



North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

SUPPLEMENTARY AGENDA

for the consideration of
the North Ayrshire Council at its
meeting on 4 October 2017

Business

14. Review of Health and Social Care Integration Scheme in North Ayrshire

Submit report by the Chief Executive on the finding of Stage 1 of the Review of the Integration Scheme for North Ayrshire Health and Social Care Partnership and on the proposed next steps

NORTH AYRSHIRE COUNCIL

Agenda Item 14

4 October 2017

North Ayrshire Council

Title: **Review of Health and Social Care Integration Scheme in North Ayrshire**

Purpose: This paper provides an overview of the finding of Stage 1 of the Review of the North Ayrshire Integration Scheme and seeks approval for proposed next steps.

Recommendation: That Council (a) considers representations received in response to the first stage review of North Ayrshire Integration Scheme; and (b) agrees

(i) that the issues identified in Section 2.15 require further consideration with partners and the Scottish Government;

(ii) that pending such further consideration it is premature to amend the North Ayrshire Integration Scheme and any further review of the Scheme will be held in abeyance until recommendation (i) is complete;

(iii) to agree to receive a future report detailing progress made in addressing the issues raised in the review; and

(iv) to note the report will be considered at NHS Ayrshire & Arran Health Board Meeting on 9 October 2017.

1. Executive Summary

- 1.1 The purpose of this report is to present the summary of findings from the review of the Integration Scheme between North Ayrshire Council and NHS Ayrshire & Arran, and; to seek agreement for the next steps in addressing the issues highlighted by the review.

2. Background

- 2.1 On 28 June 2017, North Ayrshire Council considered and approved a report setting out the proposals to review the arrangements for Planning, Commissioning and Delivery of Health and Social Care Services through a review of the Integration Scheme between North Ayrshire Council and NHS Ayrshire & Arran.

- 2.2 NHS Ayrshire & Arran and East Ayrshire Council, respectively, considered a similar report approving a simultaneous review to be carried out of the East Ayrshire Integration Scheme. South Ayrshire Council confirmed at the NHS Ayrshire & Arran Board Meeting on 26 June 2017 that they did not wish to participate in the review at this time.

Integration Scheme

- 2.3 The Public Bodies (Joint Working) (Scotland) Act 2014 is the Act that provides the framework for the integration of local authority services with health services. An Integration Scheme is the Partnership Agreement between the Council and NHS Board to establish an Integration Joint Board (IJB) for their local Council area.
- 2.4 The planning and delivery of integrated Health and Social Care requires to be published in a Strategic Plan developed by an IJB. This requires to express the Integration Joint Board's ambitions over the period of the plan and the commissioning arrangements to deliver within the available resources. All three Ayrshire Partnerships developed Strategic Plans that cover the first three years of operation, 2015/18.
- 2.5 Each Integration Scheme requires to be reviewed every five years, or earlier on the request of the local authority or the Health Board in terms of Section 45(2). The first stage of any review requires the local authority and Health Board to jointly carry out a review of the scheme for the purpose of identifying whether any changes to the scheme are necessary or desirable. This would be a separate review by each local authority with the Health Board. A second stage review would consider the detail of any proposed changes.
- 2.6 Any such review must pay due regard to the integration planning principles and the national health and wellbeing outcomes and the same consultation provisions apply as to a new Integration Scheme. The standard consultees who must be consulted are health professionals, users of health care, carers of users of health care, non-commercial providers of health care, social care professionals, users of social care, carers of users of social care, commercial providers of social care, non-commercial providers of social care, staff of the Health Board and local authorities who are not health professionals or social care professionals, non-commercial providers of social housing and third sector bodies carrying out activities related to health or social care.
- 2.7 After taking account of any views of those consulted the local authority and Health Board must decide whether any changes to the scheme are necessary or desirable.

Review Programme for Integration Scheme

2.8 The timetable associated with a review of the Integration Schemes was agreed and the progress is noted below:

FIRST STAGE REVIEW PROCESS	
Agreement to review the Integration Scheme to identify whether any changes to the scheme are necessary or desirable (Councils/Health Board/IJBs) and agree consultation.	June 2017 Completed
Confirm intent and timetable with Integration Joint Boards, Scottish Ministers and Civil Servants.	June 2017 Completed
Consultation on review to identify whether any changes to the scheme are necessary or desirable, including the option to merge the existing Integration Schemes.	July 2017 August 2017 Completed
Outcome of the consultation submitted to Councils, Health Board and IJBs - to include any proposals to consult on a new Integration Scheme.	September 2017 This report
SECOND STAGE REVIEW PROCESS	
Consult on new Integration Scheme.	October/ November 2017
Consultation on a new single Strategic Plan.	October 2017 February 2018
Draft scheme negotiated with Scottish Government.	December 2017 - January 2018
Agreement to submit new Integration Scheme to Scottish Ministers.	February 2018
Final sign off and approval by Councils, Health Board and Scottish Government of a new Integration Scheme.	March 2018
New Single Strategic Plan signed off by single Integration Joint Board.	April 2018

2.9 In summary, the legislation envisages a three stage process before a new integration scheme could be created.

- Firstly, separate but simultaneous reviews of each Integration Scheme
- Following consideration of the consultation findings, new Integration Schemes, or a new single Integration Scheme would be prepared for further consultation. This would be subject to the same extensive consultation process.
- Scottish Ministers would hold a final consultation.

First Consultation Update

- 2.10 The first stage consultation programme was organised over a four week period in August 2017. The format of the consultation programme included face to face events by the Director of Health and Social Care and Senior Managers. Events were held with GP Forum, Third and Independent Sector Provider's Forum, Strategic Planning Group, Integration Joint Board, Staff Partnership Forum, Public Participation Network, and a range of staff groups within the Health and Social Care Partnership (Appendix 1).
- 2.11 In addition, an online and hard copy questionnaire was made available for individual feedback to employees, partners and stakeholders. A total of 284 responses were received with 190 people attending the face to face events and an additional 94 people responding to the online questionnaire.
- 2.12 The questionnaire focused on considering whether there was a case for change to the Integration Scheme and in particular addressed all sections of the Scheme as detailed below. In addition, a specific question was included to assess whether respondents felt that the review was "necessary or desirable" as detailed in Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014.
- Governance
 - Scope of Services - Lead Partnership
 - Strategic Commissioning Plans and Locality Planning
 - Performance Reporting and National Health and Wellbeing Outcomes
 - Health and Care Governance
 - Workforce
 - Finance
 - Participation and Engagement
 - Data Sharing

Consultation Results

- 2.13 The collated results identified the following broad themes. A full copy of the summarised findings are attached at Appendix 2.
- There is no majority support in North Ayrshire for a change to the current Integration Scheme. However there is a recognition of the need to improve working arrangements in some areas.
 - This position may have altered had South Ayrshire been involved in the review.
 - Feedback highlights that stakeholders have begun to form a cohesive North Partnership identity.

- There is a need to review the current arrangements for the Lead Partnership. This requires the development of robust protocols. In the event that Lead Partnerships do not continue to hold budgetary responsibility, this will require a change in the Integration Scheme. Changing which services each Partnership is the lead for can be amended through Annexes.
- There is a need for the Partnerships to enact Section 4.1.4 relating to the planning of acute unscheduled care services.
- Protocols are required to enhance financial, performance and data sharing arrangements between organisations as these areas are perceived by stakeholders to be the most challenging.
- Issues relating to different sets of terms and conditions, information systems and data sharing may require additional support from Scottish Government

Integration Scheme Section	Summary of Contents
Governance	<ul style="list-style-type: none"> ● Arrangements are working reasonably well but can rely on existing good relationships rather than formal mechanisms. ● Concern that the impact of decisions made in one area have effects on other IJB areas. ● Duplication of effort across Ayrshire.
Scope of Services - Lead Partnership	<ul style="list-style-type: none"> ● Complexity and confusion as different Lead Partnerships have different services. ● Services between IJBs feel inequitable for service users. ● Risks around Pan Ayrshire working and Lead Partnership arrangements and potential for overspends, with lack of clarity as to who is liable.
Strategic Commissioning Plans and Locality Planning	<ul style="list-style-type: none"> ● Need to protect good practice at the local area. ● Three areas have differing approaches and priorities which can lead to differing and inequitable services and access. ● Good engagement and involvement of localities and other stakeholders when developing the Strategic Plan. ● The IJB has made a good start with locality planning. ● Strategically there are clear links back to the Council Plan, Local Delivery Plan and Community Planning.

Performance Reporting and National Health and Wellbeing Outcomes	<ul style="list-style-type: none"> • Perceived risk of reputational damage as a result of poor performance in other areas, e.g. GP Practices, MSK (Musculoskeletal Services) and delayed discharges. • Duplication of reporting processes. • The inconsistencies and risks of information gathering, outdated systems and locality held data bases. • Some good examples of performance reporting, e.g. Annual Performance Report.
Health and Care Governance	<ul style="list-style-type: none"> • The governance structure is complex, with lots of different groups feeling like they have a role in governance. • There is a good deal of support to ensure professional structures support governance. Requires to reflect greater strategic overview. • This arrangements is now well embedded and is impacting positively on our ability to deliver health and care governance.
Workforce	<ul style="list-style-type: none"> • Two sets of terms and conditions and two different organisational cultures and ways of doing things creates confusion and duplication. • There is a difficulty in creating a sense of a Health and Social Care Partnership as a joint workforce due to the point above.
Finance	<ul style="list-style-type: none"> • The reporting works well and good information is provided. • General agreement that financial reporting and control mechanisms are tight and efficient but concern over potential for real conflict on overspend or in lead partnership decision making. • Fiscal pressures are now having a direct impact on the ability to provide safe sustainable and high quality services. • The budget setting process is very cumbersome and has not aligned in practical terms to the spirit of the Integration Scheme.
Participation and Engagement	<ul style="list-style-type: none"> • General comment that this has been a successful element of the Health and Social Care Partnerships with IJBs encouraging "going beyond" the normal consultation areas and processes. • There is a high degree of stakeholder engagement.

Data Sharing	<ul style="list-style-type: none"> • There was consensus that sharing of information was fundamental to successful integration, operationally not working, systems were incompatible and processes cumbersome. • There are clear examples at frontline of practitioners integrating more and this is helping the sharing of relevant data at this level.
Necessary or desirable	<ul style="list-style-type: none"> • No clear benefits identified in bring together the two IJBs. • Benefits identified in moving to a pan Ayrshire IJB. • The openness and transparency of the scheme needs to be improved; however the scheme itself does not need to be changed. • Integration on the ground is working well. • Changes that are required and areas for improvement could be resolved with stronger operational management, leadership and clean protocols.

Meeting with Scottish Government

2.14 A meeting was held with members of the Scottish Government's Integration Team on Tuesday, 29 August to gain an understanding of their views on the review process and potential findings. Government colleagues reflected that:

- The essence of the Act has a strong theme of localisation, investing power and responsibility at local level. There is a need to ensure Ayrshire does not stray from this.
- Ayrshire would need to convince Ministers that any changes would have improved outcomes for citizens at the centre.
- There would be significant difficulties if revisions to two of the Ayrshire Schemes were being requested having implications for a third, who have not consulted with their stakeholders.
- It is advisable that the Ayrshire public bodies identify the challenges, and work through these together, with support from Scottish Government.
- Scottish Government will be keen to examine and explore the issues raised locally through this Stage 1 review, as some of these are likely to have implications across Scotland.

Conclusion

2.15 The first stage review process has confirmed a number of areas that require to be addressed in order to improve, planning, governance and delivery of Health and Social Care Services in Ayrshire. These include:-

Collaboration across Ayrshire has demonstrated strong alignment across all three Ayrshire Partnerships in developing the Integration Schemes and Lead partnership arrangements. The arrangements are however complex, data sharing cumbersome, human resource intensive and can be slow in decision making;

Decision making being made by one IJB which impact on the other two IJB's without due regard or consultation with the other areas. This is particularly exacerbated in relation to lead partnerships;

Financial Governance -The arrangements for financial accountability between IJB's in relation to Lead Partnership arrangements requires review, there is potential for conflict over budget setting, detrimental impact of decision by IJBs and overspends;

Performance Governance - Legislation requires that decisions made by an IJB that have an impact on neighbouring IJB's require to be consulted upon. In the Ayrshire Lead Partnership model this is even more evident as decisions made by a Lead Partnership IJB have direct impact on services in other areas and on NHS Ayrshire and Arran Acute Services. These issues are not limited to lead partnership arrangements and can include strategic service and finance decision of an IJB that impact adversely on residents of another area;

Financial Context - On an annual basis the IJB's are required to agree that the finance available from NHS/Councils is sufficient to deliver on the Strategic Plan. With increasing demand and restrictions on public sector funding, this is increasingly difficult. This presents a risk to early intervention and preventative services.

2.16 In terms of addressing these issues the review has identified that the full powers of the current Integration Scheme have not been utilised and there is further scope to take action within current arrangements. In terms of evidencing the necessity for change, Scottish Government would anticipate to see the full powers being exhausted.

2.17 The overall conclusion in relation to the North Ayrshire Integration Scheme is that although stakeholders identified issues that require addressed and changes that would be desirable, it is not evidenced that it is necessary to change the Scheme at this time. It is therefore proposed that any further consideration of change to the Integration Scheme is held in abeyance until further work on the above issues are addressed.

3. Proposals

3.1 In light of the feedback received from Stage 1 of the Review of Integration, the following is proposed:

- The Council considers representations received in response to the first stage review of North Ayrshire Integration Scheme; and agrees
 1. that the issues identified in paragraph 2.15 require further consideration with partners and the Scottish Government;
 2. that pending such further consideration it is premature to amend the North Ayrshire Integration Scheme and any further review of the Scheme will be held in abeyance until recommendation (1) is complete; and
 3. to agree to receive a future report detailing progress made in addressing the issues in the review and
 4. to note the report will be considered at NHS Ayrshire & Arran Health Board Meeting on 9 October 2017

4. Implications

Financial:	Strategic Planning for Health and Social Care Partnerships requires financial planning for delivery within the delegated resources provided by North Ayrshire Council and NHS Ayrshire & Arran. The review highlighted that arrangements for financial accountability between the three Ayrshire Integrated Joint Boards (IJBs) in relation to Lead Partnership arrangements requires review, due to potential for conflict over budget setting and detrimental impact of decision by IJBs and any associated overspends. These proposals seek to develop protocols to enhance the arrangements relating to finance between the IJBs.
Human Resources:	The legislation requires that all stakeholders should be consulted on as part of the review. Section two of this report outlines the involvement of employees, partners and stakeholders and has therefore been complied with.
Legal:	The proposed review of the Integration Scheme is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
Equality:	One of the key purposes of the Integration of Health and Social Care is to address the needs of an ageing population and help reduce significant variations of life expectancy, largely linked to levels of deprivation and inequalities.
Environmental & Sustainability:	There are no environmental and sustainability issues arising out of this report.
Key Priorities:	The outcomes from the delivery of integrated Health and Social Care are in line with the

	Councils priorities; to Work Together to Develop Stronger Communities and Supporting All of Our People to Stay Safe, Healthy and Active. In addition, they link to the Scottish Governments strategic objectives to create; A Healthier Scotland, A Wealthier and Fairer Scotland and A Safer and Stronger Scotland.
Community Benefits:	This report will not result in the payment of any additional community benefits.

5. Consultation

- 5.1 The first stage of the review process undertook considerable consultation of North Ayrshire Health and Social Care Partnership stakeholders. This provided a total of 284 responses received from 190 people attending face to face sessions and an additional 94 people responding to the online questionnaire. Section 2 of this report provides more detailed information about the consultation and its findings.



ELMA MURRAY
Chief Executive

Reference : JG/KB

For further information please contact Andrew Fraser, Head of Democratic Services on 01294 324125

Background Papers

Consultation responses

Appendix 1 – Review of Integration Groups involved

Group Name
Integration Joint Board
NAHSCP Strategic Planning Group
NAHSCP Health and Care Governance Group (HCGG)
North Ayrshire Providers Forum
NAHSP Partnership Senior Management Team
NAHSCP Health and Community Care Senior Management Team
Children, Families and Criminal Justice SMT
NAHSCP Mental Health Senior Management Team
Public Partnership Forum
GP Locality Forum

Appendix 2 : NAHSCP Integration Scheme Review – A Case for Change?

Information collated to 1 September 2017

199 Comments from Groups – Pages 3 to 36

417 Comments from individuals' provided in 94 completed surveys - Pages 38 to 125

The following questions have been asked of each of the group members:

- ✓ Question 1: Do you think governance arrangements are working well?
- ✓ Question 2: Do you think the services included in the scope and the Lead Partnership arrangements are working well?
- ✓ Question 3: Do you think Strategic planning and locality arrangements are working well?
- ✓ Question 4: Do you think performance monitoring and meeting national outcomes is working well?
- ✓ Question 5: Do you think Health and Care Governance is working well?
- ✓ Question 6: Do you think workforce planning and organisational development is working well?
- ✓ Question 7: Do you think financial management and/or reporting is working well?
- ✓ Question 8: Do you think Participation and engagement of stakeholders is working well?
- ✓ Question 9: Do you think data sharing and information management is working well?
- ✓ Question 10: Do you think changes in the Integration Scheme(s) are necessary or desirable?

The Groups engaged and their responses were as follows:

Group Name	Number of responses	Majority support for Change to integration scheme
Integration Joint Board	43 Comments	No
NAHSCP Strategic Planning Group	5 Comments	No
NAHSCP Health and Care Governance Group (HCGG)	7 responses	No

North Ayrshire Providers Forum	3 Comments	No
NAHSP Partnership Senior Management Team	40 Comments	No
NAHSCP Health and Community Care Senior Management Team	37 Comments	No
Children, Families and Criminal Justice SMT	20 Comments	No
NAHSCP Mental Health Senior Management Team	22 comments	No
Public Partnership Forum	8 Comments	No
GP Locality Forum	12 Comments	No

The engagement with groups generated a total of 199 responses with the following response weighting for each question¹:

Reference to Integration scheme	Total Responses	% of total responses	Scale
Governance	29	14%	3
Scope of services	40	21%	Highest 1
Strategic Commissioning Plan	24	12%	4
Clinical and Care Governance	22	11%	5
Performance	7	3%	Lowest 8
Workforce	21	11%	5
Finance	28	15%	2
Engagement	12	6%	7
Data Sharing	14	7%	6
Total	197	100%	

¹ The general comments and integration scheme yes/no question excluded

NAHSCP Integration Scheme Review – A Case for Change ?

