms of Reference to Committees:

- (A) Audit, Performance and Risk Committee
- (B) Clinical and Care Governance Committee
- (C) Appointments Committee

Terms of Reference to Working Groups:

- (1) Strategic Planning and Commissioning Group
- (2) Adaptations Governance Group

(A) Audit, Performance and Risk Committee

The following has been agreed by the Board for this Committee:

- Membership: 2 Council voting members (not chair or vice chair of Board)
2 Health Board voting members (not chair or vice chair of Board)
Third Sector Stakeholder Member
NHS Grampian Staff Representative Stakeholder Member
- Chair: voting member, rotating every 18 months as a Council voting member and Health Board voting member in line with the term for the Chair of the Board, selected from the organisation which does not currently chair the Board.
- Quorum: 2 voting members [\(one from Health Board and one from Council\)](#)
- To be in attendance: Chief Officer; Chief Finance Officer; Chief Internal Auditor.
Professional advisors and senior managers.
External auditor to attend at least two meetings per annum at invitation of Committee.
Other persons and advisors to attend at invitation of Committee.
- Meeting frequency: minimum 4 per year, as per annual forward schedule of meetings agreed by Board.
There should be at least one meeting a year, or part thereof, where the Committee is given the opportunity to meet the External Auditor and Chief Internal Auditor on an informal basis without other senior officers present.
The Committee may arrange additional workshops and training sessions to support its work and development of members.

Remit and powers:

- 1 To assist the Board to deliver its responsibilities for the conduct of public business, and the stewardship of funds under its control. In particular, the Committee will seek to provide assurance to the Board that appropriate systems of internal control are in place to ensure that: business is conducted in accordance with the law and proper standards; public money is safeguarded and properly accounted for; Financial Statements are prepared timeously, and give a true and fair view of the financial position of the Board for the period in question; and reasonable steps are taken to prevent and detect fraud and other irregularities.
- 2 To review the level of assurance provided over the internal control and corporate governance arrangements (e.g. Standing Financial Instructions – Financial Regulations) of the Board and make recommendations to the Board regarding the signing of the Annual Governance Statement.
- 3 To approve the selection and appointment of the Board's Internal Audit function.
- 4 To receive and consider the annual internal and external audit plans on behalf of the Board, and receive reports on work planned, progressed, and completed by Internal and External Auditors.
- 5 To consider matters arising from Internal and External Audit reports and any investigations into fraud or other irregularities, and review on a regular basis the implementation of actions planned by management in response to these matters.
- 6 To monitor the effectiveness of the risk management arrangements implemented by the Board, including strategy, assessment, monitoring and reporting of risk.
- 7 To consider the annual financial accounts and related matters before submission to the Board.
- 8 To obtain assurance that the Senior Management Team maintains effective controls within their services which comply with financial procedures and regulations.
- 9 To develop and oversee arrangements for reporting the assurance gained from its activities for the information of the relevant Scrutiny and Audit Committees

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within NHS Grampian and the Moray Council, and obtaining the assurance it requires from these bodies, including sharing relevant audit reports where appropriate.

- 10 To set up short term working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision making bodies or formal committees but will make recommendations to the Audit, Performance and Risk Committee.
- 11 To ensure that satisfactory arrangements are established for reviewing and appraising service performance against set objectives and agreed performance indicators and to receive and scrutinise regular performance reports to enable the review of outcomes.
- 12 To ensure resolution of key performance issues raised through referral to the accountable officer, supported by the Chief Officer.
- 13 To support the Board in ensuring the Performance Management Framework is working effectively and that escalation of action is consistent with the risk tolerance of the Board.
- 14 To receive and consider annual performance reports before publication.
- 15 To make recommendations regarding improvements to the activities, internal controls and governance of the Board and its services.
- 16 To maintain awareness of relevant Audit Scotland and other national audit, inspection and regulatory advice, and consider the potential implications of the outcomes of this work for the Board's internal control and governance arrangements.
- 17 To review the Committee's effectiveness, and consider its development and training needs at least annually.
- 18 To instruct investigations and call upon officers to give evidence, explanations, or provide written reports as appropriate for the purpose of providing information to assist the Committee in fulfilling its role of advising the Board.

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19 To call for investigation of any matter within its remit, and set its own work programme. To be provided with the resources it needs to do so, and to be given full and timely access to information relevant to its function. The Committee may obtain external professional advice where considered necessary.

