

APPENDIX TWO

Perth and Kinross HSCP - Strategic Planning Group - Draft Terms Of Reference

The governance arrangements and the membership of the Strategic Planning Group are set out in the Public Bodies (Joint Working) (Scotland) Act 2014; Section 32. The Strategic Planning Group (SPG) has responsibility for the development of and oversight of the Strategic Plan for the Partnership. The SPG provides a governance reporting for locality groups and directly reports to the IJB and in respect of the annual strategic planning reporting arrangements.

1. Chair

The Chair of the Strategic Planning Group is the HSCP Chief Officer.
Vice Chair to be confirmed

2. Membership and Key Partners

The Public Bodies Joint Working (Scotland) Act 2014 sets out the legislative framework for the integration of health and social care. The associated regulations of the Act set out the arrangements for the membership of the Strategic Planning Group (SPG) including stakeholder representation.

- People who use health and care services.
- Unpaid Carers.
- Commercial providers of healthcare.
- Non-commercial providers of healthcare.
- Commercial providers of social care.
- Non-commercial providers of social care.
- Social work and social care professionals.
- Health professionals.
- Non-commercial providers of housing.
- Third sector bodies carrying out activities related to health and social care

Guidance on Strategic Planning emphasises the ongoing need for engagement as part of a continuous cycle of strategic planning. This Guidance also sees localities as the key to effective strategic commissioning. The Act requires the partnership to divide its area into two or more localities. The HSCP is divided into three localities North Perthshire, South Perthshire & Kinross, and Perth City. The views of localities need to be considered in strategic planning, we need to harness the skills of local people, the power of local associations and the supportive functions of local institutions and services to build stronger, more sustainable communities.

3. Purpose

Within the terms of the Act, the Strategic Planning Group fulfils a number of functions. Chiefly these are contributing to:

- The development of the Strategic Plan.
- The review of the Strategic Plan.
- Joint Strategic Needs Assessment.
- Ensuring locality representation.
- Ensuring robust stakeholder representation in the strategic planning process.
- Assessing progress in the implementation of the plan against the health and wellbeing outcomes.

The activity of the Strategic Planning Group must also be framed by the integration principles (see Appendix A).

4. Values and Principles

The Ethical Standards in Public Life (Scotland) Act 2000, “the 2000 Act”, provides for Codes of Conduct for local authority Councillors and members of relevant public bodies. The Public Bodies (Joint Working) (Scotland) Act 2014 (Consequential Amendments & Savings) Order 2015 has determined that Integration Joint Boards are “devolved public bodies” for the purposes of the 2000 Act. The code of conduct developed for IJBs use the Model Code and the statutory requirements of the 2000 Act.

Partnership is defined, for these purposes, as “*the inclusion of all stakeholders involved in the provision of health and social care, including the processes of formulating, designing, reviewing, consulting and negotiating with regard to that provision*”.

All SPG members must agree to work together within this framework in order to achieve sustainable improvement across the Health and Social Care Partnership, and all members jointly agree to commit to the following values:

- Mutual trust, honesty, and respect
- Openness and transparency
- Fairness/equity of view
- To reflect the SPG and Wellbeing Delivery Group across wider networks
- True engagement, recognising each other’s views

5. Frequency of Meetings

The SPG will establish a cycle of meetings which includes formal and informal workshop approaches and meets quarterly. SPG meetings will be scheduled in advance of the formal IJB meetings to ensure members have an opportunity to review, comment and engage on the agenda and reports and provide comment and recommendations to the IJB. Additional meetings will be called by the request of members.

6. Strategic Planning Group Role and Remit

- Make a lead contribution to the development of the Strategic Plan for the HSCP
- Make a lead contribution to the annual review of the Strategic Plan
- Contribute to the assessment of progress in the implementation of the strategic plan against the National Health and Wellbeing Outcomes (see Appendix B)
- Support the development of Joint Strategic Needs Assessment and shared priorities
- Take a lead role in the implementation of the Health and Social Care Partnership’s Strategic Plan
- Take an overview of the Joint Strategic Commissioning process
- Be empowered to establish task and finish groups to take forward work on strategic priorities identified within the strategic planning process
- Ensure that locality planning arrangements and emerging issues are reflected in its work
- Provide feedback to the Integration Joint Board on its activities
- Work constructively and collaboratively with other key partnerships and agencies as appropriate in relation to the delivery of health and wellbeing outcomes
- Act as a link to Community Planning Partnership (CPP) structures as required to support the Locality Partnership arrangements
- Align priorities and gather intelligence from other relevant strategic planning forums
- Receive reports from relevant other strategic planning forums

- Work to the national health and wellbeing outcome and the integration delivery principles
- Provide advice to the Integration Joint Board in developing responses to emerging Scottish Government Policy and regulations

In having oversight of the strategic plan, the SPG will give due consideration to:

- a) The number of people who need service and what type
- b) The level, quality, and cost of current service provision
- c) How services can improve people's lives
- d) How we develop services that are affordable and sustainable
- e) How we procure services for delivery with best impact
- f) How we monitor and review services

The SPG oversee the development and monitoring of the Partnership's Strategic Plan and Strategic Commissioning Plan. The SPG also provide a reporting structure for following Strategy Groups:

- Carers
- Autism
- Learning Disability
- Mental Health/Wellbeing and Suicide Prevention
- Substance Use
- Digital/TEC
- Physical Disability Strategy Group and See Hear Steering Group
- Older People
- Communities

7. Conduct of Business

All papers for meetings will be issued to members at least a week before the date of the meeting in electronic format.

Formal minutes will be taken. Any action notes will be issued to the appropriate Forum member within 7 days of the meeting in question.

Integration Delivery Principles

(1) The integration delivery principles are -

a. that the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users,

b. that, in so far as consistent with the main purpose, those services should be provided in a way which, so far as possible -

(i) is integrated from the point of view of service-users,

(ii) takes account of the particular needs of different service-users,

(iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided,

(iv) takes account of the particular characteristics and circumstances of different service-users,

(v) respects the rights of service-users,

(vi) takes account of the dignity of service-users,

(vii) takes account of the participation by service-users in the community in which service-users live,

(viii) protects and improves the safety of service-users,

(ix) improves the quality of the service,

(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care),

(xi) best anticipates needs and prevents them arising, and

(xii) makes the best use of the available facilities, people, and other resources.

NATIONAL HEALTH AND WELLBEING OUTCOMES

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.
9. Resources are used effectively and efficiently in the provision of health and social care services.