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
1.	NAHSCP Integration Joint Board	IJB strength is from the consensus and joint working of all partners around the table. Would not want to lose this approach and the value this brings.	Governance	None	Noted	No	General comment
2.	NAHSCP Integration Joint Board	In the event that the outcomes of Phase 1 review reach different conclusions in East and North how will this outcome be resolved?	Governance	None	Noted - a contrast and compare would be assisted by legal team	No	Passed to Chief Executives
3.	NAHSCP Integration Joint Board	How is the decision making about a change made – currently NHS Board and Council Cabinet – should IJB not be a key decision maker too?	Governance	None	Noted – would adding in IJB as decision maker require a change to scheme?	Yes	Passed to legal
4.	NAHSCP Integration Joint Board	Given end of Phase 1 consultation has been reached – now too late for South to join. Could our approach be delayed for a year to allow South to join - as this may change deliberations? Health Board keen to see consistency of governance, financial probity and control, commissioning/procurement approach.	Governance	None	Noted	Yes – after 12 months	Passed to legal/Chief Executives

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
5.	NAHSCP Integration Joint Board	Issue that the agenda to create shared/single Ayrshire IJB driven by resource rather than needs focussed, inequalities and achieving outcomes.	Governance	None	Noted	No	General comment
6.	NAHSCP Integration Joint Board	Two tier structure of voting and non-voting members. All members should have right to vote	Governance	None	Noted – the voting rights are due to Body Corporate regulations	No	No action
7.	NAHSCP Integration Joint Board	The range and scope of services is well considered and the focus on achieving outcomes is the key driver.	Scope of Services	None	Noted	No	General comment
8.	NAHSCP Integration Joint Board	IJB recognises the hard work and team efforts of all working in North Ayrshire during tough financial times.	Scope of Services	None	Noted	No	General comment
9.	NAHSCP Integration Joint Board	IJBs not planning acute services or the set aside budget to shift the balance of care. An agreed future approach required.	Scope of Services	Section 4.1.4	For action	No	Improvement Plan
10.	NAHSCP Integration Joint Board	Lead partnership issues: Poor communications, service change with no consultation, budget decision making unclear, not inclusive.	Scope of Services	None	Review of annexe 3	No	Improvement Plan - for the development of protocols
11.	NAHSCP Integration Joint Board	Lead Partnership: Mental Health Director on 3 IJBs, Pan Ayrshire ARG & MH Transformational Change Board to ensure collaboration and consistent approach.	Scope of Services	None	Noted	No	General comment
12.	NAHSCP Integration Joint Board	Family Nurse Partnership Lead Partnership arrangement changed previously as system wide agreement. This did not need a change to the scheme.	Scope of Services	None	Noted	No	General comment

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
13.	NAHSCP Integration Joint Board	IJB recognise that some of the same issues that England has faced and proposed solutions e.g. removal of duplication costs and restructuring are not having an impact there.	Scope of Services	None	Noted	No	Improvement Plan
14.	NAHSCP Integration Joint Board	Strategic planning and locality planning a key strength. Good use of peer researchers to add value. Recognise that for key issues e.g. Inequalities a 3 year planning cycle may be too short.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	General comment
15.	NAHSCP Integration Joint Board	Need to ensure that acute service planning in next iteration of plans.	Strategic Commissioning Plans & Locality Planning	4.1.4	Enact full responsibilities for acute planning	No	Improvement Plan
16.	NAHSCP Integration Joint Board	Locality planning as the focus of future planning work and good interface with CPP as same priorities.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	General comment
17.	NAHSCP Integration Joint Board	Recognise that Locality Planning forms need to involve a wider range of people and young people.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
18.	NAHSCP Integration Joint Board	Good to have a representative from the Locality Planning Forums on IJB to be public representative replacing IJB moving forward.	Strategic Commissioning Plans & Locality Planning	None	Agreed	No	To be actioned. Improvement Plan
19.	NAHSCP Integration Joint Board	Service User and Carer representative training to be a member of IJB excellent.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	General comment

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
20.	NAHSCP Integration Joint Board	Governance in place across all professions to ensure a reduction in unintended consequences of service change and an opportunity for shared learning. New approaches in place e.g. care at home staff doing eye drops.	Health and Care Governance	None	Noted	No	General comment
21.	NAHSCP Integration Joint Board	Recognise need to evidence that safe levels of care, high clinical standards and learning are evidenced and sustained. It would be good to have third and independent representation on HCG Group	Health and Care Governance	None	Agreed	No	Passed to clinical and care governance group – Improvement Plan
22.	NAHSCP Integration Joint Board	Need to ensure probity through a learning organisation with a supportive culture.	Health and Care Governance	None	Noted	No	Improvement Plan
23.	NAHSCP Integration Joint Board	Good governance through audit committee however need to show that we have made a difference and ensure that lead partnership reporting e.g. Primary Care and Acute built in as a matter of routine	Performance	None	Action	No	Improvement Plan - Passed to Planning and Performance
24.	NAHSCP Integration Joint Board	Imatter very positive for the partnership against other public sector and top FTSE 50 performers.	Workforce	None	Noted	No	General Comment
25.	NAHSCP Integration Joint Board	NAHSCP mindset growing across staff groups and another reorganisation would be unhelpful. A second organisational change process if South joined would demotivate leaders and staff.	Workforce	None	Noted	No	General Comment

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
26.	NAHSCP Integration Joint Board	Different terms and conditions manageable for some groups but acting as a barrier for support staff – so business support review in place. IJB aware of risk of equal pay cases which separate employment status safeguards just now.	Workforce	None	Noted	No	National Issue
27.	NAHSCP Integration Joint Board	No budget for Partnership staff to support HR or finance as held corporately.	Workforce	None	Noted	No	Improvement Plan
28.	NAHSCP Integration Joint Board	Require system of cost benefit analysis that all agree so that receipts from property sale and bed days saved can provide resource to HSCP.	Workforce	None	Noted	No	Improvement Plan
29.	NAHSCP Integration Joint Board	IJB to be involved in workforce planning and to see the impact of the Kilwinning MDT as this will change the landscape for psychology, GPs etc.	Workforce	None	Noted	No	Improvement Plan - Passed to Workforce Planner
30.	NAHSCP Integration Joint Board	Annual financial report and chief officer well supported by finance team.	Finance	None	Noted	No	General Comment
31.	NAHSCP Integration Joint Board	Mismatch of public expectation, new range of interventions and unpredictable demand with resources available is creating pressure across system.	Finance	None	Noted	No	General Comment
32.	NAHSCP Integration Joint Board	Recognise no pooled budget created and that the different timescales for budget setting by NHS and Council unhelpful.	Finance	None	Noted	No	Improvement Plan
33.	NAHSCP Integration Joint Board	Some integration schemes nationally spilt operational and strategic responsibilities, which offers clearer responsibilities in an	Finance	None	Noted	No	General Comment

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		overspend position. NAHSCP has both which complicates relationships with partners. In other arrangements overspenders are directed to partner bodies to resolve in conjunction with the CEO.					
34.	NAHSCP Integration Joint Board	Need to ensure efficiency and tight specifications so can ensure that resources well used.	Finance	None	Noted	No	General Comment
35.	NAHSCP Integration Joint Board	Challenge of frontloading work in project way without parallel running costs needed.	Finance	None	Noted	No	General Comment
36.	NAHSCP Integration Joint Board	Reducing demand though early intervention and community resilience approaches will take time to have an impact.	Finance	None	Noted	No	General Comment
37.	NAHSCP Integration Joint Board	No involvement in the generation of primary care strategy – if poor behaviours already in place why would we join East?	Engagement	None	Noted	No	Improvement Plan
38.	NAHSCP Integration Joint Board	Engagement strategy been to IJB and recognise that scheme enables us to do more. We recognise that we still have lots to do.	Engagement	None	Noted	No	Improvement Plan
39.	NAHSCP Integration Joint Board	Risk that 1 IJB lose locality focus and East only 3 localities but North has 6 (same as CPP)	Engagement	None	Noted	No	General Comment
40.	NAHSCP Integration Joint Board	Need to strengthen Locality approach with networks investing in hard to reach groups and have resourced.	Engagement	None	Noted	No	Improvement Plan
41.	NAHSCP Integration Joint Board	Need to explore integrated system for IT using Scottish Govt. monies as no HSCP monies to support rationalisation of	Data Sharing	None	Noted	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		systems. Ayrshare and Semis Education systems work well.					
42.	NAHSCP Integration Joint Board	Data governance a significant barrier due to cultural, professional body advice and staff concerns. Most service users expect data to be shared to support their care and treatment. Information leaflets provided to all service users.	Data Sharing	None	Noted	No	Improvement Plan
43.	NAHSCP Integration Joint Board	NHS and NAC both have data governance officers but no mutual responsibility to keep IJB safe. Is this a gap that should be resolved?	Data Sharing	None	Noted	No	Improvement Plan
44.	NAHSCP Strategic Planning Group	How do we address uncertainty for funding around successful Integrated Change Fund projects, such as, Café Solace, BBV Mentors? Often a vast amount of work and effort is required to ensure smooth running. It was noted that the resources do not reflect the nature of the demand. How can projects that have brought added value to the strategic plan move forward?	Finance	None	Noted	No	Passed to PSMT Improvement Plan
45.	NAHSCP Strategic Planning Group	Huge differences have been made with regards to local work/projects. However the length of time it takes to receive approval from the three IJB's with regards to area wide issues, for example GP recruitment, could be improved. A review of the Scheme may be an opportunity to address these issues.	Governance	None	Noted	Yes	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
46.	NAHSCP Strategic Planning Group	there should be a single IJB , that includes partnership buildings, joint computer systems, joint working etc.	Governance	None	No change while South not involved.	No	National Issue
47.	NAHSCP Strategic Planning Group	A feeling of an ongoing struggle with Acute interfaces, but queried if this was more to do with existing cultures than existing arrangements.	Scope of Services	4.1.4	Fuller enactment of scheme	No	Improvement Plan
48.	NAHSCP Strategic Planning Group	[I have] to work closely with the Out of Hours Service. [My] experience in working within partnership services that lead on hosting different services works positively.	Scope of Services	None	No change	No	General statement
49.	NAHSCP Health and Care Governance Group (HCGG)	Concerns as there appears to be too many governance strands and how are these fed back out to the public domain. What is the validity of some of these groups?	Health and Care Governance	None	Noted	No	Passed to Clinical and Care Governance – Improvement Plan
50.	NAHSCP Health and Care Governance Group (HCGG)	Commissioning & procurement – how does this fit in to clinical & care governance? Should be delivered in accordance with the Strategic Plan.	Health and Care Governance	None	None	No	Improvement Plan
51.	NAHSCP Health and Care Governance Group (HCGG)	Staff have appropriate skills & knowledge – how do we evidence this?	Health and Care Governance	None	Noted	No	Passed to Clinical and Care Governance - Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
52.	NAHSCP Health and Care Governance Group (HCGG)	Professional leadership -ensure links right through governance -there are organisational alignments but also professional ones and we need to ensure these are correct	Health and Care Governance	None	Noted	No	Passed to Clinical and Care Governance
53.	NAHSCP Health and Care Governance Group (HCGG)	Group may wish to invite appropriately qualified individuals from other sectors	Health and Care Governance	None	Noted	No	Passed to Clinical and Care Governance
54.	NAHSCP Health and Care Governance Group (HCGG)	Is the role of the Health and Care Governance Group in line with 5.1.13	Health and Care Governance	5.1.13 The role of the Health and Care Governance Group	Noted	No	General Comment
55.	NAHSCP Health and Care Governance Group (HCGG)	Do we still have voting members named within the strategic plan attending or if they have fallen away?	Strategic Commissioning Plan	None	Noted	No	General Comment
56.	NA Providers Forum	One Ayrshire – why don't we go for it? One Ayrshire would be even more complicated.	Governance	None	Noted	No action if South not involved	Pass to Chief Executives
57.	NA Providers Forum	Big organisations are as good as their communications and information sharing. Even more need for a range of consultative events e.g. world cafe	Engagement	None	None	No	General statement
58.	NA Providers Forum	Shared information – there should be one record for one person- it should not be so hard to share information	Data Sharing	None	No change – this requires on-going discussion with	No	National Issue

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
					partners, investment in infrastructure and clear protocols		
59.	NAHSCP PSMT	Two tier structure of voting and non-voting members. All members should have right to vote	Governance	None	No change – the voting rights are due to Body Corporate regulations	No	National Issue
60.	NAHSCP PSMT	Do we need NAC (or NHS) officers from other departments to come along e.g. Connected Communities?	Governance	None	Noted	No	Improvement Plan
61.	NAHSCP PSMT	Governance – links to PFF in Terms of Reference – does this need amended?	Governance	None	Whist patient engagement is important – there is no specific mention of specific groups	No	No action
62.	NAHSCP PSMT	Need more acute representation	Governance	4.1.4	Fuller enactment	No	Improvement Plan
63.	NAHSCP PSMT	To include Criminal Justice and Children and Families was right this to do	Scope of Services	None	No change	No	General statement
64.	NAHSCP PSMT	Whole system working – this will be more challenging the bigger the system	Scope of Services	None	No change	No	General statement
65.	NAHSCP PSMT	Lead partnership issues – service cuts – Silo working – is not inclusive	Scope of Services	None	Review of annexe 3	No	Pass to SPOG/ Improvement Plan
66.	NAHSCP PSMT	Two hospital sites now but what are plans for reconfiguration of system – must ensure any changes match plans	Scope of Services	None	No change	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
67.	NAHSCP PSMT	If we do change Reconfiguration of acute – needs to be done at the same time	Scope of Services	None	No change	No	Improvement Plan
68.	NAHSCP PSMT	Relationship with some acute staff difficult due to historical structures	Engagement	None	No change	No	General statement Improvement Plan /
69.	NAHSCP PSMT	How will we enable the Balance of Care to change?	Strategic Commissioning Plans	4.1.4	Fuller enactment	No	Improvement Plan
70.	NAHSCP PSMT	Minimal representation at the IJB from Acute	Strategic Commissioning Plans	4.1.4	Fuller enactment	No	Improvement Plan
71.	NAHSCP PSMT	Overarching pan-Ayrshire financial strategy – taking into account the full picture for community and acute	Finance	None	Noted	No	Improvement Plan
72.	NAHSCP PSMT	Budgets are not fully integrated	Finance	None	Noted, however, this is also a reflection of the financial climate, than integration.	No	Improvement Plan
73.	NAHSCP PSMT	Pan-Ayrshire or Bi-partite budgets could be even more complex, difficulty getting elected member support	Finance	None	No change	No	Improvement Plan
74.	NAHSCP PSMT	The budgets processes do not align	Finance	None	No change	No	National Issue
75.	NAHSCP PSMT	Differing levels of financial transparency across NHS and NAC	Finance	None	No change	No	National Issue/Improve ment Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
76.	NAHSCP PSMT	No attributory gains – e.g. no budget given for bed days saved	Finance	4.1.4	Full enactment of scheme	No	Improvement Plan
77.	NAHSCP PSMT	Lack of sight of impact across the whole system e.g. care home use on acute	Finance	None	No change	No	Improvement Plan
78.	NAHSCP PSMT	Internal Savings (Corporate Support) and knock on effects from other departments e.g. transport	Finance	None	No change – this requires on-going budget discussion with partners	No	Discussion with partner organisations
79.	NAHSCP PSMT	Finance versus clinical risks e.g. staffing levels – impact of political views	Finance	None	No change	No	General statement
80.	NAHSCP PSMT	Clear set aside budget information required	Finance	4.1.4	Fuller enactment	No	Improvement Plan
81.	NAHSCP PSMT	LDP focussed on reduced spend rather than improved outcome's for people	Finance	None	No change	No	General statement
82.	NAHSCP PSMT	Shortages of skilled staff makes it difficult to recruit and re-design services	Workforce	None	No change	No	General statement
83.	NAHSCP PSMT	Organisational slowness re procedures/terms and conditions means issues cannot be taken forward	Workforce	None	No change	No	General statement
84.	NAHSCP PSMT	Not an employing organisation, means different terms and conditions, 2 sets staff management etc.	Workforce	None	No change – this is due to the body corporate model, but in current scheme can be employing body with ministerial approval	No	National Issue
85.	NAHSCP PSMT	Complexity of terms and conditions across North and East Ayrshire partnership	Workforce	None	None	No	National Issue

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
86.	NAHSCP PSMT	Across pan-Ayrshire there are too many local and Ayrshire wide governance groups	Clinical and Care Governance	None	None	No	Improvement Plan
87.	NAHSCP PSMT	Too many layers of governance – confusing and time consuming	Clinical and Care Governance	None	Noted	No	Improvement Plan
88.	NAHSCP PSMT	Governance should outline minimum standards across the system and wrap around service user need	Clinical and Care Governance	None	Noted	No	Passed to Clinical and Care Governance
89.	NAHSCP PSMT	Lack of uniformed approach to risk management – makes it difficult to manage risk	Clinical and Care Governance	None	Noted	No	Passed to Clinical and Care Governance
90.	NAHSCP PSMT	Complaints and Health & Safety – where do these reports go?	Clinical and Care Governance	None	Noted	No	Passed to Clinical and Care Governance
91.	NAHSCP PSMT	Caldicott Principles – complexity seems to lead to inaction?	Data Sharing	None	None	No	National Issue
92.	NAHSCP PSMT	Information sharing and access across 2 parties not working currently, adding more could make it more complex	Data Sharing	None	None	No	General statement
93.	NAHSCP PSMT	Localities – how would they be as successful if they were bigger or there were lots more of them?	Strategic Commissioning Plans	None	None	No	General statement
94.	NAHSCP PSMT	Will staff revert back to being NHS or LA if we get bigger?	Strategic Commissioning Plans	None	None	No	National Issue

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
95.	NAHSCP PSMT	Strategic plan responsibilities over set-aside budget need clarified	Strategic Commissioning Plans	4.1.4	Enact scheme	No	Improvement Plan
96.	NAHSCP PSMT	No shared planning with Acute services	Strategic Commissioning Plans	4.1.4	Enact scheme	No	Improvement Plan
97.	NAHSCP PSMT	More open access to information from partners – issues with accessing MH data – lack of health data across the piece and issues with Caldicott	Performance Reporting	None	No change	No	Improvement Plan
98.	NAHSCP PSMT	Lead Partnership Arrangements – no say in budget cuts/levels of safe practice – do we need to work differently?	Scope of Services	None	Unclear	Unclear	Improvement Plan
99.	NA Health & Community Care Senior Management Team (SMT)	Unclear who makes the ‘final’ decision? No one person has an oversight of the entire system	Governance	None	Unclear	Unclear	Improvement Plan
100.	NA Health & Community Care SMT	Layers of NHS/NAC procedures and governance confusing	Governance	None	Unclear	Unclear	Improvement Plan
101.	NA Health & Community Care SMT	I.J.B vs Cabinet/board – how often and how long it takes for decisions to be made – Issues re protected vs public papers	Governance	None	No change – this requires on-going discussion with partners and clear protocols	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
102.	NA Health & Community Care SMT	What goes to SPOG – where does SPOG sit in governance structure?	Governance	None	No change – this requires on-going discussion with partners and clear protocols	No	Discussion with partner organisations
103.	NA Health & Community Care SMT	Pan-Ayrshire governance – where are decisions are taken and who has the ultimate say	Scope of Services	None	Review of annexe 3/Role of SPOG	No	Improvement Plan
104.	NA Health & Community Care SMT	Slave to timescales and outcomes from NAC/NHS finance systems	Scope of Services	None	None	No	National Issue
105.	NA Health & Community Care SMT	Hosting services – not working well. Need for better links and working together e.g. Quarterly meeting for leads	Scope of Services	None	Review of annexe 3	No	Improvement Plan
106.	NA Health & Community Care SMT	NHS/NAC Corporate services on-going stripping back of services offered	Scope of Services	None	None	No	General statement
107.	NA Health & Community Care SMT	Tech and AHP's don't sit well together as part of Lead partnership responsibilities and more accountability is needed	Scope of Services	None	Review of annexe 3	No	Improvement Plan
108.	NA Health & Community Care SMT	Primary care – lack of consistency of supporting issue and therefore cherry picking involvement	Scope of Services	None	Review of annexe 3	No	Improvement Plan
109.	NA Health & Community Care SMT	Set aside budget – needs better planning – section 4.1.4 states the partnership should be Planning use of unscheduled care	Scope of Services	4.1.4	Enact scheme	No	Improvement Plan
110.	NA Health & Community Care SMT	Dis-integration of some pan-Ayrshire services making them less effective and causes duplication across partnerships e.g. EMH	Scope of Services	None	Discussion with partners and clear protocols	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
111.	NA Health & Community Care SMT	Equity of services and access to National post diagnostic data	Scope of Services	None	None	No	National issue
112.	NA Health & Community Care SMT	Sharing information and communicating across silos and improving Locality Planning	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
113.	NA Health & Community Care SMT	Number of strategic plans/links and dependencies between them. What priority is the priority?	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
114.	NA Health & Community Care SMT	Vision vs financial forecast (aspiration v reality) – they do not marry up	Strategic Commissioning Plans & Locality Planning	None	None	No	General statement
115.	NA Health & Community Care SMT	Finance – should we have 6 localities? Can we afford them?	Strategic Commissioning Plans & Locality Planning	None	None	No	Improvement Plan
116.	NA Health & Community Care SMT	Complex care vs anticipatory (does it work) – we need more evidence and to work together	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Passed to H&CC SMT Improvement Plan
117.	NA Health & Community Care SMT	20:20 vision – are we getting there – when will the balance of care tip	Strategic Commissioning Plans & Locality Planning	4.1.4	None	Enact scheme	Improvement Plan
118.	NA Health & Community Care SMT	One set of outcomes across Ayrshire - Too complex - too many	Performance Reporting	None	None	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
119.	NA Health & Community Care SMT	EMH Governance – splintered across three partnerships and acute	Health and Care Governance	None	None	No	Improvement Plan
120.	NA Health & Community Care SMT	Separate governance streams – not joined up! Who has the lead?	Health and Care Governance	None	No change –clear protocols	No	Improvement Plan
121.	NA Health & Community Care SMT	Basic care is suffering due to cut backs and resource issues	Workforce	None	Noted, however, this is a reflection of the financial climate, than integration.	No	Passed to PSMT Improvement Plan
122.	NA Health & Community Care SMT	Are we offering Safe services within the current funding envelope – safe for staff and local people?	Workforce	None	Noted, however, this is a reflection of the financial climate, than integration.	No	Passed to PSMT Improvement Plan
123.	NA Health & Community Care SMT	Health Occupational Health and HR – does not support people to move past issues	Workforce	None	Noted	No	Passed to PSMT
124.	NA Health & Community Care SMT	Serious conversation re sickness and redeployment - Terms and conditions – public holidays – one employer	Workforce	None	Noted, however, this is due to the model of integration	No	National Issue
125.	NA Health & Community Care SMT	Enough budgets – to pay salaries e.g. right point on scale– if independent	Workforce	None	Noted	No	National Issue
126.	NA Health & Community Care SMT	One Ayrshire - More disruption - More complex – it’s difficult enough now	Workforce	None	None – unless South Involved	No	National Issue
127.	NA Health & Community Care SMT	Savings – should be on the basis of what factual information? – feels like a fait a complis.	Finance	None	Noted, however, this is a reflection of the	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
					financial climate, than integration.		
128.	NA Health & Community Care SMT	Set aside budget – how can we plan this better	Finance	4.1.4	Enable scheme	No	Improvement Plan
129.	NA Health & Community Care SMT	Financial driven decisions (PAN Ayrshire)	Finance	None	None	No	General statement
130.	NA Health & Community Care SMT	There is a lack of consistency and differing baselines for Risk management	Finance	None	No change – this requires on-going discussion with partners and clear protocols	No	Improvement Plan
131.	NA Health & Community Care SMT	2 budgets very different - different time scales and management	Finance	None	No change – this is linked to national budget setting	No	National Issue
132.	NA Health & Community Care SMT	CPP vs LPP's- confusing – same topics – are they just duplication	Engagement	None	Noted, however, in North Ayrshire the locality groups have different roles and functions	No	No action
133.	NA Health & Community Care SMT	Confusing landscapes for engagement	Engagement	None	None	No	Improvement Plan
134.	NA Health & Community Care SMT	Industry – data sharing agreement needed from Scottish Government	Data Sharing	None	Noted	No	National Issue

