Cunninghame House
Irvine

Thursday 22nd January 2015

Shadow Integration Board

You are requested to attend a meeting of the Shadow Integration Board to be held on Thursday 22nd January 2015 at 10.00 a.m., in the **Council Chambers, Cunninghame House, Irvine**, to consider the following business.

Business

1. **Presentation by Samantha McEwan, Scottish Patient Safety Programme.**

2. **Apologies**
   Invite intimation of apologies for absence.

3. **Declaration of Interest**

4. **Minutes / Action Note**
   Submit the minutes and action note of the meeting of the Shadow Integration Board held on 18th December 2014 and action note (copy enclosed).

5. **Matters Arising**

Reports for Approval

6. **Integrated Care Fund**
   Verbal update from David Rowland, Head of Health & Community Care in relation to the above.

7. **Financial Management Report as at 30th November 2014**
   Submit report by Lesley Aird, Head of Finance and Fiona Neilson, Senior Finance Manager on the budget position for the NAHSCP (copy enclosed).

Reports to Note

8. **Adult Support & Protection : Biennial Report**
   Submit report by John Paterson, Chair, North Ayrshire Adult Protection Committee in relation to the above (copy enclosed).

9. Director's Report

Submit report by Iona Colvin, Director NAHSCP on development within the NAHSCP (copy enclosed).

10. Integration Scheme

Submit report by Lisbeth Raeside, Project Manager on the Integration Scheme for NAHSCP (copy enclosed).

11. Programme Risk Register

Submit report by Annie Weir, Programme Manager on the Risk Register for the NAHSCP (copy enclosed).

12. Any Other Competent Business

13. Date of Next Meeting

The next meeting will be held on Thursday 12th February 2015 at 10.00 a.m., in the Council Chambers, Cunninghame House, Irvine.

Shadow Integration Board

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Voting Members

Mr Stephen McKenzie (Chair)	NHS Ayrshire & Arran
Councillor Anthea Dickson (Vice-Chair)	North Ayrshire Council
Dr Carol Davidson	NHS Ayrshire & Arran
Mr Bob Martin	NHS Ayrshire & Arran
Dr Janet McKay	NHS Ayrshire & Arran
Councillor Peter McNamara	North Ayrshire Council
Councillor Robert Steel	North Ayrshire Council
Councillor Ruth Maguire	North Ayrshire Council

Professional Advisors

Mr Derek Barron	Lead Nurse/Mental Health Advisor
Ms Iona Colvin	Director North Ayrshire Health & Social Care Partnership
Dr Ken Ferguson	GP Representative
Ms Laura Friel	Corporate Director - North Ayrshire Council
Mr Stephen Brown	Chief Social Work Officer- North Ayrshire Council
Ms Kerry Gilligan	Lead Allied Health Professional Advisor
Mr Derek Lindsay	Director of Finance NHS Ayrshire and Arran

Stakeholder Representatives

Mr Nigel Wanless	Independent Sector Representative
Mr David Donaghey	Staff Representative - NHS Ayrshire and Arran
Ms Louise McDaid	Staff Representative - North Ayrshire Council
Mr Martin Hunter	Service User Representative
Ms Fiona Thomson	Service User Representative
Ms Marie McWaters	Carers Representative
Ms Sally Powell	Carers Representative
Mr Jim Nichols	Third Sector Representative

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North Ayrshire Health and Social Care Partnership
Minute of Shadow Integration Board meeting held on
Thursday 18th December 2014 at 10 am in Cunninghame House, Irvine

Present :

Stephen McKenzie (Chair),
Councillor Anthea Dickson (Vice Chair),
Lesley Aird, Interim Head of Finance, North Ayrshire Council
Derek Barron, Lead Nurse/Mental Health Advisor
Stephen Brown, Chief Social Work Officer, NAHSCP
Iona Colvin, Director, NAHSCP
Dr Carol Davidson, NHS Ayrshire & Arran
Kerry Gilligan, Lead AHP
Martin Hunter, Service User Representative
Councillor Ruth Maguire, North Ayrshire Council
Bob Martin, NHS Ayrshire & Arran
Dr Janet McKay, NHS Ayrshire & Arran
Jim Nichols, Third Sector Representative
Sally Powell, Carers Representative
Councillor Robert Steel, North Ayrshire Council
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative

In Attendance :

Karen Broadfoot, Clerical Assistant
Morven Buckby, Third Sector Representative
Jo Gibson, Principal Manager, Planning & Performance, NAHSCP
Fiona Neilson, Senior Finance Manager, NHS
Lisbeth Raeside, Project Manager
David Rowland, Head of Health and Community Care, NAHSCP
Kate Smith, Administrative Assistant
Annie Weir, Programme Manager

1.	**APOLOGIES**	
	Apologies were received from Councillor Peter McNamara, Voting Member; Derek Lindsay, Director of Finance, NHSAA; David Donaghy, Staff Representative NHSAA; Eunice Johnstone, Planning Manager; Janine Hunt, Principal Manager Business Support; Ken Ferguson, GP Representative; Louise McDaid, Staff Representative NAC; Marie McWaters, Carers Representative; Michelle Sutherland,	

2.	**PRESENTATION - CRIMINAL JUSTICE**	
	The Board received a presentation by Jim McCrae, Criminal Justice Manager in relation to Community Payback Orders. The presentation provided the background to the statutory requirements and explained how the service is provided within North Ayrshire. Examples were given of current and future planned projects and the presentation highlighted the significant shift in culture with regards to offending in communities. The Chair thanked Jim McCrae for his presentation and asked him to pass on the Board's appreciation to his team for the work they carry out.	
3.	**DECLARATION OF INTEREST**	
	In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies, Dr Janet McKay, Voting Member declared an interest in Item 9 and Item 10.	
4.	**MINUTES/ACTION NOTE – 21st NOVEMBER 2014**	
	Agreed without amendment.	
5.	**MATTERS ARISING**	
	Matters arising were covered within the agenda.	
6.	**STRATEGIC PLAN**	
	A verbal update on the Strategic Plan was given by Stephen Brown, Head of Service, Children & Families and Criminal Justice. The summary document has been finalised and is ready to go out for consultation. This will be emailed today to Board members and will also be posted on the Council and Health websites. The draft Technical Plan will be completed before Christmas with consultation beginning on that aspect in January. The Consultation Plan is being drafted and further discussion will be required on appropriate links to ensure sufficiently wide consultation takes place.	

	Due to differing timescales, consultation will no longer tie in with the neighbourhood approach and another way to link with localities will now be required. The Chair commended the work of those involved in producing the Strategic Plan and thanked Councillor Dickson for her work in chairing the group. The Chair advised North Ayrshire are well ahead in comparison to other local authorities. Jo Gibson, Principal Manager, Planning and Performance advised a process has been established to collate comments from the consultation and a report will come to the SIB in March.	**Jo Gibson**
7.	**FINANCIAL MANAGEMENT REPORT AS AT 30TH SEPTEMBER 2014**	
	Submitted report by Lesley Aird, Interim Head of Finance, North Ayrshire Council and Fiona Neilson, Senior Finance Manager NHS to provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2014/15 as at 30th September 2014. The Management Team have received more up to date financial information which they are working with. Members asked questions and received clarification in relation to: • Specific areas causing difficulties and various projects to tackle these. • While the Council has agreed additional resources to meet pressures within Social Services and also require the Partnership to contribute to savings, the Partnership will need to balance the budget in 2015/16. The NHS is yet to consider its budget for 2015/16 • As currently happens within the Council, it is intended to develop a three year budget.	

