South Lanarkshire Integration Joint Board

Code of Corporate Governance

Approved by South Lanarkshire Integration Joint Board on 27 June 2017
1. Introduction
1.1. Integration of Health and Social Care is the Scottish Government’s programme of reform to improve services for people who use adult Health and Social Care services. The Public Bodies (Joint Working) (Scotland) Act was granted royal assent on 01 April 2014. That means changes to the law which require health boards and local authorities to integrate these services. The Act is a landmark adult Health and Social Care reform for Scotland and is the most substantial reform to the country’s National Health Services (NHS) and Social Care services in a generation.

1.2. Integration means that the expertise and resources of Health and Social Care are combined, shared, co-ordinated and planned jointly with other key partners including unpaid carers, the third and the independent sectors. The integration process will support the improvement of the quality and consistency of health and adult social care services, especially for people with long term conditions and disabilities, many of whom are older people. The principal aim is to improve the health and wellbeing of the people in Lanarkshire.

1.3. One of the main aspects of the Public Bodies (Joint Working) (Scotland) Act is to create statutory Health and Social Care Partnerships (HSCPs) in each local authority area in co-operation with health boards which replaced Community Health Partnerships (CHPs).

1.4. The integration process will support people in South Lanarkshire to improve their own health and wellbeing as well as improving the quality and consistency of Health and Social Care. This includes advice, support and services, especially for people with long term conditions and disabilities, many of whom are older people.

2. Corporate Governance
2.1. Corporate Governance is the term used to describe the overall control system. It details how functions are directed and controlled, and how we relate to our communities. It covers the following dimensions:
♦ service delivery arrangements
♦ structures and processes
♦ risk management and internal control
♦ standards of conduct.

2.2. The key elements of the structures and processes that comprise the IJB’s governance arrangements are summarised in sections 3 to 24 below.

3. The Integration Scheme
3.1. The Integration Scheme, which was approved in September 2015, is important as it sets out the crucial aspects of how integration will look in South Lanarkshire in the future including
♦ the functions of Health and Social Care which are delegated to the IJB
♦ how the delegated functions will be delivered and monitored
♦ development of financial management and governance arrangements

4. The Strategic Commissioning Plan
4.1. The South Lanarkshire Strategic Commissioning Plan (SCP) is at the heart of integration and will set out how Health and Social Care services will be delivered in a more integrated way to improve the quality of support for people who need them and deliver the national health and wellbeing outcomes. The SCP sets the strategic decisions with regards to the delegated functions will be taken forwards over a three year planning period.
4.2. A SCP Implementation Plan has been developed which also takes cognisance of the key areas of national and local work which the Partnership will also need to be implementing during this period.

4.3. The Strategic Needs Assessment (SNA) at both the Partnership and the locality level will support decision making and inform the implementation of the commissioning intentions. The Partnership has developed detailed SNA profiles to support this work.

4.4. Locality Planning Groups (LPGs) have been established and will have a key role in delivering the implementation plan in each of their communities. These LPGs will be able to influence how these actions should be implemented to meet the local needs of their locality as identified in the SNA and also as agreed by the prioritisation methodology. Additionally, representatives of the respective LPGs will be included on the groups identified to take forward the three main areas of work.

4.5. The commissioning intentions of the IJB Strategic Plan, the NHS Lanarkshire Achieving Excellence Strategy and the South Lanarkshire Council Plan are in alignment.

5. Consultation and Engagement

5.1. Extensive and planned consultation and engagement activity has directly influenced the shape and content of the Strategic Commissioning Plan (SCP). Three rounds of locality based seminars were facilitated in advance of the SCP being approved. In addition to this, a number of individual and group consultations were undertaken with groups including Senior Together, Carers Network Monthly meeting, Advocacy Network, the Learning Disability Partnership in Practice Group, GP local Clinical Forums and the Independent Providers Forum.

5.2. The SCP will ensure that promotional campaigns, consultations and engagements are inclusive to all. Any additional efforts which may be required to reach specific groups of the community will be considered and implemented where practical. Procedures are in place in SLC and NHS to monitor the engagement of individuals with protected characteristics to help ensure the participation from all members of the community.

5.3. The South Lanarkshire Health and Social Care Partnership has endeavoured to let those at the heart of communities have their say in shaping and influencing the plan. A Joint Needs Assessment was carried out which provided a comprehensive local picture of health and wellbeing needs within each of South Lanarkshire’s four localities.