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
135.	NA Health & Community Care SMT	Blocking the way rather than supporting care and support	Data Sharing	None	No change – this requires on-going discussion with partners and clear protocols	No	National Issue
136.	NA Health & Community Care SMT	Different systems – don't talk – this will be even more difficult if we merge with other areas.	Data Sharing	None	No change – this requires on-going discussion with partners and clear protocols	No	National Issue
137.	Children, Families and Criminal Justice Senior Management Team (SMT)	Brilliant third and independent sectors representation as well as carers and service uses widespread representation maybe a young person could be on the IJB?	Governance	None	Noted	No	Improvement Plan
138.	Children, Families and Criminal Justice SMT	It was a good decision that all health and care services stayed together – we have a level of strength although there are financial vulnerabilities	Scope of Services	None	None	No	General statement
139.	Children, Families and Criminal Justice SMT	Mental health, addictions, criminal justice service represents the most vulnerable families - have we maximised what we can do?	Scope of Services	None	None	No	Improvement Plan
140.	Children, Families and Criminal Justice SMT	Partnership Ayrshire wide children and families and family nurse partnership had its benefits re standardisation - therefore more challenging across 3 partnerships	Scope of Services	None	None – without South	No	General statement

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
141.	Children, Families and Criminal Justice SMT	challenges with regard to out of hours – previously we did not have a good system but now we have benefits to a pan Ayrshire system	Scope of Services	None	None	No	General statement
142.	Children, Families and Criminal Justice SMT	North different from other Ayrshires - different levels of services e.g. money matters and health visitors not the same across Ayrshire	Scope of Services	None	None	No	General statement
143.	Children, Families and Criminal Justice SMT	Mental health good thing for North because we have Woodland view and CAHMS - biggest growing areas in Scotland	Scope of Services	None	None	No	General statement
144.	Children, Families and Criminal Justice SMT	No plans in place if Lead Partnership over spends or reduces budget – which is a bit of a risk e.g. cutting AHP's - some central decision-making and accountability is needed	Scope of Services	None	Review of annexe 3	No	Improvement Plan
145.	Children, Families and Criminal Justice SMT	Locality planning is confusing with HSCP localities and CPP localities – we could be smarter	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
146.	Children, Families and Criminal Justice SMT	Children services plan – fabulous as it is written for children – however, we don't do as much follow-up as we should with all plans	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
147.	Children, Families and Criminal Justice SMT	Touch points - meaningful performance with team – should have a clear purpose – it's not as robust as it should be.	Performance Reporting	None	Noted	No	Improvement Plan
148.	Children, Families and Criminal Justice SMT	Aspire – we need to make meaningful but don't make the effort to change reports and processes	Performance Reporting	None	None	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
149.	Children, Families and Criminal Justice SMT	Social work governance and clinical care and governance meetings - is there an overarching health and social care governance?	Health and Care Governance	None	No change	No	Improvement Plan
150.	Children, Families and Criminal Justice SMT	Terms and conditions are not the same	Workforce	None	No change – this is due to the body corporate model	No	National Issue
151.	Children, Families and Criminal Justice SMT	Discipline, sick absence, annual performance and expenses are all different – more systems equals duplication and wastes time - all different and hard to get support - different systems with different log-ins!	Workforce	None	Noted	No	National Issue/ Improvement Plan
152.	Children, Families and Criminal Justice SMT	Similar jobs with very different pay scales and terms and conditions	Workforce	Workforce	None - this is due to the body corporate model	No	National Issue
153.	Children, Families and Criminal Justice SMT	Huge drive is the money - we need to have a much bigger and more detailed picture of need. We are all money conscious - it colours practice Concern for spending budget than a child's death	Finance	None	Noted	No	Improvement Plan
154.	Children, Families and Criminal Justice SMT	Seems like that the council and boards bottom line is budgetary - therefore we have lost some flexibility of how to manage our services	Finance	None	None	No	General statement
155.	Children, Families and Criminal Justice SMT	Different surveys and evaluation – parents find it's too much - can we do it in other ways?	Engagement	None	Noted	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
156.	Children, Families and Criminal Justice SMT	Too many systems and they do not talk to each other	Data Sharing	None	None	No	Improvement Plan
157.	Mental Health Services Senior Management Team (SMT)	Is there a bigger agenda that they decided to review after 5 years? Are they looking at the One Ayrshire Approach and has this decision already been made? Is there merit in one Ayrshire?	Governance	None	None – without South	No	General comment
158.	Mental Health Services (SMT)	How can we comment on this if south not involved? Big question are we one organisation or three councils, should we consult at the service point view, same terms and conditions, joint body or single identity?	Governance	None	None – without South	No	National Issue/General comment
159.	Mental Health Services (SMT)	Governance challenging as: <ul style="list-style-type: none"> • partnership not legal entity, unclear regarding certain aspects e.g. finance • Have to beg NHS or NAC which is very challenging • Stopping us developing true partnership • Could cause great risk to service users • Lack of clarity – still duplicating • Different employing agencies confusing to public 	Governance	None	None – without South	No	National Issue/General comment

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
160.	Mental Health Services (SMT)	For more power could go to Scottish Government and ask to become an employing body	Governance	None	None – without South	No	National Issue/General comment
161.	Mental Health Services (SMT)	Front line don't feel part of the partnership Would we get money direct, would we have to make saving? Mixed advice either party doesn't realise what we require Capacity needed to navigate, want us to replicate without resources, financial challenges	Governance	None	None – without South	No	National Issue/General comment
162.	Mental Health Services (SMT)	Whether its Body Corporate or Lead Agency still need to deliver strategy and integrated services which should be simple, however, finance, data sharing, staffing etc. NOT INTEGRATED Structure makes it impossible No precedent, SPOG Procurement, IT, Information sharing, Planning should all be integrated, than south say no as have already invested in a system. We are taking tiny steps than stopped by a large truck HSCP was created to provide integrated service delivery – how many services are integrated? Potentially one or two = FAILURE?	Governance	None	None – without South	No	National Issue/General comment

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
163.	Mental Health Services (SMT)	We need to identify our community Need maverick spirit to drive things through , e.g. Tarryholm if we had asked all the relevant parties we it would never have gone through, so many people trying to stop it	Governance	None	None – without South	No	National Issue/General comment
164.	Mental Health Services (SMT)	Was easier before, worked well now everyone asks questions Need to go round the houses to access information, everybody seems to more cautious about sharing Current structure, arrangement, governance not enabling this happen I have two name badges	Governance	None	None – without South	No	National Issue/General comment
165.	Mental Health Services Senior Management Team (SMT)	Concerned over East and North coming together not workable not making the most of it. Exploiting what's already there and see what we can do with the things we have. Don't trust joined up East and North.	Governance	None	None	No	General Comment
166.	Mental Health Services (SMT)	The whole acute services should be included. Needs to be redefined, a balance, clear direction. Areas critical of HSC - Acute exempt why not mental health. If took acute away from health board wouldn't have much left.	Scope of services	4.1.4	Enable scheme	No	Improvement Plan
167.	Mental Health Services (SMT)	Social work and housing was together now double distance -housing is crucial Why delegate all housing builds – there would be no need for local authority.	Scope Of services	None	None	No	National Issue

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
168.	Mental Health Services (SMT)	Not exploiting primary care enough, are they part of the partnership? Lead partnership role in primary care has not served Ayrshire well lack of clarity who makes decisions. It's down to resources not had communication. Looking at duplication is a challenge. Lots of confusion – East lead on primary care and advised West Kilbride that their doctors were closing – why east advising north?	Scope of Services	None	Review of annexe 3	No	Improvement Plan
169.	Mental Health Services (SMT)	What is the point of NHS & Arran? Do away with local authority and health board and give the money to partnership	Scope Of services	None	None	No	National Issue
170.	Mental Health Services (SMT)	Trying to get information and set up meetings re telecare has been a problem – are they saying the same thing about North? Confusing as all have different Strategies North lead in Mental Health is very good PAN Ayrshire Child Services, Prison Health and Primary Care – feel disconnected Disconnected from Lead Services – feel same about North? Change programme was to keep all connected but just a North model.	Scope of Services	None	Review of annexe 3	No	Improvement Plan
171.	Mental Health Services (SMT)	Services are right, however, children and families and criminal justice relatively unknown by partnership.	Scope Of services	None	None	No	National Issue

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		Some services struggle, need to get the balance right strong professional role – business is driven by statute - exempt by 100% untouchable.					
172.	Mental Health Services (SMT)	Services left to muddle through, need national direction regarding information sharing. Honeymoon period over, significant risks to clients due to council and NHS systems not shared.	Data Sharing	None	None	No	National Issue
173.	Mental Health Services (SMT)	I have 2 email address 2 IT systems Success = 0%	Data Sharing	None	None	No	Improvement Plan
174.	Mental Health Services Team (SMT)	North Ayrshire has been very successful in engaging with third sector. Is the CPP duplication of LPP? CPP adopted LPP priorities and LPP has lots of pockets of good work. We will be going out to the public, the hard to reach people – the CPP is more formula structured. LPP have member of the IJB, GPs, third sector a good variety and focus on community and how they can have their say.	Engagement	None	None	No	Improvement Plan
175.	Mental Health Services Team (SMT)	Do we have an integrated budget –no Finance teams are not joined up, no authority to use underspend in other areas There is a lack of transparency	Finance	None	None	No	Improvement plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		I still cannot get access to the council finance system, asking me to have a look at my budget?					
176.	Mental Health Services Team (SMT)	<p>Most poorly performance part, trying to find ways despite barriers – pace of change Budget are micro management. Blamed on integration, was always going to happen due to financial pressure – disempowered.</p> <p>No level playing field if don't get true finance to start with.</p> <p>Never known so much discussion and detail being asked about finance, this is one element its disproportional</p> <p>A saving report is being produced – on what basis do they make these decisions</p> <p>Finance are unable to give good enough answers they are not able to explain, don't understand what we are talking about?</p> <p>We are dictated by finance approach which is agreed at PSMT, don't understand how there are savings one year for some and not for others.</p>	Finance	None	None	No	Improvement plan
177.	Mental Health Services Senior Management Team (SMT)	<p>Not integrated at all - nothing is the same, terms and conditions, public holidays, contracts. Need change in regulation</p> <p>No NHS redundancy allowed</p> <p>Invested a lot in organisational development, not integrates, when you're</p>	Workforce	None	None	No	National Issue

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		trying to make a workforce plan we don't know what we look like. Has it created a brand – Frontline managers yes, teams no.					
178.	Mental Health Services Senior Management Team (SMT)	Yes – care governance rules right. Still debating ARG Governance how it should look in three parts- work in progress e.g. psychiatric unclear – ambiguous Its work in progress 90% is dominated by health discussion – different dynamics make it unclear – Governance don't realise there is a partnership	Clinical Care and Governance	None	None	No	Improvement Plan
179.	Public Partnership Forum (PPF)	Actually North Ayrshire is doing well the structure is ok. No - not working where is the democracy, who is making the decisions? Needs more involvement more communication. Councillors don't know what is going on e.g. social hub closed for the elderly, people's interest not being met. Council we have elected have no voice, unelected members making all the decisions, the police, education all been taken away from council and given to HSCP. Children's panel in 2013 taken away from council and again unelected body in charge.	Scope of Services	None	Noted	No	General comment
180.	PPF	Why is Criminal Justice in with Social Work, thought it was just social work? Not	Scope of Services	None	Noted	No	General comment

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		enough time to discuss, local people have no idea on what's going on. Does everyone have these scopes of services , Dumfries and Galloway have 9 out of the 31					
181.	PPF	Don't know if working would need to see the facts and figures Confusing letting another council run your area, people in North got letters regarding their doctors headed by East Ayrshire, many threw them away as thought wasn't for them. There used to be Sheltered Housing and it was called this as it had a manager that you felt safe, manager was taken away so no longer sheltered. There is a baby boom happening are we prepared for this?	Strategic Commissioning Plans & Locality Planning	None	Noted	No	General comment
182.	PPF	Need to see more community representation, seems to be a small unelected group making decisions for everyone. Service users voice has been lost need to involve the public more. Need more communication, not everyone has access to computers or able to download documents, how do you communicate? Should be through the post, hard copies should be available. Needs to be wider, use the organisations that are on to get message across, never seen anything in GP surgeries.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan.

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
183.	PPF	<p>The main priority was to reduces the time people spent in hospital due to care plans, has this been reduced? Can't comment until we see results. There seems to be an overspend everywhere, they are always looking for beds</p> <p>People are asked to come into hospital for operations only to be turned away and sent home in taxis. This is nonsense the amount of money that is getting wasted, always trying to meet targets this is crazy.</p>	Health and Care Governance	None	Noted	No	Improvement Plan.
184.	PPF	<p>Would you want a private underpaid person looking after your elderly family would they be getting the best care, all political, government is hiding and all aiming towards health being privatised. Carers are on zero hour contracts and not getting the minimum wage.</p>	Workforce	None	Noted	No	National Issue
185.	PPF	<p>Is the PPF the right Forum to Engage With The Public?</p> <p>There was supposed to be regular meetings that unfortunately didn't happen. The Participatory Network should be informing everyone, call people to account. The Locality forum seem to be mainly employees –</p> <p>At the moment communication is wrong, 1000 patients from Fullarton were transferred to another GP and nobody new until they got the letter.</p>	Engagement	None	Noted	No	Improvement Plan.

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		Confusing for the public Agree to have another meeting with PPF in 6 months and 12 months keep the members of what the Locality forums are doing than final decision can be made					
186.	PPF	Taking money away from the NHS and giving to HSCP is not right, nobody seems accountable. Social Care should be funded by council tax and I am sure if people knew why the money was needed they would be happy in the increase of council tax.	Finance	None	Noted	No	National Issue
187.	PPF	It's ridiculous we are given CGI a Canadian Company who messed up payments to our farmers the right to be in charge of our personal data. Glasgow are going to use them and all other councils will too. The only reason the papers found out was because they were heard bragging about the account. The named person scheme is illegal and is going to the supreme court. Nicola Sturgeon wants all medical records of children to be available which is wrong.	Data Sharing	None	Noted	No	National Issue
188.	GP Locality Forum	Yes is working	Governance	None	Noted	No	General comment
189.	GP Locality Forum	Can't understand why it was split this way, who every holds the purse strings will benefit more. Lead partnership agreements are not working doesn't seem to be fair. South have Allied Health so actually got the cherry they have all basis covered that's	Scope of Services	None	Review of annexe 3	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		why they probably don't want a one Ayrshire. Three separate directions, too many tiers of managements, who does what? Who to contact? It's like a jigsaw puzzle					
190.	GP Locality Forum	Three separate groups coming up with three separate ideas – end result is actually the same priorities – too small geographical could take out Arran out of the equation and have one locality to get things done quicker.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
191.	GP Locality Forum	yes	Performance Reporting	None	None	No	General Comment
192.	GP Locality Forum	Yes it would be working if we had a clear understanding. Need to safeguard our GP's and not lose them , years ago if you asked someone to do extra hours the calendar would be filled immediately, now no one is interested – Community nursing has been destroyed – Should let GP's be in charge of the community nurses they would be better managed. Out of hours nobody is interested huge strain down by 70% under filled Nothing to do with money it's to do with the way GPs are communicated with by management- there could be 3 clinicians on when there should be 7 – if the public	Clinical Care Governance	None	Noted	No	Improvement Plan

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		knew about the number of calls that are left or lost they would be amazed No support – need to safeguard high standards					
193.	GP Locality Forum	No	Workforce	None	Noted	No	Improvement Plan
194.	GP Locality Forum	Can't answer as we don't know what's going on, don't know plans for new money and questions can't be answered	Finance	None	Noted	No	Improvement Plan
195.	GP Locality Forum	Yes	Engagement	None	None	No	General Comment
196.	GP Locality Forum	Unhelpful set of rules by legislation, difficult dealing with 8 bodies, many different sharing agreements, lots out of date. A good IT system could be organised by one Health Board Manager	Data Sharing	None	Noted	No	National Issue/Improve ment Plan
197.	GP Locality Forum	If we decide on a North/East would we be starting from scratch again, Is this the right time to be make assessments not wait for another 6-8 months GPs trying to interact e.g. with social work is an impossible task, trying to get homecare and payments again impossible task we are supposed to be working as a team. This has been a very slow process	Integration Scheme	None	Noted	No	Improvement Plan
198.	GP Locality Forum	Most questions are unanswerable unless you're in the system and doesn't address	Other comment	None	Noted	No	National Issue/

No.	Stakeholder	Comments	Element of Scheme	Reference to current Integration Scheme	Response	Amendment to Scheme (Yes/No)	Not applicable/ actioned
		<p>the question for change, impossible to answer anyone further out cannot answer and its missing the point and the question Lead partnership are not getting better service of what they lead on.</p> <p>All three Ayrshire each have a physio and are all going to each get another physio – AHP are nothing to do with Lead and budgets – South only have one MH practitioner – when Maybole collapsed pharmacy resources were diverted to where they were needed</p> <p>Scottish Government are playing games and moving goalposts</p>					Improvement Plan
199.	GP Locality Forum	Consensus is One Ayrshire including Acute – North and East would not be a good thing	Scope of Service	None	Yes	Yes	Improvement Plan

NAHSCP Integration Scheme Review – A Case for Change?

The following questions were asked as a survey monkey questionnaire and there were 94 completed surveys:

- ✓ Question 1: Do you think governance arrangements are working well?
- ✓ Question 2: Do you think the services included in the scope and the Lead Partnership arrangements are working well?
- ✓ Question 3: Do you think Strategic planning and locality arrangements are working well?
- ✓ Question 4: Do you think performance monitoring and meeting national outcomes is working well?
- ✓ Question 5: Do you think Health and Care Governance is working well?
- ✓ Question 6: Do you think workforce planning and organisational development is working well?
- ✓ Question 7: Do you think financial management and/or reporting is working well?
- ✓ Question 8: Do you think Participation and engagement of stakeholders is working well?
- ✓ Question 9: Do you think data sharing and information management is working well?
- ✓ Question 10: Do you think changes in the Integration Scheme(s) are necessary or desirable?

The questionnaire generated a total of 417 responses with the following response weighting for each question:

Reference to Integration scheme	Total Responses	% of total responses	Scale	Majority support for Change to integration scheme
Governance	34	7	7	No
Scope of services	35	8	6	No
Strategic Commissioning Plan	44	11	3	No
Performance	40	10	4	No
Clinical and Care Governance	33	7	Lowest 8	No
Workforce	38	9	5	No
Finance	40	10	4	No
Engagement	40	10	4	No
Data Sharing	46	12	Highest 1	No
Integration scheme	45	11	2	No
Other comments	22	5	8	No
Total	417	100%		

✓ Question 1: Do you think governance arrangements are working well?