8.	**STRATEGIC PLANNING GROUP MEMBERSHIP**	
	Submitted report by Jo Gibson, Principal Manager, Planning & Performance to advise the Board of the legislative requirements as to the membership and proceedings of the Strategic Planning Group, highlighting where gaps exist and detailing proposals to remedy these. Jo highlighted an amendment to proposal 3.5 and it was agreed Jim Nichols, Third Sector Representative will lead an open process and pass nominations to the Board. Members asked questions and received clarification in relation to: • Housing representation is in addition to North Ayrshire Council Housing Services. • The Minutes of Strategic Planning Group will be a standing item at future SIB meetings to formalise and allow for discussion. • As the neighbourhood approach moves forward within the Community Planning Partnership, the SIB can link in as necessary, and still comply with legislation. • The SIB agreed to appoint a consultant to assist with the process to bring together into one group. The proposals within the report were agreed.	**For Agenda**
9.	**RESHAPING CARE FOR OLDER PEOPLE**	
	Submitted report by David Rowland, Head of Health and Community Care to outline the recommendations for Reshaping Care for Older People Change Fund initiatives to be extended through the Integrated Care Fund or be mainstreamed using Resource Transfer in order to benefit a wider population. Members asked questions and received clarification in relation to: • The Carers Strategy will bring in line carers in general. • The programme for falls is part of a bigger agenda, looking at localities and lessons learned to work better as a Partnership. • Arrange further discussion regarding communication between organisations within communities providing similar services.	**David Rowland**

	• Being mindful of possible impact on resources in the Third Sector. The proposals in the report were agreed.	/Sally Powell
10.	**INTEGRATED CARE FUND**	
	Submitted report by David Rowland, Head of Health and Community Care to outline the proposals for the Integrated Care Fund, including the establishment of a short term Change Team to take forward service redesign, and the timescales for project evaluation with regards to the Innovations and Ideas Fund. Members asked questions and received clarification in relation to: • New funding embraces success points for reshaping care. • Commitment has been made to service design and mapping of progress. Iona Colvin provided a verbal update on how Mental Health Services within the NHS and local authorities will be brought together. The recommendations for the Integrated Care Fund Submission were approved.	
11.	**CARE OPINION**	
	Submitted report by David Rowland, Head of Health and Community Care to outline proposals for participation in the pilot of Care Opinion. It was agreed that North Ayrshire Health and Social Care Partnership would benefit from taking part in the pilot phase of Care Opinion. Councillor Steel invited David Rowland to the next meeting of the Carers' Advisory Group and intimated that the group were keen to participate in the pilot. The Board will be kept updated on progress and development at a future meeting.	

12.	**ORGANISATIONAL DEVELOPMENT SUPPORT FOR SHADOW INTEGRATION BOARD**	
	Submitted report by Lisbeth Raeside, Project Manager to advise members of the Board of the proposed next steps for organisational development support. The Board will receive a short survey to capture opinion on the development day held in November and allow feedback on what would be helpful for the SIB moving forward. It is hoped that a draft organisational development framework will be available for Board approval by March 2015 thus allowing for active engagement of Board members in a more informed way. The proposals in the report were agreed.	
13.	**DEVELOPMENT OF NEW HUB FOR REHABILITATION AND REABLEMENT**	
	Submitted report by David Rowland, Head of Health and Community Care to set out proposals for the creation of a new integrated hub for rehabilitation and reablement at Ayrshire Central Hospital. Members asked questions and received clarification in relation to: • Risk will be mitigated by the provision of collective support and professional expertise for each patient. • The development process will identify whether a similar model exists elsewhere. • There will be engagement with carers. • There will be a key role for the Change Team in relation to self-evaluation. The Board agreed to endorse the development of the new models of care as proposed in the report.	

14.	**RESPONSE TO SCOTTISH GOVERNMENT'S CONSULTATION OF WILFUL NEGLECT.**	
	Submitted report by Derek Barron, Lead Nurse/Mental Health Adviser to seek the views of the Shadow Integration Board on the Scottish Government's consultation on their proposal to introduce legislation related to an offence of wilful neglect or ill treatment in health and social care settings. Members asked questions and received clarification in relation to: • The wording around 'duty' was defined as being 'wilful neglect in duty to care'. • Representation to be made in the response that clarity is needed with regard to the definition of 'wilful'. It was agreed that the response should be submitted by the Board, in the Chair's name. A copy of the response will be forwarded to Board members.	**Derek Barron**
15.	**RESPONSE TO SCOTTISH GOVERNMENT'S CONSULTATION ON DUTY OF CANDOUR.**	
	Report submitted by Derek Barron, Lead Nurse/Mental Health Adviser to seek the views of the Shadow Integration Board on the proposal to introduce legislation on a requirement that organisations providing health and social care in Scotland inform people if physical or psychological harm as occurred as a result of their care or treatment. The response will be the collective view of the Board however individuals can submit their own response. As it stands, making 'Duty of Candour' a legislative duty requires further exploration and detailed consideration, the detail of which is not included in the consultation document. It was agreed that the response should be submitted by the Board, in the Chair's name. A copy of the response will be forwarded to Board members.	**Derek Barron**

16.	**MULTI AGENCY PUBLIC PROTECTION ARRANGEMENTS (MAPPA) ANNUAL REPORT**	
	Submitted report by Stephen Brown, Head of Service, Children & Families and Criminal Justice to advise the Board of the main points arising from the South West Scotland Community Justice Authority Area MAPPA Annual Report for 2013/14 and to highlight the main issues facing MAPPA in the next year. The report was noted.	
17.	**DIRECTOR'S REPORT**	
	Submitted report by Iona Colvin, Director of North Ayrshire Health & Social Care Partnership to advise Board members of developments within the Partnership to date. The content of the report was noted.	
18.	**SCOTTISH PATIENT SAFETY PROGRAMME - MENTAL HEALTH**	
	Submitted report by Derek Barron, Lead Nurse / Mental Health Adviser to update the Board of progress on this four year programme aimed at reducing harm experienced by individuals in receipt of care from mental health services. The Board agreed to invite Sam McEwan to a future Board meeting to give a presentation on the programme.	**For Agenda**
19.	**EXCLUSION FROM PUBLIC AND PRESS** The Board resolved, in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the meeting, the press and the public for the following item(s) of business on the grounds that it involved the likely disclosure of exempt information as defined in Paragraph 9 of Part 1 of the Schedule 7A of the Act.	
19.1	**ARRANGEMENTS FOR DELIVERY OF CARE AT HOME SERVICES IN THE NORTH COAST LOCALITY**	
	Submitted report by David Rowland, Head of Health and Community Care to outline proposals for the Care at Home Framework Contract within the North Coast Locality. The proposals in the report were agreed.	

19.2	**ARRANGEMENTS FOR THE DELIVERY OF CARE AT HOME SERVICES IN THE IRVINE, NORTH COAST AND 3 TOWNS LOCALITIES**	
	Submitted report by David Rowland, Head of Health and Community Care to outline proposals for the care at home framework contract within the Irvine, North Coast and 3Towns localities. The proposals in the report were agreed.	
20.	**ANY OTHER COMPETENT BUSINESS**	
20.1	**SCOTTISH AMBULANCE SERVICE**	
	Fiona Thomson advised the Board that the Scottish Ambulance Service were in the process of preparing their five year plan and suggested it would be beneficial to provide feedback into this. Iona advised a meeting was arranged with the Scottish Ambulance Service in January 2015 and this would provide an opportunity to provide input.	
20.2	**VIOLENCE AGAINST WOMEN STRATEGY 2015-18**	
	Cllr Maguire asked if a response is being provided in relation to the above strategy. Stephen Brown, Head of Service for Children & Families and Criminal Justice is leading on the draft consultation on behalf of NHS and NAHSCP. 'Make a Difference' has now been launched online.	**Stephen Brown**
21.	**DATE OF NEXT MEETING**	
	The next Shadow Integration Board meeting is at 10 am in Council Chambers on Thursday, 22nd January 2015.	