5.4. In addition to this, the Partnership now has in place a detailed electronic tool which allows localities to measure need down to data zone level. The NEXUS tool allows localities to interrogate a large suite of data in relation to demographic characteristics, employment, gender, age profile, social circumstances, ethnicity, health needs, poverty and carers. This will assist the Partnership to target resources to areas of most need within localities and also to provide a solid foundation in projecting future needs.
5.5. Coupled with the Needs Assessment data, the consultation activity and analysis allowed the Partnership to agree 10 priority themes as follows:
1. statutory work
2. early intervention, prevention health inequalities
3. carers support
4. models of self care and self management including Telehealth and Telecare
5. seven day services
6. intermediate care to reduce reliance on hospital and residential care
7. suitable and sustainable housing
8. single points of contact
9. mental health and wellbeing
10. enablers to support better integrated working

5.6. These themes are recognised and owned by the Partnership and the Performance Reporting Framework has been established in such a way that progress reports can be given as an assurance to stakeholders against what they told us.

5.7. The Partnership is committed to establishing clear channels of communication with all sections of the community and other stakeholders, ensuring accountability and encouraging open consultation. A Collaborative Leadership in Practice approach is being adopted to support an inclusive locality development framework. The communications and engagement strategy continues to be developed to promote and secure community involvement in the locality development approach.

6. Composition of the IJB
6.1. The IJB consists of eight voting members: four Elected Members from SLC and four NHS Board members. Non voting members of the Board include the Chief Officer, the Chief Social Work Officer, the Nurse Advisor, the Medical Advisor, the Chief Financial Officer, the Registered Medical Practitioner and the representatives for staff, the third sector, service users and carers. Officers are also in attendance at the IJB as required.

6.2. The IJB approved the Standing Orders at its inaugural meeting on 06 October 2015. The Standing Orders for the IJB also specify that the membership, chair, remit, powers and quorum of any sub-committee will be determined by the IJB. The Standing Orders for the IJB apply to all sub-committees established by it and provides that any such sub-committees must include an equal number of voting members appointed by both NHS Lanarkshire and the Council.

7. Terms of Reference of the IJB

7.2. The primary function of the IJB is to
- develop an annual commissioning plan
- direct SLC and NHSL to carry out of the functions delegated to it through the South Lanarkshire Integration Scheme
- produce an annual report on progress
- oversee operational delivery of integrated services
- approve the annual accounts
8. Terms of Reference of Sub-Committees

8.1. A Performance and Audit Sub-committee has been established by the IJB which reports directly to it. The purpose of this Sub-Committee will be to ensure that appropriate levels of accountability, scrutiny and discussion are undertaken in key areas of IJB business. The terms of reference of the Sub-committee therefore are as follows:

♦ provide financial governance and scrutiny of the budget in scope for the IJB
♦ oversee the full development of the performance reporting agenda and how this relates to evidencing progress towards achieving the nine National Health and Wellbeing Outcomes
♦ receive and review quarterly performance management reports in line with the Strategic Commissioning Plan reporting requirements
♦ consider and propose to the IJB, the key areas of audit activity required for the Partnership, for example the annual audit programme
♦ respond (where appropriate) to external audit and scrutiny reports, for example national reports prepared by Audit Scotland or Care Inspectorate reports of service wide inspection activity and any subsequent recommendations and requirements emanating from these
♦ receive and review complaints reports as appropriate
♦ oversee the development of the annual performance report which the IJB is required to approve
♦ consider and approve the risk register and approach to risk management from a partnership perspective
♦ receive and consider reports in new and emerging national policy related to Health and Social Care

8.2. The Sub-Committee does not have decision making powers however it will play an important role in reviewing, monitoring and making recommendations to the IJB.

8.3. In terms of the Standing Orders for the IJB and the Terms of Reference for the Sub-Committee, the Depute Chair of the IJB will Chair the Sub-Committee. Thereafter, responsibility for the Chair will transfer in accordance with the appointment of the Chair and Depute Chair of the IJB.

8.4. The Performance and Audit Sub-Committee will report to the IJB and there will be a standing item update at IJB meetings from the Sub-Committee. Meetings will be held quarterly in line with quarterly performance reporting timescales.