200	NAHSCP Stakeholder Survey	There are no governance arrangements between the ADP and H&SCP, therefore unclear of what is being reported to the IJB in respect of the ADP activities contributing to strategic priorities.	Governance	None	Noted	No	National issue/Improvement Plan
201	NAHSCP Stakeholder Survey	I do think the scrutiny through IJB meeting is excellent, but resource intensive and difficult red tape in getting there.	Governance	None	No change	No	Improvement Plan
202	NAHSCP Stakeholder Survey	Communication between front line staff re role responsibilities. Information re professional boundaries, information could be clearer, more readily available. This could address some of the frustrations that occur as front line staff appreciate the parameters of colleagues' responsibilities. Also that processes in the partner organisations ARE different. i.e. consultation is a requirement	Governance	None	Noted	No	Improvement Plan/ Passed to Clinical and Care Governance
203	NAHSCP Stakeholder Survey	I think they must be as nil has filtered down to grass roots level to say anything to the contrary.	Governance	None	No change	No	Improvement Plan
204	NAHSCP Stakeholder Survey	Yes but I think they can be improved as there are still times when the roles	Governance	None	Noted	No	Improvement Plan

		of elected members and Non-Exec / Exec members of NHS who are IJB members can be conflicted					
205	NAHSCP Stakeholder Survey	<p>Governance structures have limited impact on personal outcomes - so in effect it doesn't really matter if they work well or not.</p> <p>The people who work for organisations and want to deliver something new, will always find ways to work around unhelpful governance structures.</p> <p>However the public sector remains obsessed with reviewing and re-designing governance elements continually - hoping that this will enable the change it requires to see - and then seem surprised when nothing really happens.</p> <p>This review of governance structures acts as a 'false' focus in response to the Partnerships struggle to overcome 'wicked and political problems' which require whole system solutions.</p> <p>This reflects the negative culture of having to blame something - rather than having honest discussions about the role of leadership and shared behaviours, the complexity of the system wide environment, the cultures blocking change, the political and professional boundaries, the risk adverse nature of decision making due to the need to account for public resource. It is finding solutions to</p>	Governance	None	No change	No	General statement

		<p>these issues that create a positive governance approach and culture. Another review of governance structures and processes at this time is not helpful and is a distraction. The people in North Ayrshire have told us what they want via a range of mechanisms and these need to be delivered. People need clarity about which prevention approaches and service delivery models will work for them and their families. Although the IJBs have little real power - as there are not enough members from the council or NHS to influence the decision making process of each parent body and this is where the resource comes from - the IJBs do effectively enable some local accountability for planning using their links to Locality Planning arrangements.</p> <p>A more effective approach would be to integrate the NHS Board with the three councils as the current approach is creating a triplicate of Partnership approaches.</p> <p>The creation of a single Pan Ayrshire IJB will be just as ineffective. A new IJB model may create a further risk, that local focus from locality planning forums is lost.</p> <p>How could three councils with different locality priorities be effectively represented in one Pan Ayrshire Forum - the reality is that</p>					
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		members bring their experiences from their local areas and this is the strength of the IJB and as a result the current system should continue.					
206	NAHSCP Stakeholder Survey	SPG appears to act as an appendage. Strategy and change should be central to the most senior group.	Governance	None	Noted	No	Improvement Plan
207	NAHSCP Stakeholder Survey	We are rarely informed of any decisions taken, or kept up to date on what is being voted on.	Governance	None	Noted	No	Improvement Plan
208	NAHSCP Stakeholder Survey	Visibility of decision making is poor, appears to be little or no transparency.	Governance	None	Noted	No	Improvement Plan
209	NAHSCP Stakeholder Survey	Whilst I have had limited direct dealings in terms of Governance, I feel that there is an opportunity to input where necessary and updates are always made available.	Governance	None	No change	No	Improvement Plan
210	NAHSCP Stakeholder Survey	North - have been very good at involving 3rd sector staff at the highest level possible, this is positive for true joint working and for patient benefit.	Governance	None	No change	No	General statement
211	NAHSCP Stakeholder Survey	Integration has added layers of bureaucracy while there have been few improvements to front line clinical services in community mental health.	Governance	None	No change	No	Improvement Plan
212	NAHSCP Stakeholder Survey	The voting rights or lack of seems to need looked at	Governance	None	Noted – the voting rights are due to Body Corporate regulations	No	No action
213	NAHSCP Stakeholder Survey	I think in some areas there is clear developments obvious and in other areas - Children and Families less so.	Governance	None	No change	No	General statement

214	NAHSCP Stakeholder Survey	Communication around this has not been good, and pan Ayrshire governance around standards of care, guidance/protocols etc. have therefore suffered.	Governance	None	Noted	No	Improvement Plan
215	NAHSCP Stakeholder Survey	It is unclear if challenges faced by HSCP staff members in relation to partnership working are the result of inefficiencies in the Integration Scheme or due to differing cultures between the organisations.	Governance	None	No change	No	General statement
216	NAHSCP Stakeholder Survey	It is a nonsense to have 3 partnerships in such a small county. Expensive and inequitable.	Governance	None	No change – unless south join	yes	National Issue
217	NAHSCP Stakeholder Survey	Governance arrangements for services which are hosted in one partnership are difficult for staff who work in an area out with the partnership they are hosted in.	Governance	None	Review of annexe 3	No	Improvement Plan
218	NAHSCP Stakeholder Survey	I am not close enough to the IJB to know whether or not the governance arrangements are working well and whether the involvement of other parties is adequate/ appropriate/ effective. However, it is clear that there is currently scope for complexity arising from the way in which three IJBs have to consult, leading to unwelcome constraints in focusing on the prime objective of improving the wellbeing of service users through integration of services.	Governance	None	Review of annexe 3	No	Improvement Plan

219	NAHSCP Stakeholder Survey	Including carer representation on clinical care & governance ensures, a more rounded real impact view is brought to the table than previously...making sure carers' voices are heard.	Governance	None	No change	No	General statement
220	NAHSCP Stakeholder Survey	Professional Committee members commented that they do not understand the mechanisms for feedback from the IJB or governance groups. There is a view that IJB minutes difficult to understand. There was an acknowledgement that AHP senior managers are expected to attend, what appears to be, a vast range HSCP groups, including governance; this is time consuming. Furthermore, it is difficult to provide feedback to staff timeously to keep them informed and engaged	Governance	None	No change	No	Improvement plan
221	NAHSCP Stakeholder Survey	From the perspective of a small service such as NHS learning disability, governance discussions never seem to have effectively and consistently involved representation from local authority partners. Discussions in relation to this have highlighted issues with regard to ensuring representation from 3 partnerships, and how this has the impact to inflate groups. It also creates challenges in terms of individuals' teams working in the context of their home partnership, and the (habitual) desire to maintain	Governance	None	Review of annexe 3	No	Improvement Plan

		parity and consistency between teams in different areas.					
222	NAHSCP Stakeholder Survey	Although I have indicated yes for this, I think there needs to be greater clarity about the role of the lead for particular areas of practice and what this means for the areas that are not identified as lead.	Governance	None	Review of annexe 3	No	Improvement Plan
223	NAHSCP Stakeholder Survey	I am unsure as I am not a member of any Boards under Council, Health or IJB but my main comment would be to ensure that unpaid carers remain part of these structures to ensure their voices continue to be heard. This is something we continue to be commended on, having the thread from local carers groups to IJB, and it would be a shame to lose good practice.	Governance	None	No change	No	General Comment
224	NAHSCP Stakeholder Survey	<p>I think the partnership is in crisis with poor governance and with a lack of knowledge in key areas. In my opinion this has led to poor service delivery. Despite a dearth of research being available with regard to best practice, the service in which I am employed is used reactively and not as an intervention.</p> <p>An example of this can be found by looking at the structure of the newly formed challenge team. This team is in many respects forward thinking and inventive in nature, however I feel one of our service should feature as</p>	Governance	None	No change	No	Improvement plan

		<p>part of the change team.</p> <p>It is very disappointing that a costly service such as residential child care is used so poorly.</p>					
225	NAHSCP Stakeholder Survey	<p>Professional Committee members commented that they do not understand the mechanisms for feedback from the IJB or governance groups. There is a view that IJB minutes difficult to understand. There was an acknowledgement that AHP senior managers are expected to attend, what appears to be, a vast range HSCP groups, including governance; this is time consuming. Furthermore, it is difficult to provide feedback to staff timeously to keep them informed and engaged.</p>	Governance	None	No change	No	Improvement plan
226	NAC Stakeholder Survey	<p>It has been very difficult for CHAS to engage with the IJB, perhaps more due to the number of conflicting priorities for the IJB than governance arrangements. Children's palliative care is provided by other charities and the NHS teams. However CHAS is the only provider of hospice services, which includes at home, outreach and hospital services as well as hospice beds.</p> <p>CHAS supports babies, children and young people up to age 21 and therefore also provides palliative care for adults (taking the age of</p>	Governance	None	No change	No	Improvement plan

		adulthood as 16 and over). We would value the opportunity to speak with the IJB about ways in which we might work together to deliver the aims of the IJB.					
227	NAC Stakeholder Survey	Too much bureaucracy involved. Still disjointed on both sides and need to work more closely together to make it work. Strip out some meetings and cut down the duplication/repetition. some people keen to make it work but others are barriers	Governance	None	No change	No	Improvement plan
228	NAC Stakeholder Survey	Sometimes poor communication	Governance	None	No change	No	Improvement plan
229	NAC Stakeholder Survey	I am unfamiliar with how the IJB is arranged	Governance	None	No change	No	General comment
230	NAC Stakeholder Survey	The Integration Scheme is clear about where the IJB has strategic responsibility and also operational responsibility and the role of the Chief Officer within this. The Integration Scheme also requires the Chief Officer to report and be line managed by the Chief Executives of both parties. I understand the operational requirements to work in this way, however this can be a difficult model to operate and in reality can mean that the Chief Executives influence operational areas which are in fact the IJB's responsibility. I accept that this is not an easy one to answer but is something in terms of governance	Governance	None	No change	No	Improvement plan

		which may be worth considering if the Integration Scheme is revised.					
231	NAC Stakeholder Survey	Work is underway to review governance structures and improve understanding of governance. Clearer links across all 3 IJBs is required. Mental Health Governance and AERG process is well established and working well	Governance	None	No change	No	Improvement plan
232	NAC Stakeholder Survey	There is a lack of pharmacy representation on the IJB.	Governance	None	Noted	No	Improvement plan
233	NAC Stakeholder Survey	Ind. Sector is not required to be represented on IJB by statute, although NAHSCP has had this since SIB days. There should be a vote for each member of the Board.	Governance	None	Noted – would adding in IJB as decision maker require a change to scheme?	Yes	Passed to legal

✓ Question 2: Do you think the services included in the scope and the Lead Partnership arrangements are working well?

234.	NAHSCP Stakeholder Survey	NO	Scope of Services	None	No change	No	General statement
235.	NAHSCP Stakeholder Survey	Like other services, they appear to be coping with delivering services. I am not aware of how the pan-Ayrshire arrangements are working.	Scope of Services	None	No change	No	General statement
236.	NAHSCP Stakeholder Survey	Have heard people speak about the this at local meetings	Scope of Services	None	No change	No	General statement
237.	NAHSCP Stakeholder Survey	Poor feedback in terms of scope and arrangements.	Scope of Services	None	Review of annexe 3	No	Improvement Plan
238.	NAHSCP Stakeholder Survey	This is a very difficult one to answer - I should think it best to go one way or the other i.e. Each partnership holds the total	Scope of Services	None	Review of annexe 3	Yes if budget responsibility changed	Improvement Plan

		<p>responsibility for all of its services (a strength and eliminates duplication and saves a lot of time at meetings, discussion time).</p> <p>Or there is a full 1 partnership to organisation of services - difficulties with budget allocation and differing priorities may affect local services in a negative way.</p>					
239.	NAHSCP Stakeholder Survey	My experience has been with the Ayrshire Out of Hours Service hosted by East Ayrshire and the Justice Social Work Partnership Services hosted by North Ayrshire	Scope of Services	None	No change	No	General statement
240.	NAHSCP Stakeholder Survey	Individual services in MH are working well because of the commitment of staff but there has been little significant improvement which has come about as a result of integration, beyond enhanced working with social care colleagues.	Scope of Services	None	No change	No	General statement
241.	NAHSCP Stakeholder Survey	It has never been made clear how each lead partner would report the information of their services to the other Ayrshires. Resources to support lead partner services do not seem to have been allocated appropriately either.	Scope of Services	None	Review of annexe 3	Yes if budget responsibility changed	Improvement Plan
242.	NAHSCP Stakeholder Survey	I work within one team whose members are managed through different partnerships. It makes no sense. The North, South and East teams previously managed as one service worked well together to have joint training events and could share	Scope of Services	None	Review of annexe 3	Yes if budget responsibility changed	Improvement Plan

		staff and equipment. The current set up of three partnerships is very confusing for staff and has not improved frontline integrated working which worked well before "integration". Since integration there appears to be more jobs for middle managers and ever reducing numbers of frontline workers.					
243.	NAHSCP Stakeholder Survey	Partnership working within services (integration?) is poor. How do we expect to be any better across directorates, never mind Ayrshire? For example, decisions on funding for a service/type of intervention is made in isolation. If based on evidence then fine but not when one Ayrshire is saying we need more of X and the Lead is saying we need less...communication...	Scope of Services	None	Review of annexe 3	Yes if budget responsibility changed	Improvement Plan
244.	NAHSCP Stakeholder Survey	Cash is short. Patients are stuck in hospital waiting for funding for a care home place or for guardianship orders to facilitate moving (when their funding is available). We need more options in the community i.e. more places in care homes or more community hospitals staffed to meet the needs of more complex patients.	Scope of Services	4.1.4	Enact scheme	No	Improvement Plan
245.	NAHSCP Stakeholder Survey	The local partnership arrangements at a local level appear to be slowly developing in terms of children and families.	Scope of Services	None	No change	No	General statement

246.	NAHSCP Stakeholder Survey	I feel that North Ayrshire lead on Mental health but their communication to the other localities has been very poor. Even the weekly director's bulletin circulated only focusses on North Ayrshire and events etc. happening in this area, without cognisance of what is happening in south and east.	Scope of Services	None	Review of annexe 3	No	Improvement Plan
247.	NAHSCP Stakeholder Survey	Don't know about other arrangements but North's role leading on mental health services has been good	Scope of Services	None	No change	No	General statement
248.	NAHSCP Stakeholder Survey	Acute shortage of mental health support	Scope of Services	None	No change	No	Improvement plan
249.	NAHSCP Stakeholder Survey	It is a nonsense to have 3 partnerships in such a small county. Expensive and inequitable. Better though to have lead partnerships than to try to split everything into 3.	Scope of Services	None	No change – as requires South	No	National Issue
250.	NAHSCP Stakeholder Survey	The structure of Lead Partnerships to govern and manage specific services does add to the complexities of partnership arrangements. Worse than that, it has the potential to lead to a certain fragmentation of service delivery. This definitely illustrates that there is a case for change.	Scope of Services	None	Review of annexe 3	Yes if budget responsibility changed	Improvement Plan
251.	NAHSCP Stakeholder Survey	Mostly but there are still issues surrounding delivery and continuity of care within our GP services and how we engage and inform.	Scope of Services	None	Review of annexe 3	Yes if budget responsibility changed	Improvement Plan

252.	NAHSCP Stakeholder Survey	I am unclear of how effective cross boundary arrangements are working	Scope of Services	None	No change	No	General statement
253.	NAHSCP Stakeholder Survey	I think the lead partnership was a good idea, however in practise it is dividing and conflicting - areas seem to be "sticking up" for their own without collaboration and agreement, resulting in "splintering off" strategy/practice. It's not cohesive enough. The lead partner appears to have more influence than the other two partners in my humble opinion.	Scope of Services	None	Review of annexe 3	Yes if budget responsibility changed	Improvement Plan
254.	NAHSCP Stakeholder Survey	It seems we have a vast remit and at my level within the organisation I concentrate more on my own discipline. Therefore we do not keep up to date with our multidisciplinary colleagues issues and good areas of practice	Scope of Services	None	No change	No	General statement
255.	NAHSCP Stakeholder Survey	but still room for improvement with regard to accountability and responsibility cross over with fellow Ayrshire IJBs	Scope of Services	None	No change if south not involved – this requires on-going discussion with partners and clear protocols	No	Improvement plan
256.	NAHSCP Stakeholder Survey	Further work needs to continue to harmonise Health & Social Work services, to achieve the true potential of a partnership.	Scope of Services	None	No change	No	General statement
257.	NAHSCP Stakeholder Survey	The focus on the 'Lead' Partnership area only is unhelpful and this is clearly a biased question. A fairer question would have been about	Scope of Services	None	No change	No	General statement

		<p>whether Partnerships are working well within the Ayrshire context.</p> <p>The review of service structures again acts as a 'false' focus in response to the Partnerships struggle to overcome 'wicked and political problems' which require leadership, behavioural and political solutions across a whole system.</p> <p>A more effective whole system approach would be to integrate the Health Board and three local council together with three Partnerships being the locality delivery arms.</p> <p>However on reflection the inclusion of children services in to the Partnership arrangement has created scale, resource and governance complexity which was unrealistic to manage as Partnerships formed. An integrated arrangement at regional level with Education services might be a more helpful way forward.</p> <p>There are a range of services which could be managed in a different ways - for example a single Pan Ayrshire management structure for addiction services, learning disability services etc. and there are currently no legislative barriers to stop the delivery of these approaches moving forward.</p> <p>The continued focus on Partnership services and its approaches, rather than having the same level of scrutiny of the acute hospital structures/Council areas seems</p>					
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		<p>skewed.</p> <p>Our system is not working effectively due to a lack of brave leadership which co-operates, transparent decision making on wicked problems supported fully by the political system and dynamic behaviours which enable people to create their own solutions. Another system wide reorganisation will not improve outcomes for the people that need our services.</p>					
258.	NAHSCP Stakeholder Survey	<p>AHP staff find lead partnership arrangements very confusing. There are issues regarding workforce and recruitment in some partnership areas, which impacts on other areas. From an AHP perspective, there is a general feeling that integration has led to situations that have been divisive, confusing and chaotic. There is a strong believe that small teams and specialist services should remain pan Ayrshire.</p>	Scope of Services	None	Review of annexe 3	No	Improvement Plan
259.	NAHSCP Stakeholder Survey	<p>There seems scope for confusion in relation to the responsibility of a lead partnership for a service to undertake strategic planning on a pan-Ayrshire basis</p>	Scope of Services	None	Review of annexe 3	No	Pass to SPOG
260.	NAHSCP Stakeholder Survey	<p>Although I have indicated yes for this, I think there needs to be greater clarity about the role of the lead for particular areas of practice and what this means for the areas that are not identified as lead.</p>	Scope of Services	None	Review of annexe 3	No	Improvement Plan

261.	NAHSCP Stakeholder Survey	Each Partnership still has their own strategy, despite another Partnership being the 'lead'	Scope of Services	None	Review of annexe 3	No	Improvement Plan
262.	NAHSCP Stakeholder Survey	One point for the review of the Integration Scheme in terms of scope and services is the duty around the new Carers Act 2016. There are specific duties for NHS and LA which need to be noted and further discussed/understood but with the notion that identifying carers is everyone's business.	Scope of Services	None	Noted	No	Improvement Plan
263.	NAHSCP Stakeholder Survey	I would add 'doing well, as far as can be expected'	Scope of Services	None	Noted	No	General Comment
264.	NAC Stakeholder Survey	Many people want this to work but are being hampered by a few who are reluctant to see progress and change. I Like Lead partnership principle but the Lead partnership needs more autonomy as some representatives of other partnerships just go away and do their own thing anyway and it then becomes difficult to get unity	Scope of Services	None	Review of annexe 3	No	Improvement Plan
265.	NAC Stakeholder Survey	As a groups representing mental health service users and carers throughout Ayrshire and Arran, it is frustrating having to deal with three separate bodies to (a) find out and (b) participate in what service developments are planned or taking place.	Scope of Services	None	Review of annexe 3	No	Improvement Plan

266.	NAC Stakeholder Survey	In the main these arrangements work and prevent duplication of strategic planning. However this arrangement could benefit from protocols being agreed including the need for partners to be consulted in relation to decisions, especially linked to saving and policy changes. It is important that the Integration Scheme recognises the need for all partners to deliver on strategic priorities including those of Lead Partners, irrespective of where they are located.	Scope of Services	None	Review of annexe 3	No	Improvement Plan
267.	NAC Stakeholder Survey	Works well in many respects but room for improvement. Improved consultation and decision making contribution from across all three IJBs is needed where pan Ayrshire services are involved. This includes improved impact assessments	Scope of Services	None	Review of annexe 3	No	Improvement Plan
268.	NAC Stakeholder Survey	Lead roles are not always shared appropriately by their Partnership, apparently.	Scope of Services	None	Review of annexe 3	No	Improvement Plan

✓ Question 3: Do you think Strategic planning and locality arrangements are working well?