NORTH AYRSHIRE SHADOW INTEGRATION BOARD – ACTION NOTE

Thursday 18th December 2014 at 10.00 a.m, Council Chambers, Cunninghame House, Irvine

Present :	Stephen McKenzie (Chair), Anthea Dickson (Vice Chair), Lesley Aird, Derek Barron, Stephen Brown, Iona Colvin, Dr Carol Davidson, Kerry Gilligan, Martin Hunter, Ruth Maguire, Dr Janet McKay, Jim Nichols, Sally Powell, Robert Steel, Fiona Thomson, Nigel Wanless
In Attendance :	Karen Broadfoot, Morven Buckby, Jo Gibson, Fiona Neilson, Lisbeth Raeside, David Rowland, Kate Smith, Annie Weir.
Apologies :	David Donaghy, Ken Ferguson, Janine Hunt, Eunice Johnstone, Derek Lindsay, Louise McDaid, Peter McNamara, Marie McWaters, Michelle Sutherland

No.	Agenda Item / Summary of Discussion	Action	Status	Officer
1.	**Strategic Plan**	• Strategic Plan Summary Document will be issued to Board Members today and posted on NHS & NAC websites. • An update on the Strategic Plan Consultation process to be provided at the next SIB meeting.	Completed Agenda – 22-1-15	**Jo Gibson**
2.	**Strategic Planning Group Members**	• Strategic Planning Group minutes to be a standing item on the agenda. • Update on membership to be provided at next meeting.	Included SIB reporting schedule	**Karen Andrews** **Jo Gibson**

3.	**Reshaping Care for Older People** Arrange further discussion regarding communication between organisations within communities providing similar services.	• David Rowland to discuss with Sally Powell and provide an update to the next meeting.	David Rowland met briefly with Sally Powell to develop a better understanding of the issue and has scheduled a further meeting on 16th February to explore how information sharing and communication can be improved to enhance the experience of individuals accessing the services.	**David Rowland/ Sally Powell**
4.	**Care Opinion** Cllr Steel invited David Rowland to the next meeting of Carers' Advisory Group and intimated that the group were keen to participate in the pilot.	• David Rowland to attend Carers' Advisory Group	David Rowland attended the Carers' Advisory Group on 13th January 2015 and briefed members on the Care Opinion pilot, as well as the other priorities for the Health & Community Care team in 2015/16.	**David Rowland**

4.	**Care Opinion (Cont'd)**		David Rowland committed to taking quarterly reports from the Care Opinion pilot to the Carers' Advisory Group during 2015/16 and invited representation from the group onto the working groups for the other priority areas to ensure carer views are represented and reflected in the planning of service change.	**David Rowland**
5.	**Response to Scottish Government's Consultation of Wilful Neglect**	• Copy of the consultation response to be forwarded to SIB members.	Completed	**Karen Andrews**
6.	**Response to Scottish Government's Consultation on Duty of Candour**	• Copy of the consultation response to be forwarded to SIB members.	Completed	**Karen Andrews**
7.	**Scottish Patient Safety Programme – Mental Health**	• Samantha McEwan to be invited to give at presentation at a future SIB meeting.	Samantha attending SIB on 22-1-15	
8.	**Date of Next meeting**			
	The next meeting will be held on 22nd January 2015 at 10.00 a.m, Council Chambers, Cunninghame House, Irvine.			

Shadow Integration Board
22nd January 2015

Subject:	**Financial Management Report as at 30 November 2014**
Purpose:	To provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2014/15 as at Period 8 to 30 November 2014.
Recommendation:	That the Health and Social Care Partnership note content of this report, including specific key actions on significant variances and the actions being taken to bring the budget back into line.

1.	**Introduction**
1.1	This report is to provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2014/15 as at period 8 to 30 November 2014. This report reflects projected expenditure and income and has been prepared in conjunction with relevant budget holders.
1.2	The total annual budget allocation reported at period 6 was £197.103m. This has been decreased to £196.651m, based upon the agreements reached in March 2014, as reported to the Health and Social Care Partnership together with the changes noted in section 4 of this report.
2.	**Current Financial Position**
2.1	Against the current budget of £196.651m there is a projected year-end overspend of £5.455m.
2.2	<u>Summary of main movements since last report</u> The overall position has increased from a projected overspend of £5.321m at the end of September to a projected overspend of £5.455m at the end of November 2014, an adverse movement of £0.134m. The main movements are as follows: • <u>Level One – Core – overall favourable movement of £177k</u> An adverse movement of £81k in relation to Learning Disabilities care packages, due to 4 new admissions within the period at a higher cost than projected. Older People, favourable movement from period 6 of £147k, mainly due to reablement service casual staff costs being transferred to the older people change fund.

	Physical disabilities – favourable variance of £85k due to reduction in demand being lower than previously anticipated. • <u>Level Four – Children's Services – overall adverse movement of £147k</u> An adverse movement of £156k within Children Services mainly due to current commitment levels for children with disabilities packages. These commitments will be reviewed in January with a view to reducing the anticipated overspend. • <u>Direct Overheads and Support Services – overall adverse movement of £140k</u> An adverse movement of £131k within Health administration resulting from the realignment of budgets and staffing across the three HSPCS. Prior to the movement the budget was reporting a large underspend and is now projected to be in balance.
2.3	The summary in Appendix 1 details the projected expenditure within the Health Board and North Ayrshire Council. The key issues are: • <u>Level One Core (projected overspend £2.836m)</u> An overspend of £0.216m is projected for Learning Disabilities mainly due to increases in the number of community packages and direct payment packages. A review of care packages is being undertaken.
	• <u>Older People projected overspend of £2.441m due to:</u>
	Older People's Care at home services £1.107m projected overspend: ▪ Employee Costs – additional temporary staffing and overtime costs required to cover additional workloads as a result of work being handed back by external providers, estimated full year additional cost £591k. ▪ Purchased care at home services – projected overspend of £516k due to an increase in both the number of service users and overall service user needs.
2.4	A review of resource utilisation will be carried out to maximise the use of existing resources in order to ensure that the service is running as efficiently as possible to help to offset increasing demand linked costs. At the same time, the Care at Home Action Plan is being reinvigorated to ensure the current service is optimised to meet local need and work has recently begun to review the models of service delivery to ensure these are safe and sustainable into the future. The financial benefits of this for the current financial year may be limited but this work will help underpin budgeted activities for future years.
2.5	Older People's residential and nursing care homes are projecting an overspend of £1.087m, based on projected occupancy to the end of the financial year of 921 placements, against a budget of 848. The service started the year with 36 placements more than budget which has contributed to the current projected overspend.
2.6	Since then in year discharges have been lower than budgeted and admissions have been higher. Admissions levels are in part dictated by the need to meet the delayed discharges target of zero.

2.7	The financial benefits of this for the current financial year may be limited but this work will help underpin budgeted activities for future years.
2.8	In year, discharges are 12 less than anticipated and admissions are 27 greater. In previous years the admissions policy to nursing and residential homes led to a high number of long term residents staying in excess of 5 years.
2.9	For the past couple of years the service has been seeking to address this through enhancing reablement services in order to help more people stay independent and in their own houses for as long as possible and to reduce long term home admissions. To further develop this concept Nursing, AHP and Social Work staff will work together from Pavilion 3 at Ayrshire Central Hospital to form a new, integrated Rehabilitation and Reablement Hub, through which patients will be supported to attain the level of independence required for them to successfully return home with an appropriate Care at Home package.
2.10	An overspend of £0.227m is projected for Physical Disabilities mainly due to increases in residential care packages and direct payment packages. A review of care packages is being undertaken.
	• The projected overspends above are partially offset by projected underspend in Mental Health Community Teams £0.366m. • An overspend of £0.151m is now projected for the community nursing budgets. A review of the use of supplementary staffing is underway to address this emerging overspend. • Primary care prescribing has a projected overspend of £0.171m, primarily resulting from the cost per item prescribed being higher than the original estimate. The projection is based on six months prescribing information so is liable to change during the year. The pharmacy team are reviewing the use of high cost drugs. The increase in the cost of drugs will be taken into account in setting the 2015-16 budget.
2.11	• <u>Level Two – Non District General Hospitals (projected overspend £0.312m)</u> The frail elderly wards at Ayrshire Central Hospital continue to exceed budget despite additional funding being provided this year. The projected overspend is £0.239m and is due to high occupancy, patients being more frail and high staff sickness levels. Sickness absence in these wards has averaged about 14% for 2014/15. It is hoped that application of the new promoting attendance policy will help to reduce absence levels. The development of the rehabilitation and reablement hub described earlier in this report may also help to reduce the overspend.
2.12	• <u>Level Three – Lead Partnership Services (projected overspend £1.855m)</u> Lead Partnership mental health services are projecting an overspend of £1.861m.This is due to: • projected overspend of £1m in employee costs within the adult inpatient wards, due to staff in post exceeding establishment as a result of high level of constant observations and high sickness absence. • Cost of unplanned activity (UNPAC) eg. placement of patients in private facilities is much greater than experienced in the past. An increase of 45%