8.5. The Performance and Audit Sub-Committee will also scrutinise the local Code of Corporate Governance and will receive an annual report in the form of an Annual Governance Statement from the Chief Officer on compliance with the local Code and whether the local Code requires to be updated.

8.6. A Recruitment Committee was also established with the powers and responsibilities to make appointments to the post of Director of Health and Social Care (Chief Officer) and Section 95 Officer.

8.7. The principles of this Code of Corporate Governance apply equally to this Sub-Committee.
9. **How business is organised**

9.1. The IJB and the Sub-Committee play a key role in policy development and review and also holding officers to account. There is a clear distinction between the officer’s role in proposing and implementing policies and the role of board members in reviewing policy and scrutinising decisions. The IJB provide a long-term view of strategic issues and also look in detail at key aspects of the partnership’s operations.

9.2. Challenge and scrutiny contribute to good governance by being a key part of transparent and accountable decision making, policy making and review. The potential impact of alternative service delivery models means that the Sub-Committee is a crucial mechanism for ensuring oversight. The Sub-Committees is able to make recommendations and propose changes to be considered by the IJB.

9.3. Defining and documenting the roles and responsibilities of members and management, with clear protocols for effective communication in respect of the authority and Partnership arrangements.

9.4. In order to assist the IJB members to better understand their role and remit, role profiles were approved by the IJB. The role profiles advise members, both voting and non-voting, about what is involved in being a member of the IJB and the skills, experiences and personal qualities that are needed to fulfil that role. The role profiles also outline to the public, the role(s) expected of IJB members thereby improving accountability.

9.5. A Chief Officer and a Chief Financial Officer have been appointed, in line with the legislation.

10. **Code of Conduct**

10.1. The Scottish Government published guidance in September 2015 setting out the roles, responsibilities and membership of IJBs. This guidance confirmed that IJBs are "devolved public bodies" for the purposes of the Ethical Standards in Public Life (Scotland) Act. This means that the IJB is required to produce a code of conduct for members.

10.2. The Scottish Government advised in 2016 that they have worked in partnership with the Commissioner for Ethical Standards and the Standards Commission and have now drafted a Code of Conduct that is specifically for IJBs. Furthermore, they advised that they must be informed and sent a copy of the agreed code of conduct so that it can be approved by Scottish Ministers.

10.3. The IJB duly adopted the model Code of Conduct for members of devolved public bodies at its meeting on 28 June 2016.

10.4. All members of the IJB are required to adhere to the Code of Conduct for Members of Devolved Public Bodies to ensure equity and transparency. Training as part of an organisation development strategy is being progressed to support the development needs of members and senior officers in relation to their strategic roles.
11. **Acting in the public interest**
11.1. IJB members and staff are expected to promote and support the principles in the Code of Conduct and to promote through their own personal conduct the values of the seven principles of public life as follows;

- Leadership
- Selflessness
- Integrity
- Objectivity
- Openness
- Accountability and Stewardship
- Honesty
- Respect

11.2. Certain employees may also be bound by their own professional and ethical codes of practice.

11.3. Our values should be visible in everything we do and contribute to person-centred, safe and effective services.

12. **Good Governance Framework**
12.1. Good Governance is about the culture, systems, processes and values by which the IJB conducts its business and delivers services. The IJB adheres to and works within a framework of internal values and expected external principles and standards which help to deliver good standards of governance. The standards reflect the conduct of business and day to day delivery of services and apply to all Board members and officers.

12.2. In 2016, CIPFA/SOLACE issued guidance, Delivering Good Governance in Local Government: Framework, which is intended to be used as best practice for developing and maintaining a locally adopted code of governance. The framework sets out seven principles of good governance as follows:

a. behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
b. ensuring openness and comprehensive stakeholder engagement
c. defining outcomes in terms of sustainable economic, social, and environmental benefits
d. determining the interventions necessary to optimise the achievement of the intended outcomes
e. developing the entity’s capacity, including the capability of its leadership and the individuals within it
f. managing risks and performance through robust internal control and strong public financial management
g. implementing good practices in transparency, reporting, and audit to deliver effective accountability

12.3. The IJB governance arrangements have been assessed in line with this framework and an action plan has been developed to further strengthen the governance arrangements of the IJB and the Partnership.