269.	NAHSCP Stakeholder Survey	Appreciate they have been operating though feels too early to confirm if they are working well. However, I do not believe the plans are attempting to reach marginalised groups, such as addiction.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
270.	NAHSCP Stakeholder Survey	Really not sure - I would say in principle yes, but I think locality arrangements needs more intensive work to bring together, however not sure for the reason that this is taking so long. Possible re/source? Or disagreements?	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
271.	NAHSCP Stakeholder Survey	Increased understanding of parameters of frontline staff roles and responsibilities required. acceptance by some that questioning of decisions related to direct patient care is a professional responsibility NOT an indication of critic	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
272.	NAHSCP Stakeholder Survey	To be honest cannot give a true answer unless someone actually goes over all new initiatives and service innovations.	Strategic Commissioning Plans	None	No change	No	General statement
273.	NAHSCP Stakeholder Survey	HSCPs undertake locality planning well using the experience of council colleagues	Strategic Commissioning Plans	None	No change	No	General statement
274.	NAHSCP Stakeholder Survey	It's still early days however the vision is correct... it'll take time.	Strategic Commissioning Plans	None	No change	No	General statement

275.	NAHSCP Stakeholder Survey	This area has been one of the key successes in North Ayrshire and GP and other stakeholder membership continues. The direct link with IJB members being locality planning chairs is really successful. However services have struggled to match and bend their responses in to localities - particularly NHS services as there is not enough resource at community level - as this approach goes against the principles of economies of scale, centralisation and regionalisation.	Strategic Commissioning Plans	None	No change	No	General statement
276.	NAHSCP Stakeholder Survey	No	Strategic Commissioning Plans	None	No change	No	General statement
277.	NAHSCP Stakeholder Survey	Not sure what the benefit of the Locality Forums are as they stand just now.	Strategic Commissioning Plans	None	No change	No	Improvement Plan
278.	NAHSCP Stakeholder Survey	Not aware of any difference as the local authorities still seem to be operating separately	Strategic Commissioning Plans	None	No change	No	General statement
279.	NAHSCP Stakeholder Survey	Strategic plan is vague. Concerns continue regarding day to day service integration and impact	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
280.	NAHSCP Stakeholder Survey	I have enjoyed working with a wider range of partners , especially in relation to the work being done in the Garnock Valley	Strategic Commissioning Plans	None	Noted	No	General Comment
281.	NAHSCP Stakeholder Survey	North have been very proactive and successful as far as I can understand in their delivery of services.	Strategic Commissioning Plans	None	No change	No	General statement

282.	NAHSCP Stakeholder Survey	Real evidence of ownership and buy-in from all stakeholders, including service users, in the identification of the priorities for the Strategic Plan and in reviewing progress towards these priorities.	Strategic Commissioning Plans	None	No change	No	General statement
283.	NAHSCP Stakeholder Survey	Planning within MH services has been inhibited by the reviews initiated by MH management which are still ongoing. There is no clear strategy or vision for mental health. Because the Head of MH is hosted by the North partnership they do not have the same level of influence across the East and South areas and we are seeing growing inconsistencies and different models being adopted by MS Services in the three partnerships.	Strategic Commissioning Plans	None	Review of annexe 3	No	Improvement Plan
284.	NAHSCP Stakeholder Survey	Localities are in their infancy and it does need much more thought at a strategic level as to what the localities sphere of influence should actually be.	Strategic Commissioning Plans	None	No change	No	General statement
285.	NAHSCP Stakeholder Survey	Lacks role clarity and coordination. Locality arrangements are poor; the identity of LPFs is non-existent, their purpose unclear and their actions sporadic. Risks increasing the gap between those who have and those who don't.	Strategic Commissioning Plans	None	No change	No	Improvement Plan
286.	NAHSCP Stakeholder Survey	Not enough progress noticeable at the 'ground' levels on intervention. The strategic plan at a local level appears to be working well and though clear enough there is still a lack of communication for implementation and developments.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan

287.	NAHSCP Stakeholder Survey	I do think positive steps are being made however frontline services are struggling to meet the integration priorities due to heavy workloads and not enough staff. This is not a criticism it is more a frustration that we are finding it difficult to do more with less.	Strategic Commissioning Plans	None	No change	No	General statement
288.	NAHSCP Stakeholder Survey	Although I do think it is a very good time to review arrangements to ensure that we take advantage of all the opportunities to continually improve strategic planning and locality arrangements to ensure the most effective and efficient delivery of services for local people	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
289.	NAHSCP Stakeholder Survey	But too early to provide clear evidence of success	Strategic Commissioning Plans	None	No change	No	General statement
290.	NAHSCP Stakeholder Survey	I believe they are working well, but still require further development, including having greater direction at the locality level. However, I think this is something that will need time to develop appropriately.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
291.	NAHSCP Stakeholder Survey	Localities, to date, have not had real influence on how resources are spent.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
292.	NAHSCP Stakeholder Survey	NAHSCP has been very good at engagement and working with localities	Strategic Commissioning Plans	None	No change	No	General statement
293.	NAHSCP Stakeholder Survey	Invisible to the public	Strategic Commissioning Plans	None	Noted	No	Improvement Plan

294.	NAHSCP Stakeholder Survey	Fundamental cultural clash between local authorities and health. Local authorities are parochial but health services should be equally available to all and no confidence that this is strategically protected.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
295.	NAHSCP Stakeholder Survey	Difficult for services which are hosted in one partnership where staff work in an area out with the partnership they are hosted in.	Strategic Commissioning Plans	None	Review of annexe 3	No	Improvement Plan
296.	NAHSCP Stakeholder Survey	There appears to be little change on funding available as people having to wait for Free Personal Care monies	Strategic Commissioning Plans	None	No change	No	General statement
297.	NAHSCP Stakeholder Survey	Yes, within the limitations of the structure. This is really two distinct questions. The NA strategic plan was published after extensive consultation, and seems to have been effective so far in enabling a degree of consistency in the development of an approach to service implementation. On the issue of co-ordinating locality arrangements, this has not been very successful to date. There has been a lack of two way communication, and locality groups do not seem to contain many "ordinary" members. Locality groups should be a much more important and influential element of the integrated scheme. Review of both these elements should be undertaken before the HSCP goes any further along a path that is flawed.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan

298.	NAHSCP Stakeholder Survey	Although not enough positive outcomes shared in the public domain. We need to share where we are getting it right, particularly in relation to localities!	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
299.	NAHSCP Stakeholder Survey	Committee unable to comment as members are not directly involved in the development or implementation of the Strategic Plan. The Committee were unaware if other AHP colleagues are involved in locality planning groups	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
300.	NAHSCP Stakeholder Survey	I think the focus on locality planning within all the partnerships is healthy and relevant, thought it has still, perhaps, to realise some of its hoped for benefits. Should any change occur to the higher level structure of the partnerships, I would hope that the impact on locality planning structures was minimised, to allow them to continue to work and plan with communities and other partners at a level which enabled meaningful collaboration and the development of locally relevant solutions.	Strategic Commissioning Plans	None	Noted	No	General Comment
301.	NAHSCP Stakeholder Survey	There needs to be greater clarity about decision making and leadership about particular areas that impact on the process of integration. In particular, issues about information sharing, accommodation for services becoming co-located	Strategic Commissioning Plans	None	Noted	No	Improvement Plan

302.	NAHSCP Stakeholder Survey	Not enough focus on planning on a Pan-Ayrshire basis	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
303.	NAHSCP Stakeholder Survey	There is real congruence between strategic plan and emergent locality priorities in North Ayrshire. This needs to be consolidated and built upon going forward and the maintenance of a strong locality focus will be of prime importance in doing so.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
304.	NAHSCP Stakeholder Survey	Community Councils, Locality planning, Publicly run Town based Community Hubs etc. Their responsibility boundaries are becoming blurred, and communities will become 'consulted out'	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
305.	NAHSCP Stakeholder Survey	Recent funding issues are leading to problems independent sector.	Strategic Commissioning Plans	None	Noted	No	Improvement Plan
306.	NAC Stakeholder Survey	For the reasons given in answer to question 3.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	General Comment
307.	NAC Stakeholder Survey	Still requires much more working together and coming together of the IJBS. Far too disjointed. If this was more streamlined and this suggested change goes ahead then it would assist right down each tier of management and push some of them into making it happen as originally planned. In principle the whole project	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan

		is good but it take committed people to make it happen. administratively it is too overburdened, delaying improvements					
308.	NAC Stakeholder Survey	Not enough focus on planning on a Pan-Ayrshire basis	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
309.	NAC Stakeholder Survey	Yes to a certain extent. The North Ayrshire Strategic Planning Group is inclusive in its membership, but it is not clear that Locality Groups are given enough prominence, or that there is sufficient co-ordination between North, East and South Ayrshire.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
310.	NAC Stakeholder Survey	It seems to be working well, but with new carer legislation I believe there could be more done to represent and prioritise the importance of looking after their own health and wellbeing.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
311.	NAC Stakeholder Survey	Good consultation and engagement informed the strategic decisions. We could do more to heighten awareness of the strategic plans to front line	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan
312.	NAC Stakeholder Survey	SPG has worked well, the locality groups are still fairly young and are still evolving. Better reach to the local public needs to happen.	Strategic Commissioning Plans & Locality Planning	None	Noted	No	Improvement Plan

✓ Question 4: Do you think performance monitoring and meeting national outcomes is working well?

313.	NAHSCP Stakeholder Survey	Again I think what I have seen is good within the tools we have, but would question accuracy due to the immense amount of differing IT systems, reliance on system users to input over accurately without the knowledge of the reporting capacity and use, as well as the reliance on systems are likely to have been built around other service priorities rather than reporting ability. With respect to meeting national standards - I don't believe we are there yet, but my experience is we are better than some areas.	Performance reporting	None	Noted	No	Improvement Plan
314.	NAHSCP Stakeholder Survey	frontline staff inclusion increased	Performance reporting	None	No change	No	General statement
315.	NAHSCP Stakeholder Survey	Again have no in depth knowledge of any new service provision or new innovations	Performance reporting	None	Noted	No	Improvement Plan
316.	NAHSCP Stakeholder Survey	still room for improvement and being held to account for delivery as a collective across A&A. this can be difficult when considered alongside local authority performance monitoring	Performance reporting	None	Noted	No	Improvement Plan
317.	NAHSCP Stakeholder Survey	I believe NAC H&SCP are achieving far greater outcomes than publicised. Maybe the communications team could collate good news stories for NA citizens to focus on the positives rather than the negative stats etc.	Performance reporting	None	Noted	No	Improvement Plan

318.	NAHSCP Stakeholder Survey	<p>There remain challenges as Scottish Government outcomes are really process measures - if it isn't right at this level - then Partnerships will struggle too. There remains the need to report on NHS and social work activity to different parts of the government - which limits an integrated approach. All of this can however be overcome with the right leadership.</p> <p>There are considerable gaps in performance as the NHS Caldicott Guardian has not given permission for non-NHS staff to access identifiable data for planning purposes. This risk adverse culture is a performance barrier.</p> <p>This means that partnership performance teams, who have traditionally come from council social work departments, have struggled to collate information quickly.</p> <p>There are also complex data governance arrangements in place to share performance data and this does not support the integration approach.</p> <p>There is also a gap in enabling locality planning as data zones are too small and postcode identifiable data cannot be used.</p> <p>There needs to be the linkage of performance with resources and all systems - NHS, Council and Partnership approaches remain in</p>	Performance reporting	None	Noted	No	National Issue
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		their silos - when trying to measure outcomes.					
319.	NAHSCP Stakeholder Survey	Reporting seems to be an annual thing. Whilst annual reporting appears to be done well, I am not sure how performance information is used throughout the year (monitoring) by services and how this information is used, if at all. Not sure that we are delivering to expectations on national outcomes.	Performance reporting	None	Noted	No	Improvement Plan
320.	NAHSCP Stakeholder Survey	No aware of any reporting done on adults with dual sensory loss or deaf blindness	Performance reporting	None	Noted	No	Improvement Plan
321.	NAHSCP Stakeholder Survey	HEAT targets continue to be met however no cognisance of workforce issues being addressed which in turn impacts on service delivery.	Performance reporting	None	Noted	No	Improvement Plan
322.	NAHSCP Stakeholder Survey	I still feel that there is a rush to get information delivered - hopefully this will settle down a bit	Performance reporting	None	Noted	No	Improvement Plan
323.	NAHSCP Stakeholder Survey	Lots of this happening at all levels within the organisation. It is good to have as much focus as possible so that staff do not feel overwhelmed - steady change and good planning would be a wonderful approach for the future. Giving realistic timescales for completion of work should be at the utmost of our senior manager's minds - we must be kind to ourselves and not rush things.	Performance reporting	None	No change	No	General statement
324.	NAHSCP Stakeholder Survey	Partnership Justice Social Work Services have a sound governance structure with regular performance monitoring and reporting.	Performance reporting	None	Noted	No	Improvement Plan

325.	NAHSCP Stakeholder Survey	Performance monitoring/OM monitoring is not being translated on the ground because there is no data analyst support to MH services.	Performance reporting	None	Noted	No	Improvement Plan
326.	NAHSCP Stakeholder Survey	North Ayrshire has a robust performance framework and is able to report performance to all levels of management to both health and council. Lead partnership performance reporting has never been made clear as to what is required for each Ayrshire partnership. Attempts have been made to report the same data for each partnership in our internal ASPIRE reports and our Annual Performance Report. However lead partnership data coming into North from the other two Ayrshires has not materialised.	Performance reporting	None	Noted	No	Improvement Plan
327.	NAHSCP Stakeholder Survey	What happened to the regular peer review system?	Performance reporting	None	Noted	No	Improvement Plan
328.	NAHSCP Stakeholder Survey	I have not knowingly seen a performance report for Ayrshire. I have heard about a lot of self-congratulatory back-slapping but I do not see anything changing materially for the better for patients.	Performance reporting	None	Noted	No	Improvement Plan
329.	NAHSCP Stakeholder Survey	In certain areas of children and families it is clear the wellbeing outcomes are being worked on and some success is clearly noticeable. I cannot comment on the wider areas	Performance reporting	None	Noted	No	Passed to Policy and Performance Team
330.	NAHSCP Stakeholder Survey	Again I have concerns that communication between North and the other localities is very poor, and	Performance reporting	None	Noted	No	Improvement Plan

		there is no guidance or direction offered.					
331.	NAHSCP Stakeholder Survey	Think we are still a bit way off of all 3 areas reporting in the same way	Performance reporting	None	Noted – Review annexe 3	No	Improvement Plan
332.	NAHSCP Stakeholder Survey	I think each of the Ayrshire's having responsibility for a different service for all 3 Partnerships has worked well to date.	Performance reporting	None	Noted	No	Passed to Policy and Performance Team
333.	NAHSCP Stakeholder Survey	Performance monitoring needs to provide more evidence to influence design and delivery of future services	Performance reporting	None	Noted	No	Improvement Plan
334.	NAHSCP Stakeholder Survey	Performance measures still unclear. The system seems chaotic	Performance reporting	None	Noted	No	Improvement Plan
335.	NAHSCP Stakeholder Survey	Complete dearth of support to collect and interrogate data for performance recording and monitoring.	Performance reporting	None	Noted	No	Improvement Plan
336.	NAHSCP Stakeholder Survey	Different reporting systems in different partnerships.	Performance reporting	None	Noted	No	Passed to Policy and Performance Team
337.	NAHSCP Stakeholder Survey	This is another area where I am not close enough to make a judgement about how it is working. However, it is another area of unnecessary complexity because of the mix of responsibilities for specific functions.	Performance reporting	None	Noted	No	General Comment
338.	NAHSCP Stakeholder Survey	We currently do not share enough of our positive outcomes. We need to improve this with more proactive public engagement.	Performance reporting	None	Noted	No	Improvement Plan

339.	NAHSCP Stakeholder Survey	Reporting appears to be about quantity. There is a lack of quality being reported, and the undertaking of service audits to validate self-assessments, gathering feedback from people who use services.	Performance reporting	None	Noted	No	Improvement Plan
340.	NAHSCP Stakeholder Survey	I think the general approach to performance reporting is a bit broken though that is not necessarily a problem specific to the current IJB structures. Perhaps a more streamlined IJB structure would make the process simpler, but it wouldn't change the nature of the underlying processes.	Performance reporting	None	Noted	No	Improvement Plan
341.	NAHSCP Stakeholder Survey	There can be no proper governance unless it is pan Ayrshire.	Performance reporting	None	Noted – south needs involved	No	General Comment
342.	NAHSCP Stakeholder Survey	No monies available	Performance reporting	None	Noted	No	National Issue
343.	NAHSCP Stakeholder Survey	Different systems being used which means scrappy use of data.	Performance reporting	None	Noted	No	Improvement Plan
344.	NAHSCP Stakeholder Survey	Only based on the data set/reporting my team are asked to provide. I cannot confidently report on either of the services due to poor input into systems, the lack of performance monitoring as they are not care provider services, and unreliable information from our third sector partners. E.g. Under SDS, a recent report showed that North Ayrshire are only able to report choice/options on 22% of the people receiving care and	Performance reporting	None	Noted	No	Improvement Plan

		support. This is below the Scottish National average of 26%. Under Carers we rely on information from Unity whose system is provided by Carers Trust and does not meet our contractual agreements. Data submitted continues to be revised when received by NAHSCP.					
345.	NAHSCP Stakeholder Survey	Definitely need outcomes to keep focus. A necessary evil.	Performance reporting	None	Noted	No	Improvement Plan
346.	NAC Stakeholder Survey	Performance against the national outcomes is measured against mostly acute indicators. Most services cannot currently report on personal outcomes for their service users. There are vast difference across services in terms of how accurate reporting is and in terms of how interested in performance stats the senior manager is. Poor recording and use of too many different IT systems/manual spreadsheets that don't link has led to inaccurate data.	Performance reporting	None	Noted	No	Improvement Plan
347.	NAC Stakeholder Survey	Performance reporting may take place, but the effects of this are not made clear, and actions being taken to achieve improvements do not seem to be widely communicated. Groups such as ours should be part of this process and communication system.	Performance reporting	None	Noted	No	Improvement Plan
348.	NAC Stakeholder Survey	This shows a little more signs of moving forward but again too much	Performance reporting	None	Noted	No	Improvement Plan

		bureaucracy. Not enough people on the "same side" and again too much differing situations across different partnerships. More support is really required from supportive departments and team to make things work better i.e. I.T. H.R. etc.					
349.	NAC Stakeholder Survey	Not really included in this, so unsure how we are performing	Performance Reporting	None	Noted	No	General comment
350.	NAC Stakeholder Survey	I think our performance reporting is particularly strong	Performance Reporting	None	Noted	No	General comment
351.	NAC Stakeholder Survey	Working well in mental health but there remains challenges in breaking down the perceptual barriers that are evident in terms of locality run services being made to feel isolated.	Performance Reporting	None	Noted	No	Improvement Plan

✓ Question 5: Do you think Health and Care Governance is working well?