	from last year's expenditure is projected. In some cases, the increased UNPAC activity is the direct consequence of limited availability of NHS places, resulting in an underspend in the Service Level Agreement which partially offsets the additional costs. Negotiations are under way with the main provider of UNPAC activity to agree a reduced rate and this will reduce the level of overspend. Reviews have been undertaken on all UNPACs activity and as a result of this it is anticipated that there will be some discharges in the near future. It is anticipated that once services move to the new North Ayrshire Hospital the level of overspend will reduce. A low secure forensic inpatient unit will be developed that will reduce the reliance on private providers. It is expected that the design of the wards in the new hospital will reduce the level of staffing required for constant observations. The overspend is being offset non-recurringly in 2014-15 by underspends within other areas of the NHS Board.
2.13	• Level Four – Children's Services (projected overspend of £0.542m**)** Social work Children's Services are projecting an overspend of £0.521m due mainly to: • Projected overspend of £0.185m on Residential and Remand Schools due to additional placements and a decrease in the number of Residential School residents who can be co-funded by Education Services. • Children with Disabilities care packages are projected to overspend by £0.530m due to an increase in the number of care packages. Resource allocation meetings are being re-established to address this. Reviews to be undertaken of 25 care packages, these packages relate to 88% of the total projected cost. • The above overspends are partially offset by projected underspends on Employee Costs - £0.235m due to delays in recruiting staff at the start of the year.
2.14	• Support Services (projected underspend of £0.090m) General reduction in support service employee costs across Social Services.
3.	**Efficiency Update**
3.1	Social Services are continuing the roll out of the new CM2000 system which, once fully implemented, should reduce the costs of Older People services. In addition, a staffing review is being carried out to address the projected overspend on staffing for Older People.
3.2	On-going action to reduce the level of overspend on Lead Partnership Services consists of: • Minimisation of the use of agency nurses • Review patients on constant observations regularly to ensure that the need for such level of care continues • Ensure compliance with the Promoting Attendance Policy. • Consider whether there are in-house solutions to the use of the private sector which could be appropriate. • Negotiate with private provider to secure a reduction in fees.

3.3	The adult care package costs have been targeted with efficiencies of £0.830m, to date £0.578m, 70% of the target has been achieved. Work is ongoing to review care packages and to consider alternative supported accommodation models.
3.4	Older People was targeted with efficiency savings of £1m in relation to reablement. To date this has not been achieved and further analysis is being undertaken to analyse this. Other efficiencies within older people include £0.150m in relation to workforce review, this is ongoing at present, also £0.594m to be achieved through costs of care packages, reviews are ongoing. The overall aim is to bring Social Services Community Care costs into line.
3.5	Efficiency savings of £0.088m were identified for income received from older people service users, at present the projected increase in income received from older people is £0.127m.
3.6	Elderly mental health wards were targeted with efficiency savings of £0.2m, there is a risk that this will not be achieved as planned. The budget has been reduced to reflect this plan in the second six months of the year and bed closures will need to be delivered to release the savings recurringly. Plans are being finalised to close some NHS beds and notice has been given to the provider at Cumbrae Lodge that beds will close from next April. It is unlikely that savings will be released in 2014/15, however the full £0.2m will be released from April 2015.
4.	**Budget Movements**
4.1	Within the Council budgets have been amended in respect of:- • £50k reduction to older peoples budgets to fund additional works required at Montrose House as per Care Inspectorate report • £145k relating to funds for 15/16 Mental Health Intervention and Prevention Project • £134k transferred from Children and Families to Education for Early Year's practitioners costs • £83k reduction in Support Services relating to the Council's Senior Management Restructure.
4.2	Within Health budgets have been amended in respect of:- • Rebasing of administration budgets across the 3 HSCPs resulting in a £26k decrease in the North budget. • £33k reduction to the Lady Margaret budget as part of the administration rebasing exercise. • £20k increase in Mental Health Services budgets including funding for the introduction of the suboxone service.
4.3	Virement £600k virement within Learning Disabilities from Residential to Community Care packages to reflect a shift in the nature of care provided.
5.	**Recommendation**
5.1	It is recommended that the Health and Social Care Partnership note content of this report, including specific key actions on significant variances and the actions being taken to bring the budget back into line.

For more information please contact Fiona Neilson, Senior Finance Manager, NHS Ayrshire and Arran on [01292 513301] or Lesley Aird, Head of Finance, North Ayrshire Council on [01294 324542]

Appendix 1
Indicative Health & Social Care Partnership Budgets: North

Objective Summary	2014/15 Budget Council			2014/15 Budget Health			2014/15 Budget Aligned			Aligned		Notes
	Budget	Projection	Variance	Budget	Projection	Variance	Budget	Projection	Variance	Variance Period 6	Movement from Period 6	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Level One Core												
Learning Disabilities	15,248	15,487	239	491	468	(23)	15,739	15,955	216	120	96	
Older people	37,796	40,237	2,441	0	0	0	37,796	40,237	2,441	2,588	(147)	
Physical Disabilities	3,928	4,155	227	0	0	0	3,928	4,155	227	312	(85)	
Mental Health Community Teams	3,219	2,940	(279)	2,120	2,033	(87)	5,339	4,973	(366)	(315)	(51)	
Addiction	1,388	1,374	(14)	1,057	1,057	0	2,445	2,431	(14)	(31)	17	
Community Nursing		0	0	3,251	3,402	151	3,251	3,402	151	160	(9)	
Prescribing		0	0	27,205	27,376	171	27,205	27,376	171	170	1	
General Medical Services		0	0	16,750	16,777	27	16,750	16,777	27	28	(1)	
Resource Transfer, Change Fund, Criminal Justice	(10,781)	(10,798)	(17)	12,377	12,377	0	1,596	1,579	(17)	(19)	2	
Total Level One	**50,799**	**53,396**	**2,597**	**63,251**	**63,490**	**239**	**114,050**	**116,886**	**2,836**	**3,013**	**(177)**	**1**
Level Two - Non District General Hospitals												
Ayrshire Central Continuing Care			0	4,187	4,426	239	4,187	4,426	239	233	6	
Arran War Memorial Hospital			0	1,500	1,555	55	1,500	1,555	55	61	(6)	
Lady Margaret Hospital			0	559	577	18	559	577	18	9	9	
Total Level Two	**0**	**0**	**0**	**6,246**	**6,558**	**312**	**6,246**	**6,558**	**312**	**303**	**9**	**2**

	Council			Health			Aligned					
Objective Summary	**2014/15 Budget £000**	**2014/15 Projection £000**	**2014/15 Variance £000**	**2014/15 Budget £000**	**2014/15 Projection £000**	**2014/15 Variance £000**	**2014/15 Budget £000**	**2014/15 Projection £000**	**2014/15 Variance £000**	**Variance Period 6 £'000**	**Movement from Period 6 £'000**	**Notes**
Level Three - Lead Partnership Services												
Mental Health Services				42,912	44,773	1,861	42,912	44,773	1,861	1,840	21	
Family Nurse partnership				472	466	(6)	472	466	(6)	0	(6)	
Total Level Three	**0**	**0**	**0**	**43,384**	**45,239**	**1,855**	**43,384**	**45,239**	**1,855**	**1,840**	**15**	**3**
Level Four - Children's Services												
Community Paediatrics				569	589	20	569	589	20	30	(10)	
C&F Social Work Services	23,829	24,350	521	0	0	0	23,829	24,350	521	365	**156**	
Health Visiting				1,645	1,646	1	1,645	1,646	1	0	1	
Total Level Four	**23,829**	**24,350**	**521**	**2,214**	**2,235**	**21**	**26,043**	**26,585**	**542**	**395**	**147**	**4**
Support Services	6,297	6,199	(98)	**631**	**639**	8	6,928	6,838	(90)	(230)	**140**	**5**
Partnership Total	**80,925**	**83,945**	**3,020**	**115,726**	**118,161**	**2,435**	**196,651**	**202,106**	**5,455**	**5,321**	**134**	