13. **Financial Regulations**
13.1. All relevant laws and regulations, internal policies and procedures require to be complied with and expenditure must be lawful. The financial management arrangements require to conform with the governance requirements of the CIPFA Statement on the Role of the Chief Financial Officer in Local Government (2015).
13.2. The IJB financial officer will discharge the duties in respect of the delegated resources by:
♦ establishing financial governance systems for the proper use of the delegated resources
♦ ensuring that the Strategic Plan meets the requirement for best value in the use of the IJB’s resources
♦ ensuring that the resources allocated to each partner, which are set out in the directions to the Health Board and local authority, are spent according to the plan. It is the responsibility of the IJB financial officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect.

13.3. The Health Board Accountable Officer and the Local Authority Section 95 Officer are responsible for the resources that are paid by the IJB to the Health Board and Local Authority in support of the directions for operational delivery.

13.4. In the operational role within the Health Board and Local Authority, the Chief Officer is:
♦ accountable to the Chief Executive of the Health Board for financial management of the operational budget, and is advised by the Health Board Director of Finance
♦ accountable to the Section 95 Officer of the local authority for financial management of the operational budget
♦ accountable to the Chief Executive of the local authority and Chief Executive of the Health Board for the operational performance of the services managed by the Chief Officer

13.5. The legislation requires that the Board is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under Section 105 of the Local Government (Scotland) Act 1973).

13.6. In discharging these responsibilities, Board members and senior officers are responsible for implementing effective arrangements for governing the Board's affairs and facilitating the effective exercising of its functions including arrangements for managing risk.

13.7. As a consequence of these responsibilities, the Board must regulate the actions taken on its behalf that carry financial implications to provide assurance of their propriety and consistency. It is furthermore a requirement of these regulations that all financial transactions instructed by the Board are within the legal powers of the Board.

13.8. The IJB therefore approved Financial Regulations which form a key element of the maintenance of a robust, clear and accountable governance framework for the Board. The IJB Financial Regulations apply from 1 April 2016 and set out the arrangements for the proper administration of the financial affairs of the Board.

14. **Scheme of Delegation**
14.1. The effectiveness of the decision-making framework across the Partnership is influenced by the information provided to decision makers, the robustness of data quality and delegation arrangements.
14.2. The Board is responsible for ensuring that its business is conducted in accordance with the law and appropriate standards and that public money is safeguarded, properly accounted for and used economically, efficiently, effectively, equitably and ethically. The Board’s activities are furthermore guided by the relevant Scheme of Delegation which sets out the underlying principles and responsibilities of openness, integrity and accountability.

14.3. The Scheme of Delegation provides authority to Officers to deliver functions or to take decisions on operational matters on behalf of the IJB whilst reserving decisions and responsibility for strategic oversight to the IJB.

14.4. The Scheme of Delegation, which outlines the specific powers delegated to the Chief Officer, the Chief Finance Officer and Chief Social Work Officer, was approved at the IJB meeting on 28 June 2016.

14.5. Reliance is placed on the existing counter fraud and anti-corruption arrangements in place within each partner which have been developed and are maintained in accordance with the Code of Practice on Managing the Risk of Fraud and Corruption (CIPFA, 2014).

15. Risk Management

15.1. The IJB has established a system of risk management arrangements for the functions delegated to it. The IJB’s risk management arrangements provide an assessment of the key risks to the IJB.

15.2. The IJB Risk Management Strategy sets out the framework for identifying and managing risks, for measuring the impact on performance and demonstrating clear accountability as to how these risks are being managed, along with any new or emerging risks which are considered to be significant. Key elements of the risk strategy include the way in which risks are identified, evaluated and controlled.

15.3. Work was undertaken to prepare a Risk Register to ensure that IJB members were apprised of the risks across Health and Social Care services and how these would be managed. The Risk Management Strategy was developed and risk workshops were held in September 2015, 19 April 2016 and January 2017 to refine the IJB risk register and agree the suite of risk control actions required to mitigate the risks.

15.4. The IJB Risk Register was also reviewed against the existing risk registers for NHS Lanarkshire and South Lanarkshire Council Social Work Resources. This provided assurance that the three registers had a consistency of approach, with all three capturing similar types of risk. All three Risk Registers are comprehensive and complement each other, with the appropriate ownership of the captured risks.

15.5. Both NHS Lanarkshire and South Lanarkshire Council Social Work Resources will continue to operationally deliver the vast majority of the strategic intentions outlined in the Strategic Commissioning Plan 2016-2019. Underpinning the IJB Risk Register therefore are the risk management arrangements and registers prepared by the parties (NHS Lanarkshire and South Lanarkshire Council).