352.	NAHSCP Stakeholder Survey	I have no reason to suppose that it isn't working well, though previous comments about one being simpler than three apply here also.	Clinical and Care Governance	None	Noted – need south involved	No	General Comment
353.	NAHSCP Stakeholder Survey	Including carer representation on clinical care & governance committee ensures, a more rounded real impact view is brought to the table than previously....making sure carers' voices are heard. Additional service user and third sector involvement will compliment, enhance and strengthen this committee.	Clinical and Care Governance	None	Noted	No	General Comment
354.	NAHSCP Stakeholder Survey	There has been a range of stakeholder engagement approaches though I am unaware that any actions have taken place. For example, the Engaging Communities event at the Menzies Hotel in October 2015 and the workshops taking place during the event resulted in an action plan being devised, eventually. However, there has been no updates or evidence to demonstrate we have listened to service users. This may appear to be tokenistic as service users do ask what has taken place in response to their input.... There are other consultation methods, such as female peer research where a number of actions identified has not progressed. These	Clinical and Care Governance	None	Noted	No	Improvement Plan

		are excellent opportunities for services to continually develop					
355.	NAHSCP Stakeholder Survey	My experience is that there isn't enough time for staff to receive dedicated supervision and no money or time resource for CPD / Development needs such as courses etc. I am a council employee (just to clarify! I feel health service colleagues have greater opportunity in this area)	Clinical and Care Governance	None	Noted	No	Improvement Plan
356.	NAHSCP Stakeholder Survey	Understanding of different professional responsibilities, roles, parameters, terms and conditions requires to be increased.	Clinical and Care Governance	None	Noted	No	Improvement Plan
357.	NAHSCP Stakeholder Survey	Appreciate that we trying to ensure our systems are more robust.	Clinical and Care Governance	None	Noted	No	General Comment
358.	NAHSCP Stakeholder Survey	This is improving steadily but still some way to go with regard to clarity of accountability and precedence at times.	Clinical and Care Governance	None	Noted	No	Improvement Plan
359.	NAHSCP Stakeholder Survey	Yes, albeit there needs to be more focus on early intervention / increasing people's resilience. Building capacity 'natural support' in the community should be the focus rather than relying on paid support.	Clinical and Care Governance	None	No change	No	General statement
360.	NAHSCP Stakeholder Survey	The structure and arrangements for clinical and care governance are not the key drivers in ensuring safe practice, which delivers people outcomes. The quality of professional leaders, the transparency around clinical errors and the culture to support	Clinical and Care Governance	None	Noted	No	Improvement Plan

		<p>transparency of practice, linked to supervision and PDR, are more effective at enabling safe practice. If each member of staff and the partnership team delivers their role effectively these arrangements become irrelevant.</p> <p>There will be negative responses to the integrated governance approach as the culture of professionals will be towards a profession specific, NHS only or social work only approach. This is the old world and people need to move on and work, train and develop together.</p>					
361.	NAHSCP Stakeholder Survey	Large discrepancies in expectations in standards for care of people living with dementia in nhs and private sector.	Clinical and Care Governance	None	Noted	No	Improvement Plan
362.	NAHSCP Stakeholder Survey	Quality and safety of services and their clients and staff are very important and this is forefront with the IJB	Clinical and Care Governance	None	Noted	No	General comment
363.	NAHSCP Stakeholder Survey	Not aware of any differences	Clinical and Care Governance	None	No change	No	General statement
364.	NAHSCP Stakeholder Survey	Arrangements prior to partnership inception were more clear and transparent in the reporting of ongoing work	Clinical and Care Governance	None	Noted	No	Improvement Plan
365.	NAHSCP Stakeholder Survey	I have attended meetings with partners and there are areas where we can learn from each other in terms of shared standards and criteria.	Clinical and Care Governance	None	No change	No	General statement

366.	NAHSCP Stakeholder Survey	I know within the health sector we have many arrangements in place to keep staff safe, I could not comment on staff working within social care, all I do know is they are different. If we are going to continue with integration working towards a single system for all staff would be best, Having arrangements and guidance visible is a must, so different ways of communicating the governance standards and ability for staff to adhere to them could be addressed in the future to improve this.	Clinical and Care Governance	None	Noted	No	Improvement Plan
367.	NAHSCP Stakeholder Survey	We have robust governance arrangements in place across the partnership.	Clinical and Care Governance	None	Noted	No	Passed to Policy and Performance Team
368.	NAHSCP Stakeholder Survey	In community mental health the services have become bogged down in a cycle of service reviews and new governance structures are yet to emerge.	Clinical and Care Governance	None	Noted	No	Improvement Plan
369.	NAHSCP Stakeholder Survey	I'm aware that my manager is required to make savings every year which mean reduction in staff and down banding of roles. This has direct impact on quality and safety of services. It has also become difficult to understand the governance structures within my profession although this is an issue with the structure of integration rather than with the North Partnership itself.	Clinical and Care Governance	None	No change	No	General statement

370.	NAHSCP Stakeholder Survey	Doubt it is any different to what went before it.	Clinical and Care Governance	None	Noted	No	Passed to Policy and Performance Team
371.	NAHSCP Stakeholder Survey	Although the standards of care delivered by the workforce remains high, the maintenance and improvement of the quality services I feel is not happening. I feel the impact of reducing baseline services and staffing has a negative impact on the quality of services delivered.	Clinical and Care Governance	None	Noted	No	Improvement Plan
372.	NAHSCP Stakeholder Survey	As before-direction and guidance from North Ayrshire re mental health is poor in my opinion.	Clinical and Care Governance	None	Noted	No	Improvement Plan
373.	NAHSCP Stakeholder Survey	Needs to be comprehensive and robust but more streamlined.	Clinical and Care Governance	None	Noted	No	Passed to Clinical and Care Governance
374.	NAHSCP Stakeholder Survey	People should be employed by one body - NAHSCP, rather than two separate entities.	Clinical and Care Governance	None	No change	No	National Issue
375.	NAHSCP Stakeholder Survey	We do not seem to have integrated staff successfully as they still work for different organisations with different terms, conditions and policies	Clinical and Care Governance	None	No change	No	National Issue
376.	NAHSCP Stakeholder Survey	Committee unable to comment although we are aware that an AHP Senior Manager is a member of the Health & Care Governance Group. Feedback from the HSCP Governance Group is provided to the AHP Health &	Clinical and Care Governance	None	No change	No	General statement

		Care Governance Group - the AHP Professional Committee Chair is a member of this group.					
377.	NAHSCP Stakeholder Survey	There are still separate bodies making decisions about governance within health and social work. This leads to a lack of coordinated decision making and confusion at times.	Clinical and Care Governance	None	Noted	No	Improvement Plan
378.	NAHSCP Stakeholder Survey	I think the general approach to performance reporting is a bit broken though that is not necessarily a problem specific to the current IJB structures. Perhaps a more streamlined IJB structure would make the process simpler, but it wouldn't change the nature of the underlying processes.	Clinical and Care Governance	None	Noted	No	Improvement Plan
379.	NAHSCP Stakeholder Survey	I am unsure of the members and who is representative to consider if the balance is equal and works with all relevant business being addressed.	Clinical and Care Governance	None	Noted	No	General Comment
380.	NAHSCP Stakeholder Survey	There is a disconnect between some frontline services and the Health and Care Governance Committee. Also, the membership of this committee has been solely statutory sector. Thankfully, this is being addressed and work is underway to embed governance arrangements in all services that will link with the Health and Care Governance Committee to improve reporting and sharing of learning.	Clinical and Care Governance	None	Noted	No	Improvement Plan

381.	NAC Stakeholder Survey	Although we've received this email as a service provider, we have not received any communication about the performance about the IJB.	Clinical and Care Governance	None	Noted	No	Improvement Plan
382.	NAC Stakeholder Survey	I say yes but it is not really good enough yet but too strong to put a no as the answer. More work required and again both council and NHS need to work better together, share staffing and work towards one goal . I can see how it could be really great but more work to do	Clinical and Care Governance	None	Noted	No	Improvement Plan
383.	NAC Stakeholder Survey	Working but could improve. Current review of structures, reporting and educating regarding governance will prove to be beneficial. There are areas of good practice such as AERG reporting and assurance	Clinical and Care Governance	None	Noted	No	Improvement Plan
384.	NAC Stakeholder Survey	Possibly dominated by the clinical side. 3rd Sector & Ind. Sector representation is yet to be invited (although this was agreed at IJB meeting earlier this year).	Clinical and Care Governance	None	Noted	No	Improvement Plan

✓ Question 6: Do you think workforce planning and organisational development is working well?

385	NAHSCP Stakeholder Survey	Agreement was given for new joint post with Ayrshire College to support mental health issues to meet a defined need within the college	Workforce	None	No change	No	General Comment
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		community, this is in addition to an alcohol and drug adviser joint post					
386	NAHSCP Stakeholder Survey	No. Cannot do so when there is a tension between a locality only view and a pan Ayrshire one. Also basics not there e.g. data management. Too much emphasis on staffing "OD" teams at expense of these basics to support clinical staff and clinical staff posts themselves. Lots of change for the sake of change. Health baby is getting thrown out with local authority bathwater.	Workforce	None	Noted	No	Improvement Plan
387	NAHSCP Stakeholder Survey	When the services is pan Ayrshire and hosted in one partnership workforce planning is difficult as for example the East HSCP could decide that a post hosted within the North HSCP is no longer required.	Workforce	None	Noted – Review annexe 3	No	Improvement Plan
388	NAHSCP Stakeholder Survey	Workforce planning and organisational development will only work well and start to facilitate integration once the HSCP becomes an employing body	Workforce	None	No change	No	National Issue
389	NAHSCP Stakeholder Survey	Genuinely don't know - I think within the tight resources we have, then the panning is working well, but there is obvious issues such as sustainability across services where there is no cover for long term vacant posts or sick leave/maternity leave. I think there is also again much conflict across services with each silo fighting	Workforce	None	No change	No	Improvement plan

		for workforce instead of working together for a larger picture.					
390	NAHSCP Stakeholder Survey	Feedback from frontline staff is encouraged in parts of the partnership. But discouraged in others. Out with the specialist services senior staff do not have a working knowledge of the frontline staff day to day experience. How can this be a solid base for future planning?	Workforce	None	No change	No	General Comment
391	NAHSCP Stakeholder Survey	Workforce planning within my own discipline is leaving our numbers drastically low. Recruitment/retention too lengthy. Scrutiny often is blamed for hold ups in recruitment. We need to take cognisance of workload tool planning information to replenish the staff and add to existing numbers to ensure care for the housebound patient continues to be qualitative and holistic.	Workforce	None	No change	No	Improvement Plan
392	NAHSCP Stakeholder Survey	Think this could be better as processes are still very separate and the question needs to be asked whether IJBs should move to become employing authorities going forward?	Workforce	None	No change	No	National Issue
393	NAHSCP Stakeholder Survey	Yes, although please don't be swayed by the current social care recruitment deficit to take services in house. This would be short-sighted and more costly to the public purse.	Workforce	None	Noted	No	Improvement Plan
394	NAHSCP Stakeholder Survey	The current arrangement of triplication remains too complex and	Workforce	None	No change	No	National issue

		<p>as a result some managers are not enabling issues consistently as the rules are different.</p> <p>It is not possible for a partnership manager to apply the council, NHS and partnership approaches to OD, training, development, recruitment, risk management, finance management, payroll, sickness absence, PDR, PDP, supervision, expenses, staff meetings, governance reporting etc. consistently.</p> <p>The implementation of a triplicated approach is creating confusion, risk issues and management burn-out.</p> <p>The senior leadership discussion should be about either Partnerships becoming an employing body or for the NHS/Councils to integrate as a single employer.</p>					
395	NAHSCP Stakeholder Survey	<p>I am not aware of what workforce planning has happened - we need to be clear about demand and resources (including Third and Independent Sectors). Different terms and conditions an issue for some staff.</p> <p>In terms of organisational development, managers generally seem to care about their staff and staff survey results have been generally positive - but staff surveys say that staff are working hard and feel under-resourced. Has anything changed on the back of any survey?</p>	Workforce	None	Noted	No	National Issue

396	NAHSCP Stakeholder Survey	They pass on relevant information to providers and constantly give updates at the forums	Workforce	None	No change	No	General statement
397	NAHSCP Stakeholder Survey	It seems that the idea is to have less staff, but give them greater workloads and expect services to improve. Too high demand on people are leading to higher levels of stress and insecurity with regards to posts possibly being deleted.	Workforce	None	No change	No	General statement
398	NAHSCP Stakeholder Survey	I find the Talent Link process a bit cumbersome but in general I think there is a lot of positive work being done in terms of organisational development. The Partnership Awards process was a well delivered example.	Workforce	None	Noted	No	Improvement Plan
399	NAHSCP Stakeholder Survey	Very difficult with limitation on resources - it is essential that all vacant posts are considered with the impact on services to patients and staff groups.	Workforce	None	No change	No	General statement
400	NAHSCP Stakeholder Survey	Ironically integration is leading to dis-integration of mental health services across Ayrshire as the area-wide perspective has been lost.	Workforce	None	Noted – Review annexe 3	No	Improvement Plan
401	NAHSCP Stakeholder Survey	We still have a long way to travel to become one integrated culture.	Workforce	None	Noted	No	Improvement Plan
402	NAHSCP Stakeholder Survey	Unplanned reduction of frontline workers in the community when this is where increasing numbers of staff are required to improve long-term conditions health outcomes and prevent admission to hospital act. This cannot be effective workforce planning?	Workforce	None	No change	No	Improvement Plan

403	NAHSCP Stakeholder Survey	Seems unplanned, unclear. Wasn't there two OD staff? And now there's one? Was that planned or did we just not recruit to replace?	Workforce	None	No change	No	Improvement Plan
404	NAHSCP Stakeholder Survey	Minimal awareness of a retirement time-bomb in mental health in the next 5 years.	Workforce	None	No change	No	Improvement Plan
405	NAHSCP Stakeholder Survey	The pressures put onto staff are high due to ongoing financial restraints.	Workforce	None	No change	No	General statement
406	NAHSCP Stakeholder Survey	Main agenda seems to be efficiency savings with no consideration of the impact on services this is causing	Workforce	None	No change	No	General statement
407	NAHSCP Stakeholder Survey	Although good to review this, at this time	Workforce	None	No change	No	General statement
408	NAHSCP Stakeholder Survey	I believe there is not a true HSCP identity or culture, with many teams and people still seeing themselves as NHS or NAC. Further, as there is differences in pay grades between the two organisations, true workforce planning and building of true joint teams will continue to be a challenge.	Workforce	None	Noted	No	National Issue
409	NAHSCP Stakeholder Survey	Don't think that enough is invested in community services. Probably the same across the country	Workforce	None	No change	No	General statement
410	NAHSCP Stakeholder Survey	They can't seem to deliver within budget	Workforce	None	Notes	No	Passed to PSMT
411	NAHSCP Stakeholder Survey	The Committee have limited input to workforce planning and organisational development as a committee. However, based on feedback from other colleagues,	Workforce	None	No change	No	Improvement Plan

		developments are hampered by very different council and NHS systems					
412	NAHSCP Stakeholder Survey	Don't know	Workforce	None	No change	No	General statement
413	NAHSCP Stakeholder Survey	Greater clarity required about the process for decisions regarding organisational development. Longer term planning appears to be undermined by short term decisions in relation to particular pressures.	Workforce	None	No change	No	Improvement plan
414	NAHSCP Stakeholder Survey	The NHS no redundancy policy means council jobs are always more at risk.	Workforce	None	Noted	No	National Issue
415	NAHSCP Stakeholder Survey	The lead partnership for mental health services seems to take decisions based on North Ayrshire's needs ahead of the needs of Ayrshire and Arran as a whole. We are a pan-Ayrshire group, but have to abide by one HSCP's processes.	Workforce	None	Noted – Review annexe 3	No	Improvement Plan
416	NAHSCP Stakeholder Survey	I believe the role of social work is being lost. The general public are still very unsure what social care is until they reach a point in their life that they need to access support. I think people know very well what a nurse, dentist, etc. does but not a Social Worker?! In terms of workforce planning, I think some services/teams really struggle whilst others are more fortunate. There could be better ways of spreading the wealth across teams and services.	Workforce	None	Noted	No	Improvement Plan

417	NAHSCP Stakeholder Survey	<p>There is a disconnect between the service change plans and the OD plan and this needs to be addressed to ensure the two effectively complement each other.</p> <p>Much work is needed with management teams to improve communication, joint working and positive attitudes to change - all of which should feature in a Partnership OD plan.</p> <p>Finally, there is an absence of an effective workforce plan due to the work pressures on senior managers and the inability to step back and consider the skills and competencies that will be required in the future - instead we simply focus on more of the same.</p>	Workforce	None	Noted	No	Improvement Plan
418	NAHSCP Stakeholder Survey	Still 'them and us'. Need a single employing body	Workforce	None	Noted	No	National Issue
419	NAHSCP Stakeholder Survey	It should be an employing body - having NHS and NAC employees in the same team doing similar jobs but on different pay and conditions is not good.	Workforce	None	Noted	No	National Issue
420	NAHSCP Stakeholder Survey	On some of levels it seems to be working well, but more could be done to support shared information and transparency	Workforce	None	Noted	No	National Issue/Improvement Plan

421	NAHSCP Stakeholder Survey	There is active on-going planning and development activity evident but financial pressures are impeding implementation in many areas. Annual funding streams have negative impact on workforce planning and developments.	Workforce	None	Noted	No	National Issue
422	NAHSCP Stakeholder Survey	Difficult when the Joint Board relies on money from the two partners.	Workforce	None	Noted	No	National Issue

✓ Question 7: Do you think financial management and/or reporting is working well?

423	NAHSCP Stakeholder Survey	I have based this on the information I have been provided with through the CPP Board	Finance	None	No change	No	General statement
424	NAHSCP Stakeholder Survey	It can't be if we have pan Ayrshire inequity and a plethora of "organisational change" staff aimed at forcing integration to work when it will not and when at the same time we are cutting clinical posts.	Finance	None	No change	No	Improvement Plan
425	NAHSCP Stakeholder Survey	Not all three partnerships may agree on the same services to be commissioned i.e. V1P which is hosted in the North. Unless the East and South agree to part fund this project the North will either have to fund for all three partnerships or the service will only be available to those living in the North partnership or the service will close.	Finance	None	Noted – review annexe 3	No	Improvement Plan

426.	NAHSCP Stakeholder Survey	No monies available for Free Personal Care	Finance	None	No change	No	General statement
427.	NAHSCP Stakeholder Survey	The briefing papers for this exercise themselves identify some of the problems that have arisen and continue to arise in the current structure. In times of financial stringency such as the present, it would be beneficial to have one single body responsible for financial management. A case for change is, in my view, unanswerable.	Finance	None	Noted – review annexe 3	Yes - as budget holding arrangement change	Improvement Plan
428.	NAHSCP Stakeholder Survey	Always consistent reporting. Considering the budgetary constraints, working hard to align overspends but serious concerns remain surrounding where any further savings will be made and the real impact there will be for our people, particularly those we have a duty to care for.	Finance	None	No change	No	General statement
429.	NAHSCP Stakeholder Survey	Funding decisions regarding the ADP budget have been taken without any communication with the ADP leads.	Finance	None	No change	No	National Issue
430.	NAHSCP Stakeholder Survey	I think the IJB manages and allocates effectively however without adequate time to provide decent feedback and business cases, the frontline services that are struggling and have weaker voices aren't getting a chance for a slice of the cake adequately. I do feel it is though who shout loudest and happen to have pro-active management, receive allocation, rather than the struggling services	Finance	None	No change	No	General statement

		who might not have supportive management to build a case.					
431.	NAHSCP Stakeholder Survey	A longer term, more open view COULD be encouraged. E.g. argument put forward re accessing services from private companies vs "in house" for care. costs too much in e.g. holiday pay, etc. however regular experience is of people with assessed needs being left without basic care, carers experiencing increased stress , impact on employment etc. front line staff have the most up to date information yet not included in early stages. presented with a plan that does not meet equality duties	Finance	None	No change	No	Improvement Plan
432.	NAHSCP Stakeholder Survey	Don't know re finance - know that the increasing burden of care - has ensured value for money is essential re services but that increasing patient dependency/health needs is taking large chunks out of very tight budget.	Finance	None	No change	No	General statement
433.	NAHSCP Stakeholder Survey	If the council doesn't have the income then they can't provide services. The introduction of CM2000 will support the accuracy of invoicing and reduce administrative processing for our Org. this is very welcomed.	Finance	None	No change	No	General statement
434.	NAHSCP Stakeholder Survey	The Partnerships were never able to create a single 'pooled' budget and as a result managers have to navigate their way through NHS and Council finance, ordering and procurement systems. This also means triplicate	Finance	None	No change	No	Improvement Plan/National Issue

		<p>financial reporting to IJB, Council and NHS.</p> <p>The need to have accountability to council and NHS structures for monies means that a trusting and more dynamic approach to financial management does not take place. It is not possible to move monies from one budget to another and the details around the budget influence on acute services remains a mystery. It would be good to test new approaches e.g. zero-based budgeting but traditional methods seem to dominate.</p> <p>The duplication of governance reporting for capital projects - which require NHS and Council monies are so convoluted (Partnership management team, council Leadership teams, council cabinet, council scrutiny, NHS capital planning structures, NHS scrutiny, NHS Board) that this approach becomes perceived as too much and not worth the effort for return.</p> <p>Unless the NHS Board and Council can integrate in to a single organisation, the number of barriers in place will not reduce.</p>					
435.	NAHSCP Stakeholder Survey	We don't have the money we need to match the current and anticipated demand.	Finance	None	No change	No	General statement
436.	NAHSCP Stakeholder Survey	Too much money still going to waste particularly with procurement of goods having to go through only certain approved companies that cost	Finance	None	No change	No	Improvement Plan

		up to double of others. Managers need to be able to "shop around" for the best deal. Older vehicles being maintained at high cost, rather than newer (and safer) vehicles being purchased (spend to save). Money being spent on services/companies who are not delivering results. Poorly constructed new builds that cost to repair after they open.					
437.	NAHSCP Stakeholder Survey	No comments at this stage	Finance	None	Noted	No	Passed to MH SMT
438.	NAHSCP Stakeholder Survey	Can't comment too much on this - but certainly budget is constantly mentioned via team meetings, line management supervision etc.	Finance	None	No change	No	General statement
439.	NAHSCP Stakeholder Survey	Management becomes challenging when funding is inadequate at the outset.	Finance	None	No change	No	General statement
440.	NAHSCP Stakeholder Survey	Line managers have been getting conflicting messages throughout the year about budgets and funding for services which has made it difficult to plan services.	Finance	None	No change	No	Improvement Plan
441.	NAHSCP Stakeholder Survey	Think it could be better if the timescales for budget setting were the same in Council and NHS.	Finance	None	Noted	No	National Issue
442.	NAHSCP Stakeholder Survey	Given the current financial situation? Really?	Finance	None	No change	No	General statement
443.	NAHSCP Stakeholder Survey	Not knowingly seen any report on this.	Finance	None	No change	No	General statement
444.	NAHSCP Stakeholder Survey	As before-main focus is on efficiency savings without consideration on impact on services.	Finance	None	No change	No	General statement