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(B) Clinical and Care Governance Committee

The following has been agreed by the Board for this Committee:

Membership: 2 Council voting member
2 Health Board voting member
Carer Stakeholder Member
Service User Stakeholder Member
Third Sector Stakeholder Member
Moray Council Staff rep Stakeholder Member
Chief Officer Professional Member
Chief Social Work Officer Professional Member
Lead Nurse Professional Member
GP Lead Professional Member
Non Primary medical services Lead Professional Member
Nominated Additional Member

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Chair: Health Board voting member

Quorum: 2 voting members (one Health Board and one Council)r

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To be in attendance: Heads of Services
Clinical Governance Co-ordinatorChief Nurse
Corporate Manager
Other persons and advisors to attend at invitation of Committee.

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Meeting frequency: as per annual forward schedule of meetings agreed by Board.

In addition development workshops/activities will be held each year.

Remit and powers:

1. To reflect the following core elements of clinical and care governance in the standing items on the Committee's meeting agenda:
 - **Leadership and accountability**
Leadership and management
Human resources
Organisational learning and continuous professional development
Supervision and performance appraisal
 - **Safe and effective practice**
Risk management and adverse events
Research, evidence-based practice and informed decision-making
Adult Support and protection
Child protection
 - **Accessible, flexible and responsive services**
The involvement of people who use services and carers
Integrated working
 - **Effective communication and information**
Information management
Standards, outcomes and audit
Complaints and compliments
2. To oversee and provide assurance in regards to clinical and care governance issues within the Moray Health and Social Care services.
3. To provide support and assurance and escalate concerns to the Board.
4. To inform and assure the NHS Grampian Clinical Governance Committee and Chief Social Work Officer, at a frequency to be determined, that robust processes and procedures are in place.
5. An annual report will be submitted to the NHS Grampian Clinical Governance Committee providing Board activity which will evidence robustness in regards to procedures.
6. To support and assist the Board in achieving their clinical and care governance responsibilities in compliance with the Health and Social Care Integration, Clinical and Care Governance Framework Version 1 (Scottish Government November 2014).
7. To provide assurance to partner organisations that robust and effective mechanisms for clinical and care governance are in place for the services and functions delegated.
8. To provide a coordinated and integrated approach to clinical and care governance across Moray Health and Social Care Partnership.

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9. To inform, support and advise Health and Social Care staff on clinical and care governance issues, ensuring and enabling best practice and high quality safe patient care.
10. To encourage ownership and collaboration with Health and Social Care staff informing the working of the committee, highlighting issues of concern and good practice.
11. To enable reporting on these matters as part of the annual reporting cycle.
12. To provide assurance to Statutory post holders in relation to effective services – i.e. Medical Director, Executive Nurse Director and Chief Social Work Officer.
13. To feedback on the work of the committee to members' profession/service.
14. To ensure that systems are in place and performing effectively across health and social care to support clinical and care governance including to ensure that registration is current and valid and that there is a system for reporting poor practice by registered professionals to the appropriate regulatory board.
15. Following each meeting, to report to the Board providing details of any governance issues or concerns that the operational teams have reported, as well as evidence of good practice and learning on an exception basis. Where an issue or concern is linked to delivery of a Children's Health Service or an Adult Service out with the Board then the report will also be forwarded to the NHS Grampian Clinical Governance Committee or to the Chief Social Work Officer as appropriate.

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(C) Appointments Committee

The following has been agreed by the Board for this Committee:

Membership: Chair of Board
Vice Chair of Board
Chief Officer
Chief Finance Officer

Chair: Chair of Board

Quorum: All members

To be in attendance: -----

Meeting frequency: ad hoc, as and when required to fill a vacancy in stakeholder membership.

Remit and powers:

1. To appoint a new stakeholder member to fill a vacancy following the Board's agreed process for identifying potential new members.

Commented [TS5]: Is this not to appoint a new Chief Officer, has it ever been convened for stakeholder appointments – do we need to convene it to replace Lewis Walker and Malcom Metcalfe?