Subjective Summary	2014/15 Budget			2014/15 Budget			2014/15 Budget				
	Council			Health			Aligned			Aligned	
	Budget	Projection	Variance	Variance Period 6	Variance Period 6	Variance	Budget	Projection	Variance	Variance Period 6	Movement from Period 6
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Costs	40,830	40,776	(54)	50,525	51,700	1,175	91,355	92,476	1,121	1,136	(15)
Property Costs	502	489	(14)	16	16	0	518	505	(14)	(35)	21
Supplies and Services	1,972	2,207	235	1,863	1,838	(25)	3,835	4,045	210	270	(60)
Prescribing Costs		0		27,205	27,376	171	27,205	27,376	171	170	1
Primary Medical Services		0		16,750	16,777	27	16,750	16,777	27	28	(1)
Transport and Plant	502	537	35	0	0	0	502	537	35	43	(8)
Admin Costs	1,187	1,273	86	3,188	3,158	(30)	4,375	4,431	56	100	(44)
Other Agencies & Bodies	51,913	54,467	2,554	7,213	8,330	1,117	59,126	62,797	3,671	3,456	215
Transfer Payments	1,673	2,182	509	8,966	8,966	0	10,639	11,148	509	498	11
Other Expenditure	300	98	(202)	0	0	0	300	98	(202)	(200)	(2)
Capital Expenditure		0		0	0	0	0	0	0	0	0
Income	(17,955)	(18,084)	(129)	0	0	0	(17,955)	(18,084)	(129)	(145)	16
Partnership Total	**80,925**	**83,945**	**3,020**	**115,726**	**118,161**	**2,435**	**196,651**	**202,106**	**5,455**	**5,321**	**134**

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Shadow Integration Board
22nd January 2015

Subject:	**Adult Protection Committee Biennial Report 2012 - 2014**
Purpose:	To update the North Ayrshire Shadow Integration Board in relation to the 2012 – 2014 Adult Support and Protection Biennial Report submitted to Scottish Government on 31/10/14.
Recommendation:	To note the contents of this report and make recommendations in relation to any group requiring an ASP awareness raising session

1. Introduction

1.1 North Ayrshire Council has a duty to deliver services for the protection of adults within North Ayrshire. The Adult Protection Committee is an independent, multi agency group who have a duty to monitor how the council delivers these services.

1.2 Independent Convenors of Adult Protection Committees are required to submit a report every two years to Scottish Government to provide information on Adult Support and Protection (ASP) activity and outcomes in their area relating to the previous two financial years.

1.3 The North Ayrshire 2012 – 2014 Biennial Report was submitted by the Convenor to Scottish Government on 31/10/14.

2. Current Position

2.1 The Convenor stated in the Executive Summary of the report that *'The recent stability afforded by the continuity of the Convenor and staff has seen the work of the Adult Protection Committee (APC) in North Ayrshire continue to build on a more secure foundation and the period covered by this Biennial Report was typified by a commitment by Partners to making a positive impact on work relating to Adults At Risk of Harm'.*

2.2 The Executive Summary also commented on the documents developed to support continued key improvements in North Ayrshire;

- ASP - Continuous Improvement Framework 2014 - 2016
- ASP - Work Plan and Logic Model 2014 – 2016
- ASP - Self Evaluation and Audit Strategy 2014 – 2016
- ASP - Service Users and Carers Strategy 2014 – 2016

2.3 In addition to the Executive Summary the Report also covered;

- Outcomes

- Performance
- Training and Staff Development
- Cooperation and Partnerships
- Conclusion, Recommendations and Future Plans

2.4 Appendices to the Report included;

- ASP Work Plan 2014 - 2016
- Pan Ayrshire ASP Structure Diagram
- Continued Improvement Framework
- Self-evaluation and Audit Strategy
- Service Users and Carers Strategy
- Evidencing Success – ASP Self Evaluation Report
- APC – Self Evaluation Analysis
- Public Information Implementation Plan
- Police Scotland National Overview

2.5 The 2012 – 2014 Biennial Report stated that during the period of the Biennial Report, North Ayrshire APC had achieved or exceeded all of its targets and intended outcomes in relation to its 2012 – 2014 Work Plan.

2.6 The Biennial Report commented on the development of the new multi-agency ASP Improvement Subgroup and how the work of this group will underpin the ASP Continuous Improvement Framework during the 2014 – 2016 period.

2.7 The report illustrated the sharp increase in the ASP Referral figures which took place during 2013 – 2014.

TOTAL ASP REFERRALS				
2009/10	2010/11	2011/12	2012/13	2013/14
322	**241**	**292**	**282**	**635**

2.8 The report concluded in relation to the increase in referrals that it intended to work with all partners going forward, to ensure that the thresholds applied to ASP referrals and processes are as consistent as possible, so that best use of all partner's resources is utilised and that adults at risk of harm get the very best support and protection.

2.9 In relation to the APC itself, the Report stated that work will be undertaken to try to ensure consistent attendance from key agencies at the Committee routinely in future.

2.10 The Report referred at a National level to the integration agenda, in relation to health and social care and the resulting significant changes in the way in which needs are met and services provide within and between agencies in the future. The Report takes cognisance of the fact that this will have implications for the governance arrangements for ASP work within Councils, the NHS and the newly formed Health and Social Care Partnerships.

3. Proposals

3.1 At the last meeting of the North Ayrshire Child and Public Protection Chief Officers Group (December 2014), when the Biennial Report was discussed, the COG felt that this would be an opportune time to arrange for there to be an ASP awareness raising session for Council Members, and this has now been organised.

It is proposed that the SIB consider whether any other group would benefit from a similar input.

4. Implications

4.1 There are no specific implications in relation to the submission of the Biennial Report to Scottish Government. Ministerial Feedback in relation to the Report is currently awaited.

5. Consultations

5.1 The Social Work Scotland (formerly ADSW) ASP Subgroup has submitted a joint ASP response to the Current Scottish Government Consultation exercise in relation to the proposed legislation on Wilful Neglect.

6. Conclusion

6.1 The Biennial period 2012 – 2014 was a busy and productive period for North Ayrshire Adult Protection Committee and its member agencies. The Committee considers itself very well placed for effecting continued improvement in relation to ASP, going forward and is currently on track in the delivery (with the support of the newly formed ASP Improvement Subgroup) of its 2014 – 2016 Work Plan.

6.2 SIB members can access the full Biennial Report and associated appendices at:

http://www.north-ayrshire.gov.uk/resident/health-and-social-care/adults-and-older-people/adult-support-and-protection.aspx

For more information please contact Brenda Walker, Senior Officer (Adult Support & Protection) on (01294) 3178259 or brendawalker@north-ayrshire.gcsx.gov.uk

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Shadow Integration Board
22nd January 2015

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Shadow Integration Board of developments in the North Ayrshire Health and Social Care Partnership.
Recommendation:	That members of the Shadow Integration Board note progress made to date

1. Introduction

1.1 This report presents a high level overview for members of the Shadow Integration Board (SIB) of the work undertaken, both locally and with other Ayrshire partnerships, towards the establishment of the North Ayrshire Integration Joint Board.

2. Current Position

2.1 The Strategic Alliance Integration Sub-Group (SAISG) continues to meet weekly to co-ordinate work across the three local authorities and NHS Ayrshire & Arran.

National Developments

2.2 Civil servants working on the integration of health and social care have shared their internal guide to reviewing integration schemes. Account has been taken of this guidance in finalising the integration schemes for the three Ayrshire Partnerships. National guidance on Strategic Commissioning Plans

Ayrshire Developments

2.3 The Integration Schemes for the three Ayrshire Partnerships have now been completed and are being taken through the approval processes of the NHS Board and the relevant Council. An early draft was submitted to the civil servants for review and account taken of feedback provided. The final versions will be submitted for formal review and approval by Scottish Ministers.