445.	NAHSCP Stakeholder Survey	I am not saying finance is not being well managed, but think there needs to be more honesty with the general public about the lack of funds available to fund services.	Finance	None	No change	No	General statement
446.	NAHSCP Stakeholder Survey	Overspends, short term planning, moving from 'crisis' to 'crisis' - financial management should be just that, a management responsibility supported and advised by finance. Financial accountability must be in place.	Finance	None	No change	No	Improvement Plan
447.	NAHSCP Stakeholder Survey	To my understanding the NHS and NAC budget setting process runs on different timescales which can be confusing and inefficient.	Finance		No change	No	National Issue
448.	NAHSCP Stakeholder Survey	Not enough capacity to engage and communicate with stakeholders meaningfully. If this is such a significant aspect of integration, the funding should reflect that. Meaningful engagement also has real potential to create savings across the partnership, therefore we should be investing in this.	Finance	None	Noted	No	Improvement Plan
449.	NAHSCP Stakeholder Survey	Not reaching the general public	Finance	None	No change	No	Improvement Plan
450.	NAHSCP Stakeholder Survey	The Committee do receive regular updates from the Associate Director for AHPs	Finance	None	No change	No	Improvement Plan
451.	NAHSCP Stakeholder Survey	Don't know	Finance	None	No change	No	General statement
452.	NAHSCP Stakeholder Survey	Current financial pressures and associated proposals threaten to	Finance	None	No change	No	General statement

		undermine the progress with integration and delivery of the service required to people living in North Ayrshire.					
453.	NAHSCP Stakeholder Survey	Equal value of services are provisioned from each of the contributing organisations as given, no scope for true innovation.	Finance	None	Noted	No	Improvement Plan
454.	NAHSCP Stakeholder Survey	We don't have sufficient information about finances to be confident that financial management is working well. We had a presentation last year from a senior finance manager, who was able to discuss only NHS figures, with no information about the total picture. However, we are concerned about the overall deficits that get reported.	Finance	None	Noted	No	Improvement Plan
455.	NAHSCP Stakeholder Survey	Strictly based on my experiences over the past few years, financial management is granted very complex but very messy. E.g. Carer monies continue to go to Health boards when the duty actually lies with local authority. Therefore, when trying to access this no matter the amount, it is really difficult. Generally, budgetary set up remains very messy and is not conducive to how we deliver care and support. This results in lengthy, bureaucratic and unhelpful processes leaving staff and	Finance	None	Noted	No	Improvement Plan

		service users not communicated with and not supported in times of need.					
456.	NAHSCP Stakeholder Survey	<p>The two sets of financial governance arrangements within the respective parent bodies are not complementary and therefore represent a significant barrier to effective financial planning and budgetary management.</p> <p>Further, while NAC has year-on-year provided additional investment to reflect growing demand for community based services, there has been no such reciprocal agreement from NHS Ayrshire and Arran where budgets have, at best been sustained in the face of growing demand, while investment has centred on acute services. The historic underinvestment in District Nursing while investing around £3m in acute nursing services in 2016/17 is the case in point.</p>	Finance	None	Noted	No	National Issue
457.	NAHSCP Stakeholder Survey	As above. Recent hold on funding in causing financial problems for the independent sector and has forced introduction of top up payments.	Finance	None	Noted	No	Improvement Plan
458.	NAC Stakeholder Survey	It depends. Financial management seems to have overtaken all else. whilst it is appreciates reasons for this it can make us lose sight of our goals and lose sight of why the partnerships were put together in the first place.	Finance	None	Noted	No	Improvement Plan

459.	NAC Stakeholder Survey	I have no knowledge of this area	Finance	None	Noted	No	General Comment
460.	NAC Stakeholder Survey	There are good working relationships across all Parties in relation to both and this has enables the IJB and management to receive clear financial reporting. However there are areas where the Integration Scheme is not applied as written in the main linked to the sharing of budget pressures linked to demographic shifts and volume changes and the sharing of overspends. If the Scheme is updated this section should be updated to reflect the reality of how this operates and to reflect the different budget timescales operated by both organisations. The IJB needs to start to manage its budgets in totality allocating resources to deliver on its strategic plan irrespective of who the funding partner is and this will evolve as the organisation matures.	Finance	None	Noted	No	Improvement Plan
461.	NAC Stakeholder Survey	Financial management is evident but lack of financial resource is having a negative impact on service development. We have increasing risk to service provision if continuous demands for financial savings are made. Tension is evident between IJBs in relation to pan Ayrshire services and between NHS and Partnership budget holders	Finance	None	Noted	No	Improvement Plan

462.	NAC Stakeholder Survey	Reporting is working well, but the financial structure is wholly reliant on its two partners as sources of funding. The assumptions on how budgets are set have been proven to be questionable - e.g. reduction in care home funding at time of increased demand via demographics and the early effects of shift of care balance.	Finance	None	Noted	No	Improvement Plan/National Issue
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✓ Question 8: Do you think Participation and engagement of stakeholders is working well?

463.	NAHSCP Stakeholder Survey	This is first time I have been given formal opportunity to say how ridiculous the whole integration scenario is in Ayrshire. And of course staff do not tend to air this as it has become politically incorrect to say anything other than integration is a good thing. From my conversations with people outside i.e. potential and actual service users, it appears they do not understand what is going on and certainly are very angry when they learn that their access to certain forms of healthcare is becoming increasingly dependent on where they live in Ayrshire.	Engagement	None	No change	No	General statement
464.	NAHSCP Stakeholder Survey	As a member of admin staff I am still unsure as to which partnership I belong. I work within Psychological Services (Mental Health hosted in the North) but I am based within the Administration Team in the South HSCP at Ailsa.	Engagement	None	Noted – review annexe 3	No	Improvement Plan
465.	NAHSCP Stakeholder Survey	Yes but! The structures of the HSCP groups such as IJB, Strategic Planning Group etc., make adequate provision for participation by community planning partnerships and other non-governmental groups. To this extent participation seems to be working satisfactorily. With regard to proper	Engagement	None	No change	No	Improvement Plan

		community stakeholder participation the situation is more patchy. As already mentioned, the participation of locality groups needs to be facilitated much more positively than at present. The drawback of current participation opportunities is that they are largely structured to deliver what the HSCP wants to hear, rather than necessarily what they need to hear.					
466.	NAHSCP Stakeholder Survey	Good wealth and range of skills being utilised throughout.	Engagement	None	No change	No	General statement
467.	NAHSCP Stakeholder Survey	As previously answered, there is a lack of progress being demonstrated in response to those stakeholder engagement methods I am aware of. Services still appear to be service led opposed to person led.	Engagement	None	No change	No	Improvement Plan
468.	NAHSCP Stakeholder Survey	I think we are getting there, but it's still not good enough. Since engagement isn't compulsory for staff, then some/most aren't released for engagement events by direct managers, either due to service priorities or cynicism. There isn't enough budget provided to advertising for the public therefore key groups turn up but we tend to miss out "Joe Bloggs". The matters to you approach worked extremely well, in that it was on street engagement and short sharp in nature.	Engagement	None	No change	No	General statement
469.	NAHSCP Stakeholder Survey	Real participation is involvement in ALL and every stage.	Engagement	None	No change	No	Improvement Plan

		A completed plan is provided for comment. Not participation. Acceptance and acknowledgement of the value of trade union involvement is lacking.					
470.	NAHSCP Stakeholder Survey	I have answered this in relation to specific work undertaken within the area I work in and the engagement within the Change programme work. I am unable to comment on other areas.	Engagement	None	No change	No	General statement
471.	NAHSCP Stakeholder Survey	Certainly better than it has been, largely down to the focus on locality collaboration, As above, would be keen that any changes to IJB structures didn't jeopardise this progress: unifying 2 or more IJBs I don't think requires the dissolution of existing locality planning structures.	Engagement	None	No change	No	General statement
472.	NAHSCP Stakeholder Survey	Don't Know	Engagement	None	No change	No	General statement
473.	NAHSCP Stakeholder Survey	HSCPs do this well	Engagement	None	No change	No	General statement
474.	NAHSCP Stakeholder Survey	This is not only working well. This is and has been excellent over the past 5-6 years. Stephen Brown recently referred to the Third and Private Sector as 'Colleagues'... this nuance speaks volume and breaks down unnecessary barriers. Thank you	Engagement	None	No change	No	General statement
475.	NAHSCP Stakeholder Survey	The Partnership engagement events are of a higher standard and frequency than NHS and council events. The HSCP team are now a	Engagement	None	No change	No	General statement

		<p>'well Kent' face across the locality and this is to be celebrated.</p> <p>The senior management teams from the council and NHS have been less obvious in the last 6 months.</p> <p>However the duplication of approach is creating confusion - as staff attend both Partnership and NHS/Council engagement events - where often there is not the same consistent messaging. This creates concern.</p> <p>The need to complete imatter and NHS/Council engagement questionnaires is a farce! If central teams can't join up their approaches effectively this negatively impacts on the Partnerships approach.</p>					
476.	NAHS CP Stakeholder Survey	I know for me as a registered manager on an Island participation makes me feel more supported, instead of isolated.	Engagement	None	No change	No	General statement
477.	NAHS CP Stakeholder Survey	<p>Employee engagement seems fine - although I know some people in the Partnership are very engaged with the Partnership, some do not feel part of the Partnership and some feel negatively towards it.</p> <p>We need to step up engagement with users, carers and the public.</p> <p>I don't know if we have engaged effectively with housing and education</p>	Engagement	None	No change	No	General statement
478.	NAHS CP Stakeholder Survey	Have not been asked until now to comment	Engagement	None	No change	No	General statement
479.	NAHS CP Stakeholder Survey	It is my experience there is extreme reluctance in terms of engagement by nhs admin staff	Engagement	None	No change	No	Improvement Plan

480.	NAHSCP Stakeholder Survey	Service users are not interested; they just want a good service and often are not getting it. Staff are being overwhelmed with constant changes, constant criticism and the push to do more for less. They want to do a good job, and take home a good pay - but not the growing stress that goes with how things are being done now.	Engagement	None	No change	No	General statement
481.	NAHSCP Stakeholder Survey	I have answered positively to this but we have to be careful that we do not send too much information out - wasn't ideal to have iMatters and WMTY happening close to each other.	Engagement	None	No change	No	Improvement Plan
482.	NAHSCP Stakeholder Survey	Very well in the North sector, and this is communicated well to staff.	Engagement	None	No change	No	General statement
483.	NAHSCP Stakeholder Survey	I believe this is a strength for NAHSCP and is embedded in the culture and practice of services. A range of effective service user engagement mechanisms and activities are evident across the partnership.	Engagement	None	No change	No	General statement
484.	NAHSCP Stakeholder Survey	Improved consultation with service users has been one area of improvement.	Engagement	None	No change	No	General statement
485.	NAHSCP Stakeholder Survey	There have been some excellent examples of engagement across the partnership with both staff and the public. However, it is not done as a matter of routine and this I think is the way we need go.	Engagement	None	No change	No	Improvement plan
486.	NAHSCP Stakeholder Survey	I know that stakeholders in the service I work in do not feel engaged or that they can participate in decisions. As an employee I struggle to understand how and where decisions are being	Engagement	None	No change	No	General statement

		made within the confusing AHP management/governance structures.					
487.	NAHSCP Stakeholder Survey	Ad hoc been ok. No strategic approach.	Engagement	None	No change	No	Improvement plan
488.	NAHSCP Stakeholder Survey	Like others, I have taken time to attend meetings to look at how we design and redesign services, then see nothing happen.	Engagement	None	No change	No	Improvement plan
489.	NAHSCP Stakeholder Survey	Too little communication for the front line staff and again still not enough joined up working to deliver more effective services.	Engagement	None	No change	No	Improvement plan
490.	NAHSCP Stakeholder Survey	We can all, always, improve and do more in this important area	Engagement	None	No change	No	Improvement plan
491.	NAHSCP Stakeholder Survey	I think this is working well, but I think we can do more, especially in terms of engaging with members of the public.	Engagement	None	No change	No	Improvement plan
492.	NAHSCP Stakeholder Survey	It has worked well, but we see a danger in the way in which attempts seem to be getting made to channel participation and engagement along the lines that the HSCP wants to discuss, rather than the freedom of expression we have had to date.	Engagement	None	No change	No	Improvement plan
493.	NAHSCP Stakeholder Survey	I think we do have adequate opportunity to voice what is important, what is working/not working but I would again link back to the strategy question response and say that we need to see more of this feedback in practice rather than on paper or simply paid lip service.	Engagement	None	No change	No	Improvement plan

494.	NAHSCP Stakeholder Survey	NAHSP has established some highly effective joint working and planning arrangements across all stakeholders. This represents an excellent baseline from which to build.	Engagement	None	No change	No	General comment
495.	NAHSCP Stakeholder Survey	again worry about being consulted out leading to apathy	Engagement	None	No change	No	Improvement plan
496.	NAHSCP Stakeholder Survey	Major decisions are made without consultation, as above.	Engagement	None	No change	No	Improvement plan
497.	NAC Stakeholder Survey	For the reasons given in question 3. CHAS is keen to work with the IJB and would value the opportunity to discuss our work and potential developments further.	Engagement	None	No change	No	Improvement plan
498.	NAC Stakeholder Survey	No I think we need much more engagement from everyone. As advised earlier, too many barriers but those who do not wish to move on and develop the exciting challenges we are faced with. Also, apart from those actually working within a partnership the remainder of the workforce from council and NHS hardly even knows what a partnership is and that causes drains/barriers on what we try to achieve	Engagement	None	No change	No	Improvement plan
499.	NAC Stakeholder Survey	Engagement events need to be planned better and more clearly defined. Wider engagement isn't great as the	Engagement	None	No change	No	Improvement plan

		majority of people living in North Ayrshire are still unaware of the Partnership's existence.					
500.	NAC Stakeholder Survey	I believe as a HSCP we are engaging and communicating more, the only way we can make effective changes is by including all parties involved.	Engagement	None	No change	No	Improvement plan
501.	NAC Stakeholder Survey	Excellent examples of engagement evident	Engagement	None	No change	No	General Comment
502.	NAC Stakeholder Survey	Appears to be, but non-stat sector provider fora still bring up challenges in attendance rates.	Engagement	None	No change	No	Improvement plan

✓ Question 9: Do you think data sharing and information management is working well?

503.	NAHSCP Stakeholder Survey	One data system for all!	Data Sharing	None	No change	No	Improvement plan
504.	NAHSCP Stakeholder Survey	Totally chaotic. We should be sharing and analysing data more effectively to target resources where they are needed most	Data Sharing	None	No change	No	Improvement plan
505.	NAHSCP Stakeholder Survey	Not sure about data sharing arrangements across a range of partners	Data Sharing	None	No change	No	Improvement plan
506.	NAHSCP Stakeholder Survey	No. See above. No support for relevant health care data collection and lots of requirements to provide irrelevant local authority data.	Data Sharing	None	No change	No	Improvement plan

507.	NAHSCP Stakeholder Survey	The issue of maintaining a balance between preserving a degree of protection of sensitive data and sharing information to facilitate the delivery of "joined up services" is more fraught than it needs to be because of the triplication of HSCP functions for Ayrshire and Arran.	Data Sharing	None	Noted	No	National Issue
508.	NAHSCP Stakeholder Survey	Unsure, seems improved but still needs some work!	Data Sharing	None	No change	No	General statement
509.	NAHSCP Stakeholder Survey	This is a major barrier to the sharing of information as there are multiple systems.	Data Sharing	None	No change	No	Improvement plan
510.	NAHSCP Stakeholder Survey	Heavily governed and tied up in legislation and very much silo'd into "health" and "social care" arrangements rather than a joint approach, with either side of the partnership not understanding the rules and regulations for the other. No shared databases/IT systems causing massive communication issues, resulting in unnecessary duplication, poor targeting of services/resources and in all honesty, if this area could be fixed, it would have a huge win /impact on all services within the partnership	Data Sharing	None	No change	No	National Issue
511.	NAHSCP Stakeholder Survey	Complicated, processes. inability to contact partners NO acknowledgement or proper provision for conditions e.g. dyslexia	Data Sharing	None	No change	No	Improvement plan

512.	NAHSCP Stakeholder Survey	There is more cooperation and communication willingly sharing info whilst still maintaining confidentiality	Data Sharing	None	No change	No	General statement
513.	NAHSCP Stakeholder Survey	but still room for improvement with regard to public protection	Data Sharing	None	No change	No	Improvement plan
514.	NAHSCP Stakeholder Survey	There should be a formal meeting with contract and commissioning to discuss this further to ensure both comply.	Data Sharing	None	No change	No	Improvement plan
515.	NAHSCP Stakeholder Survey	This is a bureaucratic nightmare! It's also a disgrace that senior leaders have been unable to overcome these issues e.g. the NHS Caldicott Guardian has not given permission for non-NHS staff to access identifiable data for planning purposes. This risk adverse culture is a performance barrier. Staff have become scared to share people's information in integrated teams and other professional groups e.g. psychiatrists have used this issue to block change which will improve patient outcomes, as they perceive a loss of power in the system. The medical director has been ineffective at moving this professional barrier. The integration of the NHS Boards with the Councils would be the only effective approach to overcome the current legislative barriers.	Data Sharing	None	No change	No	Improvement plan/national issue
516.	NAHSCP Stakeholder Survey	Information sharing seems to be the biggest problem and limitation voiced by some people.	Data Sharing	None	No change	No	Improvement plan
517.	NAHSCP Stakeholder Survey	Forms introduced are not used throughout, leading to missing information, access restricted	Data Sharing	None	No change	No	Improvement plan

		information and double and triple writing of the same information. i.e. this is me form, no medical information at times available, ACPs not shared amongst professionals					
518.	NAHSCP Stakeholder Survey	Again not been involved in this process	Data Sharing	None	No change	No	General statement
519.	NAHSCP Stakeholder Survey	I would say what we are able to share is working well but there is definitely a requirement for this to be developed.	Data Sharing	None	No change	No	General statement
520.	NAHSCP Stakeholder Survey	Clients would be horrified at how information is being shared. Changes to information sharing are happening behind people's back and without consultation.	Data Sharing	None	No change	No	Improvement plan
521.	NAHSCP Stakeholder Survey	I think we are benefitting greatly from active use of social media	Data Sharing	None	No change	No	General statement
522.	NAHSCP Stakeholder Survey	There is a lot more information coming to staff via weekly news, directors report etc.	Data Sharing	None	No change	No	General statement
523.	NAHSCP Stakeholder Survey	I'm aware that discussions about increased information sharing are ongoing but these have not been resolved.	Data Sharing	None	Noted	No	Passed to Engagement
524.	NAHSCP Stakeholder Survey	There are too many systems across both organisations that cannot talk to each other. Data sharing is inconsistent and too complicated to allow for full integrated working.	Data Sharing	None	No change	No	Improvement plan
525.	NAHSCP Stakeholder Survey	Still unclear within services who 'have it cracked' let alone those that don't.	Data Sharing	None	No change	No	Improvement plan
526.	NAHSCP Stakeholder Survey	We have no access to other data/ information e.g. re treatment documentation, standard operating procedures or even email addresses.	Data Sharing	None	No change	No	Improvement plan

527.	NAHSCP Stakeholder Survey	No as we have no idea what's going on Also it would have been beneficial if this survey had been written in plain English, as jargon is not helpful	Data Sharing	None	No change	No	General statement
528.	NAHSCP Stakeholder Survey	Mostly - although I have sometimes been left out of the loop in relation to the service area for which I am the Senior Officer - it can be difficult to remember to include everyone appropriate - but it is important to strive for this.	Data Sharing	None	Noted	No	Improvement plan
529.	NAHSCP Stakeholder Survey	Positive steps have been taken but significant challenges remain.	Data Sharing	None	Noted	No	Improvement plan
530.	NAHSCP Stakeholder Survey	The HSCP could make much better use of the data it holds (across all partners) if it was jointly managed and aggregated. At present we are not always able to get the wider health and care picture as we can't bring our information together.	Data Sharing	None	No change	No	Improvement plan
531.	NAHSCP Stakeholder Survey	I have selected don't know as I have very high level information, those closer to the services and service users may have a better view on this question.	Data Sharing	None	No change	No	General statement
532.	NAHSCP Stakeholder Survey	Absolutely. One partnership only. Or none at all.	Data Sharing	None	Noted – review annexe 3	No	Improvement plan
533.	NAHSCP Stakeholder Survey	Cumbersome and difficult systems and it is difficult to share information across services due to the infrastructure not being robust. There is difficulty in accessing and no support for portable hardware.	Data Sharing	None	No change	No	Improvement plan