(1) Strategic Planning and Commissioning Group

The following has been agreed by the Board for this Working Group:

Membership:

- Chair of Board
- Chief Officer
- Chief Financial Officer
- Heads of Service, Health and Social Care Moray
- Director of Acute Services, NHS Grampian
- NHS Grampian North of Scotland Regional Lead
- Director of Strategic Commissioning, NHS Highland
- Hospital Manager, Dr Gray's Hospital
- Clinical Lead, Primary Care
- Clinical Lead, Secondary Care
- Housing Representation
- Third Sector Representation
- Independent Sector Representation
- Public Representation
- Locality Representation
- Strategic Planning Project Officer
- Senior Planner, NHS Grampian
- Service Manager, Commissioning Team

Chair: Chief Officer

Quorum: Half of the membership.

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To be in attendance: Other representatives may be invited to attend where there are agenda items specific to their role and expertise.

Meeting frequency: monthly. During the period of revision of the strategic plan, meetings will alternate between business focus and strategic plan review, the business meeting will continue on a bi-monthly cycle thereafter.

Remit and powers:

1. To oversee, drive and strengthen strategic planning and commissioning for health and social care services across Moray.
2. To assist the board and its Chief Officer in driving forward the Board's Strategic Plan, establishing a Transformation Plan and translating this into an Implementation Plan that meets the requirements set out in the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the integration principles and the achievement of the 9 national health and wellbeing outcomes.
3. To take into account the views of localities to develop sustainable ways of ensuring locality representation.
4. To develop and review the Strategic Framework and Implementation Plan that will optimise opportunities to integrate commissioning and service delivery..
5. To ensure effective financial planning practice is embedded into the process for commissioning to assist in delivery of the Strategic Plan. Processes should be clearly monitored for financial monitoring and reporting to Moray IJB.
6. To ensure that all existing contracts put in place by Moray Council and NHS Grampian are reviewed and that necessary stakeholders are brought together to complete the review and agree a process for the future, which will be set out in a Joint Commissioning Strategy that will be brought to the Board for approval.
7. Ongoing monitoring and review of the Strategic Plan.
8. To review the group's effectiveness, and consider its development and training needs at least annually.
9. Members will be expected to:
 - Represent their sector or professional area

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- Ensure the interest of the agreed localities are represented
- Develop and maintain the necessary links and networks with groups and individuals in the community to enable views to be sought and represented over the development, review and renewal of the strategic plan.
- Take an active role in the review of the strategic plan.
- Help ensure the strategic plan reflects the needs and expectations (and that there has been an adequate assessment of those needs and expectations) across the localities.
- Work collaboratively with each other, with the Strategic Planning Reference Group and with the Joint Operational Management Team of the health and social care public service in Moray.

(2) Adaptations Governance Group

The following has been agreed by the Board for this Working Group:

Membership: Occupational Therapy representative
Housing Representative
Legal Representative
Finance Representative

Chair: Head of Adult Health and Social Care, Additional Member

Quorum: -----

To be in attendance: -----

Meeting frequency: Initially monthly until budget and any process amendment has been agreed and thereafter quarterly

Remit and powers:

1. To identify the correct budget for transfer to the Board.
2. To ensure that the resources identified for adaptations are utilised correctly and efficiently.
3. To keep under review the adaptations process to ensure Best Value is being achieved.
4. To review performance information in relation to adaptations to ensure effectiveness and efficiency.
5. To report to the Strategic Planning and Commissioning Executive Group.

Version History

29 November 2018	Revisions agreed by Board to (1) Strategic Planning and Commissioning Group membership, meeting frequency and remit and powers number 2.
28 June 2018	Revisions agreed by Board to: (A) – heading, para 10, insertion of new paras 11 – 14. (B) Attendee list. (1) All parts.
31 August 2017	Information for Committees and working groups pulled together into Scheme of Administration
31 August 2017	Appointments Committee agreed by Board to appoint stakeholder members.
23 February 2017	Strategic Planning and Commissioning Executive Group remit extended by adding ongoing monitoring of Implementation Plan. Adaptations Governance Group agreed by Board.
10 February 2017	Appointments Committee agreed by Board to select and appoint a Chief Financial Officer. On completion Committee to be disbanded.
10 November 2016	Audit and Risk Committee and Clinical and Care Governance Committee quorum amended.
28 April 2016 and 30 June 2016	Clinical and Care Governance Committee agreed by Board.
31 March 2016	Strategic Planning and Commissioning Executive Group agreed by Board.
31 March 2016	Audit and Risk Committee agreed by Board.