2.4 The three Ayrshire Health & Social Care Partnerships are participating in the Scottish pilot of Care Opinion, a website which enables service users and carers to share their experience, both good and bad, of using care services registered by the Care Inspectorate. Care Opinion is already operating in England and is built on the experience of Patient Opinion, which covers health services. It is run as a social enterprise and is completely independent of both statutory and independent sector providers of social care. A stakeholder event has been planned in North Ayrshire on 28th January 2015, 12.30 p.m. – 3.00 p.m., in the Volunteer Rooms, Irvine.

North Ayrshire Developments

2.5 Consultation on the summary version of the Partnership's strategic plan is currently underway and will continue until 28 February 2015. The Partnership is keen to engage as fully and as widely as possible and welcomes any feedback. As part of the consultation, we have been visiting a small number of GP Practices who have welcomed the direction and priorities for next year. A detailed consultation plan is being developed and will be a major focus for the Senior Management Team efforts over the next two months.

The full strategic plan is now being completed and will be discussed further by the Writing Group before being finalised for approval for consultation by the SIB.

2.6 Work continues on the Partnership's submission for the Integrated Care Fund. The budgets for the 3 key themes have been identified as follows; Reshaping Care Legacy Work £941,888.00, Service Redesign £802,488.00 and Ideas & Innovation £1,145,624.00. A first sift of the submissions was undertaken earlier this month and those proceeding to the next rounds will be invited to submit full business cases.

2.7 We continue to work with the other two partnerships in to develop the senior management structures. Although the proposed structures will be similar where required and possible they will also reflect the specific needs of the individual partnerships. Draft structures have been shared with staff concerned and role profiles are being developed.

2.8 At its meeting on 16 December the Cabinet of North Ayrshire Council noted the requirement of the Public Bodies (Prescribed Local Authority Functions etc.) Regulations 2014 to delegate adaptations and gardening services to the Health & Social Care Partnership. The Cabinet agreed that these services would be managed by the Partnership with the Council's Property Management & Investment service providing the necessary technical and architectural input. The work will continue to be delivered by the Council teams.

2.9 The Senior Management Team has begun formulating a budget action plan that sets out how we will begin to address the financial pressures whilst redesigning services to alleviate some of the demand pressures. The plan has also been designed to meet the high-level strategic direction of the partnership.

Service Developments

2.10 An options appraisal for the future delivery of both Criminal Justice Services and Community Justice has been agreed. The North Partnership will lead on behalf of the three Ayrshires.

2.11 Meetings have now been scheduled to look at a model for a Concerns Hub based with the Police that will allow us to better respond to the increasing numbers of Concerns identified by Police. The Hub would cover all types of Concerns, from child protection and child welfare to adult protection and concerns. It will draw upon the model of MADART. This will be a further pan-Ayrshire development and the North partnership is also taking the lead on this.

2.12 Our bid for funding as part of the Transforming Care After Treatment (TCAT) initiative has been successful and we will receive almost £100,000 from Macmillan Cancer Support. TCAT is a partnership between Scottish Government, MacMillan Cancer Support, NHSScotland and local authorities to support a redesign of care following treatment for cancer. Our project aims assist individuals with employability support, in recognition that although increasing numbers of people are successfully surviving cancer many struggle to regain employment. The bid also includes an aspect of education and support to employers with the Chamber of Commerce active partners in the project.

2.13 Project Management arrangements are being agreed to ensure work on the single point of contact and the rehabilitation hub at Ayrshire Central Hospital move ahead quickly and in an inclusive manner. Initial meetings are being established with local GP Practice Managers to explore options for piloting a closer alignment of services around GP Practices to better meet the needs of patients. A high level proposal for the forthcoming review of Care at Home services is being developed and will be presented to SIB in February.

2.14 The first meeting of the group to agree options for the future alignment of Governance and Management arrangements across Elderly Mental Health and Frail Elderly Services was hosted just before Christmas. The group agreed the principles that should be applied to this work on a pan-Ayrshire basis and will meet again in January to review the first draft of options developed by a small working group, comprising Clinical Leaders and Managers from each service.

2.15 The Scottish Government Mental Health team conducted a routine visit to review performance against HEAT Targets and commitments. We continue to make good progress and are pleased to note that we met the target related to CAMHS referral to treatment.

3. Proposals

3.1 The Shadow Integration Board is asked to continue to support work undertaken to create and develop the North Ayrshire Health & Social Care Partnership

4. Implications

Financial Implications

4.1 There are no financial implications arising directly from this report.

Human Resource Implications

4.2 There are no human resource implications arising directly from this report. The human resource implications for each proposal for the Partnership will be considered as they are developed.

Legal Implications

4.3 Work undertaken to prepare for integration will ensure that North Ayrshire Council and NHS Ayrshire & Arran are able to comply with the requirements of the legislation.

Equality Implications

4.4 There are no equality implications.

Environmental Implications

4.5 There are no environmental implications.

Implications for Key Priorities

4.6 The integration of health and social care will contribute to the delivery of the "Healthy and Active North Ayrshire" priority in the 2013 - 2017 Single Outcome Agreement.

5. Consultations

5.1 No specific consultation was required for this report. User and public involvement is a key workstream for the development of the partnership and all significant proposals will be subject to an appropriate level of consultation.

6. Conclusion

6.1 The partners are making good progress in delivering the integration programme plan. Robust programme management arrangements are in place to ensure that key milestones are met.

For more information please contact Iona Colvin, Director, North Ayrshire Health & Social Care Partnership on 01294 317723 or icolvin@north-ayrshire.gsx.gov.uk

Background documents: Summary Strategic Plan and consultation feedback form

Shadow Integration Board
22nd January 2015

Subject:	**Integration Scheme**
Purpose:	To advise members of the North Ayrshire Shadow Integration Board of the Integration Scheme between NHS Ayrshire & Arran and North Ayrshire Council .
Recommendation:	That members of the Shadow Integration Board note the scheme and its contents

1. Introduction

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires that an Integration Scheme is prepared for each Health & Social Care Partnership by the relevant Health Board and Local Authority. The Integration Scheme is the legal agreement which will, once approved by Scottish Ministers, establish the Partnership as a legal entity. The purpose of this report is to draw to the attention of SIB members the Integration Scheme for North Ayrshire which is currently being considered by the Council and the NHS Board.

2. Current Position

2.1 The Integration Schemes for the three Ayrshire Partnerships has been produced by a number of workstreams involving staff from the three local authorities and NHS Ayrshire & Arran. The work has been overseen by the Strategic Alliance Integration Sub-Group and by the legal workstream, chaired by Andrew Fraser, Head of Democratic Services in North Ayrshire Council. The legal workstream has been responsible for ensuring that the Integration Scheme is internally consistent and that it is compliant with the Act.

2.2 An earlier draft of the scheme was submitted to the civil servants working in the Integration and Reshaping Care Division and their comments have been taken into account in the version of the scheme which is attached to this report. It is possible, however, that some further changes may yet be made. It is not expected that these changes will be significant

2.3 The Integration Scheme will go to North Ayrshire Council on 20th January and to the Board of NHS Ayrshire and Arran on 2nd February. Both bodies will be asked to approve the scheme for submission to Scottish Government and to authorise the Chief Executives to make any further changes that may be required to enable Scottish Ministers to approve the Scheme.

2.4 Once approved by the Council and the NHS Board the Integration Scheme will be reviewed on behalf of Scottish Ministers and, once approved, will be laid before Parliament. The whole process is likely to be completed in May and following that, the Integration Joint Board will be established.

2.5 The report by the Chief Executive to North Ayrshire Council is attached at Appendix One and the Integration Scheme, as currently drafted, is attached at Appendix Two. A corresponding report will be taken to the Board of NHS Ayrshire and Arran.