		Cannot communicate risk across services					
534.	NAHSCP Stakeholder Survey	Complex, having to accommodate multiple systems and the petulance of awkward professions.	Data Sharing	None	No change	No	Improvement plan
535.	NAHSCP Stakeholder Survey	Concerns raised by medical staff about information sharing have undermined progress in this area. This is despite reassurances being given by governance bodies that all measures are in place to support information sharing. Stronger leadership is required to address this issue.	Data Sharing	None	No change	No	Improvement plan/National issue
536.	NAHSCP Stakeholder Survey	The legislation is being ignored in favour of risk adverse gate keeping of data. Not enough data is being shared.	Data Sharing	None	No change	No	Improvement plan/National issue
537.	NAHSCP Stakeholder Survey	We don't have information on these issues, though we often hear about situations that have arisen because of a failure in information sharing, or because information management systems haven't been able to communicate with each other.	Data Sharing	None	No change	No	Improvement plan/National issue
538.	NAHSCP Stakeholder Survey	There should be clear information given to clients and users of all services as to who has access to their personal data and why they need it.	Data Sharing	None	No change	No	Improvement plan/National issue
539.	NAHSCP Stakeholder Survey	There are still too many barriers, systems, hidden elements or one liners in historical documents or contracts that state information cannot be shared even though we work by the same principles of	Data Sharing	None	No change	No	Improvement plan/National issue

		confidentiality. The Carers Contract is a prime example of this.					
540.	NAHSCP Stakeholder Survey	Still far too many barriers to effective information sharing and corporate functions within the respective parent organisations finding reasons why information can't be shared rather than working to develop positive solutions in line with the legislation.	Data Sharing				
541.	NAHSCP Stakeholder Survey	Information regarding individual service users is patchy at times.	Data Sharing	None	No change	No	Improvement plan
542.	NAC Stakeholder Survey	In terms of data held on information systems it is still is not clear if, and in what circumstances, data held on NHS systems and NAC systems can be linked for research/data analysis purposes – this has stood in the way of useful work being done. The vast number of IT systems does not help matters. Any time data is required to be shared between NHS and NAC employees, even within the same team, there are hoops to be jumped through (nothing identifiable, suppressed numbers, lack of knowledge of each other's systems capabilities etc.)	Data Sharing	None	No change	No	Improvement plan/National issue
543.	NAC Stakeholder Survey	The legislation is being ignored in favour of risk adverse gate keeping of data. Not enough data is being shared.	Data Sharing	None	No change	No	Improvement plan/National issue

544.	NAC Stakeholder Survey	We don't have information on these issues, though we often hear about situations that have arisen because of a failure in information sharing, or because information management systems haven't been able to communicate with each other.	Data Sharing	None	No change	No	Improvement plan/National issue
545.	NAC Stakeholder Survey	There should be clear information given to clients and users of all services as to who has access to their personal data and why they need it.	Data Sharing	None	No change	No	Improvement plan/National issue
546.	NAC Stakeholder Survey	I think there is more work needed to ensure we are able to share data. Carers' information is gathered at the North Ayrshire Carers Centre, we as a partnership are unable to obtain this information, and this can cause difficulty with engaging with North Ayrshire carers. This is the same situation for a lot of services	Data Sharing	None	No change	No	Improvement plan/National issue
547.	NAC Stakeholder Survey	Too many examples of perceived barriers re information governance and sharing protocols. Systems are not equipped to easily be accessed of information shared. There are too many bespoke unsanctioned data basis in existence	Data Sharing	None	No change	No	Improvement plan/National issue
548.	NAC Stakeholder Survey	Would appear the public are still having to 'tell their story' to various practitioners on more than one occasion, rather than one system sharing appropriate information. We really must get past the hurdles of	Data Sharing	None	No change	No	Improvement plan/National issue

		Caldicott etc. for the benefit of the individual.					
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✓ Question 10: Do you think changes in the Integration Scheme(s) are necessary or desirable?

549.	NAHSCP Stakeholder Survey	The three local partnerships need to be replaced by one partnership, area wide for Ayrshire and Arran.	Integration scheme	None	No change	No	General statement
550.	NAHSCP Stakeholder Survey	Changes are necessary. Three Partnerships are an unnecessary excess for a HB the size of A&A and there is insufficient variation in the three Partnership needs to justify this arrangement. Health (physical and mental) provision should be equitable across the whole area. One HSCP would be more efficient and ensure area-wide equity of service provision and outcomes. For services operating on an area-wide basis, three Partnerships is contributing to inefficiency and inequity. One Partnership would also resolve issues relating to "host/lead" Partnership arrangements.	Integration scheme	None	Yes – review annexe 3	Yes if budgets realigned	Improvement plan
551.	NAHSCP Stakeholder Survey	It was much easier when there was one governing body. Staff could identify where they belonged. There were no blurred lines about who has management of staff. Services were pan Ayrshire and not a postcode	Integration scheme	None	Yes – review annexe 3	Yes if budgets realigned	Improvement plan

		lottery. Having one partnership will mean the same decision re services for the whole population of Ayrshire & Arran.					
552.	NAHSCP Stakeholder Survey	The foregoing comments demonstrate clearly my belief that a wide range of items require review and change. We are only just at the beginning of a genuine integration process, and the initial route is demonstrating flaws and highlighting problems. Many of these arise because of the complexities built into the integration scheme by trying to build it to fit in with existing local authority and NHS structures, and there is now an opportunity for some radical and fundamental change. Now is definitely the right time to stop, take stock, and correct the direction of travel. This opportunity should be grasped before we have to agree plans for another five years.	Integration scheme	None	Yes	Yes	Improvement plan
553.	NAHSCP Stakeholder Survey	Due to sharing many services across all of the Ayrshires, including hospitals and a prison, it would benefit service users greatly if there were similar services available regardless of their post code	Integration scheme	None	No	No	General statement

554.	NAHSCP Stakeholder Survey	Change surrounding finance, alignment of Council & NHS budgets etc. would bring clarity moving forward. Changes surrounding GP provision across the Ayrshires could more effectively manage the current service challenges.	Integration scheme	None	Yes – review annexe 3	Yes if budgets realigned	National Issue/Improvement plan
555.	NAHSCP Stakeholder Survey	I do not believe the integration has been embedded as there are differing models of care being delivered where a range of resources are not being utilised to the detriment of the client group. The nature of service delivery is dependent on the background/make up of management in whether they are NHS or NAC. There are also differing values and attitudes	Integration scheme	None	No	No	General statement
556.	NAHSCP Stakeholder Survey	Some changes yes, but not overly sure what they would be. More support to deliver on the scheme and provide fit for purpose IT systems?	Integration scheme	None	No	No	General statement
557.	NAHSCP Stakeholder Survey	Improved front line staff inclusion and acknowledgement of their real experience. Acceptance encouraged that professional boundaries exist, are not individual staff choice. Same re terms and conditions.	Integration scheme	None	Noted	No	Passed to PSMT
558.	NAHSCP Stakeholder Survey	I honestly don't know	Integration scheme	None	No change	No	General statement

559.	NAHSCP Stakeholder Survey	I think the current structure for A&A of 3 local authorities, 3 IJBs and one NHS Board feels cumbersome at and can lead to duplication of effort. feels like we could do some things smarter and slicker	Integration scheme	None	Yes – review annexe 3	Yes if budgets realigned	Improvement plan
560.	NAHSCP Stakeholder Survey	Whilst there are common themes of societal need across Pan-Ayrshire and be sensible to share resources and in turn make some efficiencies. However each have their own identity and this should be respected and celebrated.	Integration scheme	None	No change	No	Improvement plan
561.	NAHSCP Stakeholder Survey	An integration scheme is only as good as its leaders and the behaviours of the people in its system. It's these issues that need changed moving forward. A more effective system wide solution would be to integrate the councils and NHS Boards together in to a single public sector agency creating single governance approaches.	Integration scheme	None	No change	No	Improvement plan
562.	NAHSCP Stakeholder Survey	BUT, I am not sure if the changes being proposed with address the most important issues.	Integration scheme	None	Noted	No	General comment
563.	NAHSCP Stakeholder Survey	Everyone has to keep up to date so change is something that is always helpful and needed to keep abreast of various topics which include employment legislation, safety of residents in care, etc.	Integration scheme	None	No change	No	General statement

564.	NAHSCP Stakeholder Survey	Because of the significant differences in grades and job descriptions it has proved very difficult for admin staff to integrate and unfortunately I feel this will continue to be a barrier to moving forward.	Integration scheme	None	No change	No	National Issue
565.	NAHSCP Stakeholder Survey	I think it is too early to be looking at this level of change	Integration scheme	None	No change	No	General statement
566.	NAHSCP Stakeholder Survey	It seems early in the process to be undertaking significant change in this respect. However, the capacity for streamlining executive structures and maximising the potential of common services through merging IJBs is definitely one which needs further exploring.	Integration scheme	None	Yes – review annexe 3	Yes if budgets realigned	Improvement plan
567.	NAHSCP Stakeholder Survey	Cumbersome, duplication of effort, too many meetings and inefficient use of clinicians' time.	Integration scheme	None	No	No	Improvement plan
568.	NAHSCP Stakeholder Survey	In some ways it would be good for each partnership to work within its own locality area, as per now, as patient need and priorities will be addressed fully and not be swallowed up in an area organisation, whereby money will need to be allocated against other areas competing priorities for services. Strength and knowledge of staff working locally who wish to work for that area is an asset for the organisation. Staff coming to	Integration Scheme	None	No	No	General statement

		<p>work with commitment is invaluable.</p> <p>A change to one Integration board to work with health and partners would be a huge reorganisation on the backdrop of already lots of staff changes. I guess it's for staff at higher level to assess benefit to patients with this approach and that should be at the forefront of any decisions made.</p>					
569.	NAC Stakeholder Survey	<p>If there are changes that can be made that ensure all providers have an opportunity to better understand the needs of the IJB - they should be made.</p> <p>I would value a change in the scheme which ensures the IJB is fully inclusive and meeting the needs of all its citizens.</p>	Integration Scheme	None	No change	No	General statement
570.	NAC Stakeholder Survey	<p>While it makes sense for integration given the level of shared service and experience that Ayrshire has, if SAC are not involved this may be a concern.</p> <p>Additionally while there is shared resources and experience there can be cultural differences to how these services are overseen, managed and delivered. This can be significant in that I have specifically avoided opportunities to work in EAC HSCP due to what I have perceived as a negative staff</p>	Integration Scheme	None	No change	No	General statement

		<p>culture. While this might be considered something linked to a specific team/time frame, I have witnessed repeated teams in Social Services present with what I perceive to be a negative, defensive approach to their work and other colleagues and I would have a concern about the impact of this on my own practice and to those services delivered in NAC. Additionally in the field I work in NAC demonstrates a commitment to good practice and delivers good results and I would be concerned about the impact of further integration. It might be considered that NAC HSCP has been in a constant state of change and perhaps moving immediately into further change without taking time to reflect and learn might be rash.</p>					
571.	NAC Stakeholder Survey	<p>based on what I have said. I like the idea of the partnerships but feel there should be 1 overall lead partnership and changes to the management structure from the top down - that is where some of the problems lie. This could be really exciting for us and there are lots of progress that can be made but because of a few, the job is much more difficult than it should be. Lack of communication and</p>	Integration Scheme	None	No change	No – if south not involved	General statement

		co-operation throughout has hampered many changes					
572.	NAC Stakeholder Survey	It makes sense for there to be one partnership for Ayrshire and Arran however there are outstanding issues which have to be addressed first before potentially adding another organisation(s) into the mix	Integration Scheme	None	No	No – if south not involved	General statement
573.	NAC Stakeholder Survey	We would say they are essential in order to achieve efficiency in the structure which has created the artificial boundaries between North, East and South Ayrshire and avoid the clumsiness which exists at present.	Integration Scheme	None	No change	No – if south not involved	General statement
574.	NAC Stakeholder Survey	Improved communication	Integration Scheme	None	No change	No	Improvement plan
575.	NAHSCP Stakeholder Survey	From my position in the North Ayrshire Partnership, I believe that the current arrangements are generally working well and that it is relatively early days to consider wholesale change. Not sure what added value there would be in creating an IJB with East Ayrshire and I have a fear that such an arrangement may impact adversely on our locality based approach and our progress towards effective service user engagement and empowerment.	Integration Scheme	None	No change	No	General statement

576.	NAHSCP Stakeholder Survey	I think the likelihood is that the standard of mental health services will decline if there is not changes to leadership and management structures. There has to be an improved systems for clinical decision making and service development, e.g. More de-centralisation of management back to professional services.	Integration scheme	None	No	No	General statement
577.	NAHSCP Stakeholder Survey	I think moving to one IJB would give a consistency of approach and remove divergent approaches to the same issues. It would provide an opportunity to make economies of scale and streamline services across Ayrshire.	Integration Scheme	None	Noted	No – if south not involved	Improvement plan
578.	NAHSCP Stakeholder Survey	I think it is essential that we have one integrated board for the whole of Ayrshire. The way that integration has been implemented so far has been unfortunate. Do we require three whole boards and management structures within each partnership when we could have one board and one management structure? There must be massive efficiency savings that could be made doing this and these savings could be used to increase numbers of frontline workers. This would make a real difference to the health and wellbeing of people living in Ayrshire.	Integration Scheme	None	Noted	No – if south not involved	Passed to SPOG

579.	NAHSCP Stakeholder Survey	Could the elephant in the room be 3 local authorities?	Integration Scheme	None	No	No – if south not involved	Improvement Plan
580.	NAHSCP Stakeholder Survey	There should be much more joint working.	Integration Scheme	None	No change	No	General statement
581.	NAHSCP Stakeholder Survey	Unfortunately due to financial constraints I feel changes will be unavoidable rather than necessary or desirable.	Integration Scheme	None	No change	No	General statement
582.	NAHSCP Stakeholder Survey	Changes have to take place to take account of changes to budgets that have been taking place and will continue to take place in the future so we have to look at how we can change to accommodate these but also to relieve the pressures on each other by that I mean health & local authorities	Integration Scheme	None	No change	No	General statement
583.	NAHSCP Stakeholder Survey	Yes as currently there is no change to front line working practice or communication between health & Social care which are not effective. We are still operating as two separate bodies with different agendas to the detriment of the patient/service users	Integration Scheme	None	No change	No	Improvement plan
584.	NAHSCP Stakeholder Survey	I feel a Review is a very good idea and the timing seems right.	Integration Scheme	None	No change	No	General statement
585.	NAHSCP Stakeholder Survey`	I think some changes could be useful.	Integration Scheme	None	No change	No	General statement
586.	NAHSCP Stakeholder Survey	We would say they are essential in order to achieve efficiency in the structure which has created the artificial boundaries between North, East and South Ayrshire	Integration Scheme	None	No	No – if south not involved	Improvement Plan

		and avoid the clumsiness which exists at present.					
587.	NAHSCP Stakeholder Survey	Improved communication	Integration Scheme	None	No	No	Improvement Plan
588.	NAHSCP Stakeholder Survey	I would say change is necessary in some areas as per my responses throughout the survey but I would need to hear more of what the benefits to changing the Integration Scheme to join with East would be in order to make a sound judgement. I would not want to see changes for the sake of change or to the detriment of the service user/carer.	Integration Scheme	None	No	No – if south not involved	Improvement Plan
589.	NAHSCP Stakeholder Survey	Everything that is required to deliver change is already captured in the integration scheme. What we need is a common vision and value set along with more positive culture and behaviours across the system to enable change.	Integration Scheme	None	No	No	Improvement Plan
590.	NAHSCP Stakeholder Survey	To be a true integrated partnership all decisions should be discussed by all stakeholders involved.	Integration Scheme	None	No	No	General Comment
591.	NAHSCP Stakeholder Survey	There needs to be more joined up working, if we are asking for engagement and participation from stakeholders, services users etc. we need to make sure we are	Integration Scheme				

		open to change. Services need to adapt to ensure a more personal centred approach is taken.					
592.	NAHSCP Stakeholder Survey	I think it will depend on the scale of the changes felt were required by those consulted. Some issues may not require an amendment to the scheme itself and others will.	Integration Scheme	None	No	No	Improvement Plan
593.	NAHSCP Stakeholder Survey	If statutory change could be effected, then Ind. Sector representation should be included at IJB level, and perhaps one vote for each IJB member (although this needs further debate). However, I do not think North should combine with East - at least not until South are also ready for this. Even then, a pan-Ayrshire, single IJB may not be the best option, given the health & social care is for the local population, and the local population is split into 3 local democracies/councils.	Integration Scheme	None	No	No	General comment

Other Comments

594.	NAHSCP Stakeholder Survey	Change has to be affective and can take time but from where I sit I can't see time making services better for the whole population of Ayrshire & Arran	Other Comments	None	No	No	General statement
595.	NAHSCP Stakeholder Survey	Ayrshire and Arran is small enough both in geographical area and population to be served by one	Other Comments	None	No	No – if south not involved	Improvement Plan

		health and social care partnership only.					
596.	NAHSCP Stakeholder Survey	My ultimate aim would be for one HSCP covering the whole of Ayrshire and Arran	Other Comments	None	No	No– if south not involved	Improvement Plan
597.	NAHSCP Stakeholder Survey	Prior to integration there was almost a pinball effect for people bouncing between NHS & Council surrounding access and support, particularly stressful for carers! It's now much easier and far less time consuming to find and access the correct services.	Other Comments	None	No	No	General statement
598.		This has been difficult to follow and share views on. I'm not sure what aspects of the integration scheme we can actually change - the parts which are not stipulated by Scot Gov and are flexible. Therefore, it is tricky to comment. Also, there are aspects which might not appear to be working well, but are not within the scope of the integration scheme to change. I think that a robust knowledge of the integration scheme is required before someone can truly share their views. At the moment, it feels like two organisations, working in the same	Other comments	None	No change	No	General statement
599.	NAHSCP Stakeholder Survey	The Integrated Change Fund is an opportunity to change approaches. The IJB should evaluate those projects where the ones	Other Comments	None	No change	No	General statement

		demonstrating added value should be supported and expanded further.					
600.	NAHSCP Stakeholder Survey	I do think one IJHB for the three Ayrshires would have an immense win on governance, inequality across postcodes, and cohesive approach to delivery on services within Ayrshire as a whole.	Other Comments	None	No change	No – if south not involved	General statement
601.	NAHSCP Stakeholder Survey	Finance appears to be more of a priority than provision of good standard of consistent patient care. Staff care acknowledgement of the importance and necessity of honest open discussion with those who can experience the effect on patients, carers, etc. ensuring basic needs are met [to an excellent standard] before politically weighted plans are launched. ensuring any supports are sustainable	Other Comments	None	No change	No	Improvement Plan
602.	NAHSCP Stakeholder Survey	Don't underestimate the impact of change on your front line-workers. They're feeling the stress from the change in management already.	Other Comments	None	No change	No	General statement
603.	NAHSCP Stakeholder Survey	great idea, still trying to put it into practice	Other Comments	None	No change	No	General statement
604.	NAHSCP Stakeholder Survey	I think that the key to success here is in many ways about how we treat our staff groups and that they are all able to see the balance between good service provision and cost effectiveness	Other Comments	None	No change	No	General statement
605.	NAHSCP Stakeholder Survey	I feel North area partnership has been very proactive -could the organisation become too large and	Other Comments	None	No change	No	General statement

		cumbersome with only one Partnership area.					
606.	NAHSCP Stakeholder Survey	I regret that my responses are mainly negative however, so far integration has not led to expected improvements for patients of mental health services in the community. And staff are reporting increased stress and job dissatisfaction which needs to be highlighted.	Other Comments	None	No change	No	Improvement plan
607.	NAHSCP Stakeholder Survey	Any integration scheme without South Ayrshire will just leave us in much the same position. I feel we would just be in the same situation if we are two IJBs	Other Comments	None	No change	No	Passed to MH PMT
608.	NAHSCP Stakeholder Survey	We are integrated at a senior level only with no improvement for joint working or communication verbally or via computer systems that are not compatible.	Other Comments	None	No change	No	General statement
609.		Overall - I think the Integration Scheme in North Ayrshire has started well - but there is a long way to go and we need to continue to review and refine to improve services to local people.	Other Comments	None	No change	No	Improvement plan
610.	NAHSCP Stakeholder Survey	This survey is completed by members of the pan-Ayrshire Mental Health Services Public Reference Group, and the following members have asked to be specifically identified within this: Val Dolbear, Isobel Hardie, Janet Lacey, Dr. Sheila Merchant, Dougie	Other Comments	None	No change	No	General statement

		Pickering, Marlene Strecke, Fiona Stromier.					
611.	NAHSCP Stakeholder Survey	Concerns about the security of personal data being accessed without permission and of the security of the systems.	Other Comments	None	No change	No	General statement
612.	NAHSCP Stakeholder Survey	All covered	Other Comments	None	No change	No	General statement
613.	NAHSCP Stakeholder Survey	good luck	Other Comments	None	No change	No	General statement
614.	NAC Stakeholder Survey	Already stated most of them. I hope they are taken positively as that is how they are meant. Many of the changes required are simple really and I do not understand why more cannot be done to ensure we achieve what we want to achieve. Many people know what that is, but are being held back	Other Comments	None	No change	No	General statement
615.		It is important that we evaluate the success or failings of the scheme following a period of consolidation. We are only now entering this period and would encourage continuation of current arrangements to be evaluated in a few years	Other Comments	None	No change	No	General statement