15.6. The operational delivery of services by the local authority and Health Board, as directed by the IJB will be subject to their respective governance and risk management arrangements. The risk management strategy is embedded across the partners. Training and guidance is provided to staff.

15.7. The IJB joined the Clinical Negligence and Other Risks Indemnity Scheme.
16. Performance Scrutiny

16.1. Health and Social Care integration introduced a statutory based new model of cross-sector working and this determines that scrutiny of performance must be embedded in the local governance framework for whatever model of operation is selected.

16.2. The SCP follows an agreed structure and style and is a key element of the partnership’s performance management arrangements. Performance management is a keystone of best value and ensures that we can demonstrate sound governance arrangements.

16.3. The IJB’s Performance Reporting Framework (PRF) has been developed to enable the commissioning intentions contained within the SCP to be monitored along with the Key Performance Indicators and the local measures from the Social Work Resource Plan, Single Outcome Agreement, Health and Care Partnership Improvement Plan and the NHS Lanarkshire Local Delivery Plan. These actions and measures will be identified against the nine National Health and Wellbeing Outcomes within the SCP and will allow us to monitor our success in delivering these outcomes.

16.4. The PRF has been built using SLC’s IMPROVe performance management reporting system. This will allow the report to be presented in various formats to different audiences.

16.5. The Public Bodies (Joint Working) (Scotland) Act 2014 stipulates that a Clinical and Care Governance Framework must be established. In developing the Integration Scheme for South Lanarkshire, a specific commitment was made within this to develop and implement a Support, Care and Clinical Governance Framework on a Lanarkshire-wide basis. This was primarily to reflect the fact that from a clinical and hosted services’ perspective, the standards of delivery pertaining to Health would involve staff employed by NHS Lanarkshire and consequently these standards operate across both North and South Partnership areas.

16.6. A Support, Care and Clinical Governance Group was established for the South Lanarkshire Health and Social Care Partnership. The Support, Care and Clinical Governance Framework was approved by the IJB on 14 February 2017.

16.7. The Performance and Audit Sub-Committee monitors performance targets and service standards. Measuring the performance of services and related projects ensures that they are delivered in accordance with defined outcomes and that they represent the best use of resources and value for money.

16.8. External scrutiny is provided by the Care Inspectorate which regulates, inspects and supports improvement of adult social work and social care.

17. Equality Responsibilities

17.1. The Equality Act 2010 stipulates that all public bodies across Scotland are required to produce and deliver a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty. The duty has two parts - a General Duty and Specific Duties. The General Duty came into force in April 2011 and applies to any organisation which carries out a public function, requiring due regard to be given to the need to:

♦ eliminate discrimination, harassment, victimisation and any other conduct that is prohibited under this Act
♦ advance equality of opportunity between persons who share a relevant characteristic and persons who do not
♦ Foster good relations between people who share a protected characteristic and those who do not
17.2. The purpose of the general Equality Duty is to ensure that all public bodies mainstream equality into their day to day business by proactively advancing equality, encouraging good community relations and addressing discrimination. The current duty requires equality to be considered in relation to key functions including the development of internal and external policies, decision-making processes, procurement, service delivery and improving outcomes for service users.

17.3. In May 2012, further Specific duties came into force to support public bodies in their performance of the general equality duty. This places a statutory duty on designated public bodies to:

- report progress on mainstreaming the public sector equality duty
- publish equality outcomes and report progress
- assess and review policies and practices (impact assessment)
- consider award criteria and conditions in relation to public procurement
- publish in a manner that is accessible

17.4. As a listed public authority in Schedule 19 of the Equality Act 2010, the IJB must report on how it proposes to meet the equality duty and set out the equality outcomes and mainstreaming actions for the coming year. As the South Lanarkshire IJB does not currently have any employees of its own it is not required to meet the various employee reporting regulations. These requirements will continue to be reported through the two employing bodies, NHS Lanarkshire (NHSL) and South Lanarkshire Council (SLC). As such the Equality Outcomes of both employing bodies should inform and compliment the Equality Outcomes established for the IJB.