3. Proposals

3.1 Members of the SIB are asked to note the contents of this report.

4. Implications

Financial Implications

4.1 There are no financial implications arising directly from this report.

Human Resource Implications

4.2 There are no human resource implications arising directly from this report.

Legal Implications

4.3 The Integration Scheme is a requirement of the Act. The Legal Workstream has carried out a thorough review to ensure that the Scheme is compliant with the Act and supporting Regulations.

Equality Implications

4.4 There are no equality implications arising directly from this report.

Environmental Implications

4.5 There are no environmental implications.

Implications for Key Priorities

4.6 The integration of health and social care will contribute to the delivery of the "Healthy and Active North Ayrshire" priority in the 2013 - 2017 Single Outcome Agreement.

4.7 Community Benefit Implications

There are no community benefit implications arising from this report.

5. Consultations

5.1 The Integration Scheme was subject to consultation. The consolidated consultation responses for the three Ayrshire Partnerships are attached at Appendix Three.

6. Conclusion

6.1 The approval of the Integration Scheme by North Ayrshire Council and the Board of NHS Ayrshire and Arran is a major milestone in the establishment of the North Ayrshire Health & Social Care Partnership.

For more information please contact Lisbeth Raeside, Interim Project Manager, North Ayrshire Health & Social Care Partnership on 01294 317705 or lraeside@north-ayrshire.gcsx.gov.uk

Background documents: Report to North Ayrshire Council, Integration Scheme, Consolidated Consultation Responses

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NORTH AYRSHIRE COUNCIL

Agenda Item

20 January 2015

North Ayrshire Council

Subject:	**Health and Social Care Integration - Approval of Integration Scheme**
Purpose:	To consider consultation responses received in relation to the North Ayrshire Integration Scheme and approve the finalised scheme for submission to the Scottish Government.
Recommendation:	That Council agrees a) to consider representations made in response to the consultation on the draft scheme; b) to approve the integration scheme attached at appendix 1; c) that once approved by Ayrshire and Arran Health Board the North Ayrshire Integration Scheme should be submitted for the approval of Scottish Ministers; d) that authority is delegated to the Chief Executive to agree such further changes as may be required to enable Scottish Ministers to approve the Scheme, in consultation with the Health Board and the other two Ayrshire Councils where relevant; e) to delegate to North Ayrshire Integration Joint Board those Council services listed at annex two of the Integration Scheme attached at appendix 1; f) to agree that the services detailed at annex three of the Integration Scheme attached at appendix 1 should be hosted by the Lead Integration Joint Board and Health and Social Care Partnership detailed in annex three; g) agree that the functions should be delegated to North Ayrshire Integration Joint Board effective from the date it is constituted by Scottish Ministers; and h) to authorise the Head of Democratic Services to make the required amendments to the Scheme of Administration.

1. Introduction

1.1 In October and November 2014 the Council and Ayrshire and Arran Health Board respectively agreed to consult on the terms of the draft North Ayrshire Integration Scheme. The Integration Scheme sets out the terms and

conditions of the Integration of Health and Social Care and the relationships between the Council and Ayrshire and Arran Health Board.

1.2 The consultation period has now ended and the Council is asked to consider the consultation responses and approve the Integration Scheme attached at appendix 1. Once the Integration Scheme is approved by Ayrshire and Arran Health Board it can then be submitted for approval by Scottish Ministers. Subject to approval of the scheme by Ministers and the creation of North Ayrshire Integration Joint Board by statutory instrument it is expected that North Ayrshire Integration Joint Board will come into effect early in financial year 2015/16.

2. Current Position

2.1 The Public Bodies (Joint Working) (Scotland) Act 2014 required Local Authorities and NHS Boards to integrate certain adult health and social care services. The legislation enabled these bodies to delegate other functions. In June 2013 East and North Ayrshire Councils agreed to delegate all childcare, criminal justice social work, and adult services to the new partnership, and South Ayrshire Council also agreed this in March 2014. In March 2014 Ayrshire and Arran Health Board agreed to delegate community childrens' services (non-medical) to the partnership in addition to those services which it was required to delegate. All these services will be delegated to an Integration Joint Board which is responsible for the financial and strategic oversight of the services.

2.2 The 2014 Act requires Local Authority and Health Boards to jointly prepare an Integration Scheme for the area of each local authority. This scheme sets out the functions which are to be delegated and states that in preparing an Integration Scheme the Council and the Health Board must have regard to the integration planning principles and national health and wellbeing outcomes detailed in the 2014 Act. The required content of an Integration Scheme was set out in further detail within the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014.

2.3 The Act requires there to be consultation on an Integration Scheme. Thereafter once consultation responses have been considered and the scheme approved by Council and Ayrshire and Arran Health Board, it requires the approval of Scottish Ministers. Once Scottish Ministers have approved an Integration Scheme they will require to bring North Ayrshire Integration Joint Board into existence through a statutory instrument. It is expected that the timetable between submission of a scheme to the Scottish Ministers and the formation of North Ayrshire Integration Joint Board could be between two to four months.

2.4 As East, North and South Ayrshire are all served by a single Health Board, namely Ayrshire and Arran Health Board, strategic pan-Ayrshire workstreams were set up to develop all three Integration Schemes. While there are three separate Integration Schemes for East, North and South Ayrshire, as far as possible the terms of these are identical.

2.5 All three Integration Schemes were subject to an initial consultation during November and December 2014, and thereafter were subject to further feedback and review which closed on 6 January 2015. The consultation undertaken is detailed at section nine of appendix 1.

2.6 During the initial consultation period further guidance documents were published by the Scottish Government. This enabled the Integration Scheme to be further revised to ensure that all provisions required by the Scottish Government prior to approval are fully addressed in the Integration Scheme. The opportunity has also been taken to update the Integration Scheme as a result of relevant comments received during the consultation period.

2.7 No consultation responses were received by North Ayrshire Council. The consultation responses received by East and South Ayrshire Councils and Ayrshire and Arran Health Board are set out in appendix 2 under exception of their individual staff responses. Council is asked to consider these responses prior to agreeing the terms of the Integration Scheme. In considering these responses it should be noted that only information which is prescribed in the act or the regulations can be included in the Integration Scheme. This is because Scottish Ministers cannot approve additional information. This limits the extent to which some otherwise useful comments can be included in the Integration Scheme.

2.8 The draft scheme was forwarded to the Scottish Government for comment and some further changes made to the Scheme as a result of feedback. Any further changes required as a result of further Government comment will be reported either through a further supplementary report or verbally. Once the Scheme is submitted to Ministers, it is possible that further changes may be requested.

2.9 While it is hoped that the Scottish Government will be able to constitute the Integration Joint Board on 1 April 2015 it is likely that this will not be effective until later in 2015. Until then the Shadow Integration Board will continue to be responsible for those integrated services which will be delegated to the Integration Joint Board.

3. Proposals

3.1 The draft Integration Scheme has been further developed during the consultation period, both as a result of documents published and feedback

from the Scottish Government and as a result of consultation responses received. The terms of it have also been developed by pan-Ayrshire officer workstreams and the same draft Integration Scheme will be submitted for approval to all three Ayrshire Councils during January 2015, and to Ayrshire and Arran Health Board on 2 February 2015.

3.2 It is not recommended that any further changes are made to the present Integration Scheme as a result of consultation responses received. It is recommended that Council agree the terms of the North Ayrshire Integration Scheme as attached as appendix 1. Ayrshire and Arran Health Board will consider approval of the scheme on 2 February 2015. Subject to approval by Ayrshire and Arran Health Board, the North Ayrshire Integration Scheme can then be submitted to the Scottish Ministers for their approval.

3.3 While it is hoped that the present Integration Scheme now includes all information which will enable the Scottish Government to approve the Integration Scheme, it is possible that Ministers may request further information or seek changes in wording . It is recommended that authority is delegated to the Chief Executive to agree such further changes in wording, in consultation with the Health Board and the other two Ayrshire Councils where relevant.

