



**Perth & Kinross Health & Social Care Partnership
Older People & Unscheduled Care Board**

Terms of Reference

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1. Purpose of the OP & USC Board (Background)

The Health and Social Care Planning and Commissioning Board is responsible for ensuring that there is a coordinated and consistent approach to commissioning services on behalf of partner agencies in Perth and Kinross. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries.

There are four “sub” Boards sitting within the framework for delivery of the Strategic Planning and Commissioning Board:

- Older People’s & Unscheduled Care Board
- Carers Board
- Mental Health & Wellbeing Board
- Primary Care Board

The Older People’s & Unscheduled Care Board will oversee the development and implementation of the strategic delivery plan for OPUSC in line with the objectives of the P&K IJB Strategic Commissioning Plan and within resources available.

2. Chairperson

The OP & USC Board will be chaired by the Perth & Kinross Health & Social Care Partnership (P&K HSCP) Associate Medical Director and the Co Chair of the Board will be the P&K HSCP Head of Health.

3. Support

The meetings will be serviced by the P&K HSCP.

4. Membership

The membership of the Board, the Senior Responsible Officer (SRO) / Chair and Co-Chair will be reviewed annually.

Strategic Programme Board
Chair - SRO
Co Chair
Strategic Lead
NHS Tayside Medical Lead
Social Work Lead
Nursing Lead
AHP Lead
GP Lead
NHS Tayside Older People Medical Lead
Independent Lead
Third Sector Lead
Finance Lead
Corporate Lead
Commissioning Lead
Locality Lead
Inpatient Lead
Housing Lead
Performance Lead
Public Partner Representative

Perth & Kinross Medicine for the Elderly Lead
Perth & Kinross Psychiatry of Old Age Lead
Portfolio Manager

Each individual member will act in accordance with the delegated authority they hold on behalf of their organisation.

Lead Clinicians, Service Managers and Officers from relevant organisations will undertake the necessary day to day work on behalf of the Board.

5. Quorum

Meetings of the Older People Board will be quorate when 7 members including at least the Chair or the Co Chair.

6. Frequency of meetings

Meetings will generally take place on a 6 weekly basis with movement from that schedule only being agreed in the interests of progressing the Boards business. Additional meetings may be required from time to time in order that any urgent matters are dealt with promptly.

7. Roles & Responsibilities

The main responsibilities are specifically to:

1. Develop a Strategic Delivery Plan including already agreed transformation and savings plan
2. Future service plan across pathways of care
3. Ensure investment and disinvestment implications are clear
4. Ensure a clear performance framework is implemented with targets that demonstrate the delivery of strategic objectives
5. Consider implications for each locality and equity of spend
6. Develop a stakeholder engagement plan including service and carer input
7. Ensure joint planning for Large Hospital Set Aside – including acute medicine and Emergency Department
8. Contribute to the Partnership Workforce plan setting out challenges and innovative approaches to workforce development across OPUSC
9. Contribute to the Partnership Annual Performance Review setting out and explaining performance against targets on an annual basis
10. Through development of a clear investment and disinvestment plan set out a 1 year and 3 year financial plan for OPUSC

The Board will be expected to ensure that plans are scrutinised to ensure alignment with the core Principles of the Strategic Commissioning Plan and that outcomes are achieved within the agreed timescales. Where deviation from expected outcomes is identified, the Partnership will require assurance that appropriate remedial action has been taken, and will monitor performance and delivery accordingly and produce regular progress reports for the Strategic Planning and Commissioning Board and the IJB.

The OPUSC Board will also contribute to the Partnerships Engagement Strategy to support the engagement of service users, carers and citizens and identify opportunities to improve user participation in co-producing services.

8. Dealing with Sensitive Matters and Possible Conflicts of Interest

The OPUSC Board may at times have to consider confidential information on matters related to commissioning, procurement or performance. Members are individually required to declare known conflict of interests prior to commencement of meetings. The Partnership will determine whether or not any declaration necessitates exclusion from discussion on specific issues.

9. Authority

The OP & USC Board is authorised by the P&K HSCP IJB to prioritise issues and take decisions within the scope of its remit. In this regard, the OP & USC Board will take appropriate steps to implement agreed strategic plans and to report progress and exceptions to the IJB. In particular, where significant service changes have occurred or strategic risks have been identified the OP&USC Board will report to the IJB via the Strategic Planning & Commissioning Board.

The OP & USC Board may establish sub groups, short life working groups and commission individuals to carry out work on its behalf, as it deems necessary.

10. Review

It will be necessary to evaluate the effectiveness of the OPUSC Board and adapt arrangements as necessary. Terms of Reference will be reviewed annually and may also be altered at other intervals in accordance with the implementation of health and social care national policy reforms and subsequent guidance. Proposed changes will be submitted to the Strategic Planning and Commissioning Board.

11. Strategic Priorities

The OPUSC Board will identify the priorities for progression and direct additional tasks when necessary.

12. Reporting Arrangement

PKHSCP - Governance Structure