17.5. The IJB’s Strategic Plan will set out how integrated Health and Social Care support and services will be delivered in the future and will build on the wide engagement with the people of South Lanarkshire, users of service, their carers, their communities, independent and third sector providers and practitioners. To ensure successful delivery of the plan, it is vital that the IJB is fully committed to the values and ethos placed upon it by the Equality Act 2010, ensuring equality is mainstreamed in business and that everyone in South Lanarkshire has equal opportunities regardless of their age, ability, gender, sexual orientation, race, belief, childbearing or marital status.

17.6. IJB’s are required to publish Equality Outcomes, which will be reported every two years. Specific consultation on the IJB’s identified equality outcome framework will be targeted at specific protected characteristics groups within our four locality areas and their responses will assist shape the first mainstreaming equality report of the South Lanarkshire Health and Social Care Partnership.

18. Audit Arrangements

18.1. The audit assurance arrangements conform to the governance requirements of the CIPFA Statement on the Role of the Head of Internal Audit (2010). A risk based internal audit plan for the IJB has been agreed. The audit plan considers the risks associated with the Strategic Plan and planning process; the financial plan underpinning the Strategic Plan; and relevant issues raised from the partner Health Board and local authority internal auditors. The IJB provides timely support, information and responses to external auditors and properly considers audit findings and recommendations at the Performance and Audit Sub-Committee.
18.2. The IJB established adequate and proportionate internal audit arrangements for the review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This included determining who is to provide the internal audit service for the IJB and nominating joint NHSL and SLC Chief Internal Auditors. The risk based audit plans for the IJB, local authority and Health Board are co-ordinated to ensure proper coverage, avoid duplication of efforts and determine areas of reliance from the work of each team.

18.3. The operational delivery of services within the Heath Board and local authority on behalf of the IJB will be covered by their respective internal audit arrangements as at present.

18.4. The risk based audit plan should be developed by the Chief Internal Auditors of the IJB, approved by the IJB and shared with the relevant committees of the Health Board and local authority. The IJB annual internal audit report may also be shared as appropriate with the partner NHSL and SLC through the reporting arrangements in those bodies for internal audit.

19. Responsibilities Arising from the Code of Corporate Governance

19.1. It is the responsibility of the Chair and the Chief Officer to ensure that Board members and staff understand their responsibilities. Board Members and relevant managers shall receive copies of the Code of Corporate Governance. Managers are responsible for ensuring their staff understands their responsibilities.

19.2. The Code of Corporate Governance will be published on the Board’s Intranet and on the Board’s public website.

20. Annual Governance Statement

20.1. The IJB is committed to keeping the Code of Corporate Governance under review and will undertake a comprehensive review annually. The IJB is required to prepare an Annual Governance Statement in order to report publicly on the extent to which it complies with its own code of governance, which in turn is consistent with the good governance principles in the framework.

20.2. The IJB is required to conduct a review at least once in a year of the effectiveness of its system of internal control and to report publicly on compliance with its own code on an annual basis and on how it has monitored the effectiveness of its governance arrangements in the year and on planned changes.

20.3. The Annual Governance Statement therefore reports on the outcome of this review and is included in the Annual Accounts. This is a valuable means of communication. It enables the IJB to explain to the community, service users and other stakeholders its governance arrangements and the controls it has in place to manage risks of failure in delivering its outcomes.

20.4. The basis of the Annual Governance Statement will be an overview of an opinion on the IJB’s arrangements contained in the approved local Code. The Annual Governance Statement will provide assurance that internal control and governance arrangements are adequate and operating effectively in practice or, where reviews of the internal control and governance arrangements reveal gaps; it will identify planned actions that will ensure effective internal control and governance in the future.
20.5. The annual review, scrutiny and reporting processes will be in alignment with the publication of the Annual Accounts and Performance Information, which will include the Annual Governance Statement signed by the Chief Officer and the Chair of the IJB. An Annual Performance report on Health and Social Care Integration will be prepared by the Chief Officer, presented to the IJB for approval and submitted as laid out in regulations.

20.6. The Annual Governance Statement will include a review of the collective performance of the IJB including previously identified actions and the progress made against implementation. Self-assessment of Board’s performance should follow the framework.

20.7. Any failures of controls (financial or otherwise) will be considered for disclosure within the Annual Governance Statement along with any remedial actions identified for significant failures. Factors which indicate a significant failure include, but are not limited to: matters reported on by internal or external audit; increased risk to service delivery; impacts to planned use of resources; material impact to the financial statements; risks to data integrity or patient confidentiality, including any lapses of data security; and breaches of the Financial Regulations and/or Standing Orders.

21. **Independent assurances**

21.1. The review by the Chief Officer should be supported by internal and independent assurances, including those of the internal and external audit. Internal and external auditors read the governance statement and consider whether it reflects compliance with the essential features. They will confirm that there is no information that is materially incorrect based on, or inconsistent with, their knowledge of the IJB, or that would otherwise be misleading.

22. **Ongoing Review and Continuous Improvement**

22.1. The IJB is committed to improving governance on a continuing basis through a process of evaluation and review to ensure compliance with best practice guidance and, when necessary, measures will be put in place to address areas identified for improvement. This includes how we have monitored and evaluated the effectiveness of our governance arrangements in the year, and on any planned changes in the coming period. Monitoring also includes self assessment and improvement planning.

22.2. The arrangements each year are subject to annual review to consider any revised guidance issued from the Scottish Government or Audit Scotland. The IJB may also, on its own or if directed by the Scottish Ministers, vary and revoke Standing Orders for the regulation of the procedure of business of the IJB and of its Sub-Committee. The Performance and Audit Sub-Committee has a role in advising the IJB on these matters.

23. **Communication Strategy**

23.1. Central to the success of Health and Social Care Integration is that communities (the public/staff/partners and stakeholders) know about, understand and commit to our overall vision, priorities and strategic objectives which are clearly linked to the nine national health and well being outcomes.

23.2. Effective, innovative and timely communication, tailored to each of South Lanarkshire’s four localities, will be imperative to achieving this. In delivering the Communication Strategy we will follow best practice, making use of appropriate tried-and-tested communications methods and channels. We will identify any existing communication gaps and develop innovative and creative approaches to addressing these. The Communication Strategy will also present a consistent narrative which runs through all communications activity, with an emphasis on optimising awareness, understanding and supporting participation, especially at locality level.
23.3. The IJB also aims to continuously improve service delivery and it is important that this Code remains relevant. We would therefore be happy to hear from you with regard to new operational procedures, changes to legislation, confusion regarding the interpretation of statements or any other matter connected with the Code.

24. Conclusion - Good Governance in Practice
24.1. The IJB promotes the application of these values and principles in all its operations and expects high standards of conduct and behaviour. Good Governance principles and values must be followed in any work, activity or decision undertaken on behalf of the IJB. Good Governance underpins all of the IJB’s strategies, plans, policies, frameworks, procedures and activities which involve employees and IJB members. Partnership activities and plans rely upon the input and overview of IJB members who represent South Lanarkshire’s communities and are essential to decision making and scrutiny responsibilities.

24.2. The Code of Corporate Governance sets out the systems established to achieve good governance arrangements. IJB Members and officers are expected to be aware of and must adhere to the values, the governance and the conduct principles in all IJB related activity.
Supporting Documentation
Compliance with legislation and the Integration Scheme

South Lanarkshire Integration Scheme
South Lanarkshire Strategic Commissioning Plan 2016 to 2019
South Lanarkshire IJB Strategic Commissioning Plan Implementation Plan
South Lanarkshire IJB Communications Strategy
South Lanarkshire IJB Performance and Audit Sub-Committee Terms of Reference
South Lanarkshire IJB Performance and Audit Sub-Committee
South Lanarkshire IJB Recruitment Committee
South Lanarkshire IJB Operating Arrangements
South Lanarkshire IJB Member Role Profiles
South Lanarkshire IJB Code of Conduct
South Lanarkshire IJB Reserves Policy and Strategy
South Lanarkshire IJB Scheme of Delegation
South Lanarkshire IJB Risk Management Arrangements
South Lanarkshire IJB Risk Management and Risk Registers
South Lanarkshire IJB Partnership Performance Reporting Framework
South Lanarkshire IJB Performance Measurement
South Lanarkshire IJB Support Care and Clinical Governance Framework
South Lanarkshire Mainstreaming Equality
South Lanarkshire IJB Mainstreaming Equalities Report
South Lanarkshire IJB Internal Audit Service
South Lanarkshire IJB Internal Audit Plan
South Lanarkshire IJB External Audit Plan
South Lanarkshire IJB Information Sharing Protocol
South Lanarkshire IJB Standards Officer
South Lanarkshire IJB Publication Scheme
South Lanarkshire IJB Complaints Process