3.3 As part of approving the North Ayrshire Integration Scheme the Council is recommended to delegate to North Ayrshire Integration Joint Board those Council services listed in annex two to the Integration Scheme attached at appendix 1. It will be noted from annex three to the Integration Scheme that a number of integrated services will be run on a pan-Ayrshire basis on behalf of all three Health and Social Care Partnerships by a single Partnership. It is recommended that Council agree that the Lead Integration Joint Board and Partnership for such hosted services should be as set out in annex three to the Integration Scheme at appendix 1. Council is also recommended to agree that these functions would be delegated to the Integration Board from the earliest possible date that the Scottish Ministers bring the North Ayrshire Integration Joint Board into existence.

3.4 As the exact date on which North Ayrshire Integration Joint Board will come into existence is presently uncertain it is recommended that the Shadow Integration Board continue in existence until that date, and the Head of Democratic Services is authorised to make consequential changes to the Scheme of Administration at the appropriate time. These changes would delegate the functions detailed in Annex two of the Integration Scheme forming Appendix 1 to the newly created Integration Joint Board rather than the Shadow Integration Board. At the same time Council is asked to agree that, pending Government legislation to abolish Social Work Complaints Review Committees expected in 2016, that the minutes of this Committee

should continue to be reported to Cabinet rather than the Integration Joint Board

4. Implications

Financial Implications

4.1 The financial aspects of the Integration of Health and Social Care have been fully considered by a pan-Ayrshire workstream led by North Ayrshire's Director of Finance and Corporate Support. Section eight of the Integration Scheme attached at appendix 1 fully details the financial consequences of the Integration Scheme and subsequent Integration of Health and Social Care.

Human Resource Implications

4.2 The human resource aspects of the Integration of Health and Social Care have been fully considered by a pan-Ayrshire workstream led by the Human Resources Director of Ayrshire and Arran Health Board. They are detailed in sections 5 and 6 and 7 of the Integration Scheme attached at appendix 1.

Legal Implications

4.3 Legal aspects of the Integration Scheme as well as a full legal overview of the whole scheme, have been fully considered by a pan-Ayrshire Legal Workstream chaired by North Ayrshire's Head of Democratic Services. All aspects of the Scheme have been considered against the developing legislative position.

Equality Implications

4.4 As detailed in the introduction to the Integration Scheme, the main purpose of integration is to improve the well-being of families, our communities and of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. The Integration Scheme is intended to achieve the National Health and Well-being Outcomes prescribed by the Scottish Ministers as well as the National Outcomes for Children's and Criminal Justice Services. Inevitably many persons who require to use the Integrated Services will come from minority groups, whether by reason of age or disability. More integrated health care can only benefit such groups in terms of equality.

Environmental and Sustainability Implications

4.5 There are no environmental and sustainability implications arising from this report.

Implications for Key Priorities

4.6 This supports the Council Plan priority of protecting vulnerable people.

Community Benefit Implications

4.7 There are no community benefit implications arising from this report.

5. Consultations

6. Conclusion

6.1 This report seeks agreement to the North Ayrshire Integration Plan following the consultation period. Once approved by the Council and Ayrshire and Arran Health Board the Integration Scheme will be sent to the Scottish Ministers for their approval. In turn their approval will allow the creation of North Ayrshire Integration Joint Board who will take over responsibility for the financial and strategic delivery of Integrated Services both within North Ayrshire and, as lead Board, across Ayrshire. .

ELMA MURRAY
Chief Executive

Reference : AF/cf
For further information please contact Andrew Fraser, Head of Democratic Services on 01294 321425

Background Papers
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Health and Social Care Integration

Draft Integration Scheme
between
North Ayrshire Council
and
NHS Ayrshire & Arran

12 January 2015

Introduction

Aims and Outcomes of the Integration Scheme Regulations

The main purpose of integration is to improve the wellbeing of families, our communities and of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 (hereinafter referred to as "the Act") namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

5. Health and social care services contribute to reducing health inequalities.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.

7. People using health and social care services are safe from harm.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

9. Resources are used effectively and efficiently in the provision of health and social care services.

NHS Ayrshire and Arran and North Ayrshire Council have agreed that Children's and Family Health and Social Work and Criminal Justice Social Work services should be included within functions and services to be delegated to the Integration Joint Board therefore the specific National Outcomes for Children and Criminal Justice are also included :
National Outcomes for Children are:-

- Our children have the best start in life and are ready to succeed;
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens; and
- We have improved the life chances for children, young people and families at risk.

National Outcomes and Standards for Social Work Services in the Criminal Justice System are:-

- Community safety and public protection;
- The reduction of re-offending; and
- Social inclusion to support desistance from offending.

The vision for the integration of health and social care is to produce better outcomes for people through services that are planned and delivered seamlessly from the perspective of the patient, service user or carer. This is supported by the Integration Planning and Delivery Principles detailed in section 4 and section 31 of the Act which set out how services should be planned and delivered to achieve the National Outcomes. These Outcomes must be at the heart of planning for the population and embed a person centred approach, alongside anticipatory and preventative care planning.
In this context, the vision for the North Ayrshire Health and Social Care Partnership is:

- All people who live in North Ayrshire are able to have a safe, healthy and active life.

Integration Scheme

The Parties:

North Ayrshire Council, a local authority established under the Local Government etc.(Scotland) Act 1994 and having its principal offices at Cunninghame House, Friars Croft, Irvine KA12 8EE (hereinafter referred to as "the Council").

And

Ayrshire and Arran Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (as amended) (operating as "NHS Ayrshire and Arran") and having its principal office at Eglinton House, Ailsa Hospital, Dalmellington Road, Ayr, KA6 6AB (hereinafter referred to as "NHS Board") (together referred to as "the Parties")

1. Definitions And Interpretation

1.1 **"The Act"** means the Public Bodies (Joint Working) (Scotland) Act 2014;
"Acute Services" means the following services of the NHS Board delivered within the acute hospitals at University Hospital Ayr and University Hospital Crosshouse for which the Director for Acute Services of the NHS Board has operational management responsibility, namely (accident and emergency; general medicine; geriatric medicine; rehabilitation medicine; respiratory medicine; and palliative care). These are the services in scope for the delegated acute functions and associated Set Aside budget;
"Appropriate Person" means a member of the NHS Board, but does not include any person who is both a member of the NHS Board and a councillor;
"The Board" means the Integration Joint Board to be established by Order under section 9 of the Act;
"Chairperson" means the Chairperson of the Integration Joint Board;
"The Chief Officer" means the Chief Officer of the Integration Joint Board

and is defined in Part 7 "Chief Officer";

"The Chief Finance Officer" means the Accountable Officer for financial management, governance and administration of the Integration Joint Board. This includes accountability to the Integration Joint Board for the planning, development and delivery of the Integration Joint Board's financial strategy and responsibility for the provision of strategic and operational financial advice and support to the Integration Joint Board and Chief Officer;

"Data Dictionary" means a resource which provides a list of measures and indicators for use within a partnership performance framework;

"Health and Social Care Partnership" is the name given to the Parties' service delivery organisation for functions which have been delegated to the Integration Joint Board;

"Health Leads" means individuals who have the professional lead for their respective healthcare profession(s) within the Health and Social Care Partnership;

"HEAT" means Health Improvement, Efficiency, Access, Treatment – NHS National Targets and Measures;

"Independent Sector" means for profit non governmental or private agencies;

"Integration Joint Board" means the Integration Joint Board to be established by Order under section 9 of the Act;

"Integrated Services" means services of the Parties delivered in a joint Health and Social Care Partnership for which the Chief Officer has operational management responsibility;

"Lead Partner" means the Integration Joint Board that manages services on behalf of the other Integration Joint Boards in the NHS Board areas;

"Lead Partnership Services" means those services of the Parties more specifically detailed in clause 3.3 and Annex 3 hereof which, subject to consideration by the Ayrshire Integration Joint Boards through the Strategic Plan process, the Parties agree will be managed and delivered on a pan Ayrshire basis by a single Integration Joint Board;

"Outcomes" means the Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

"The Parties" means North Ayrshire Council and the NHS Board;

"Regional Services" means tertiary health care services that are delivered to populations across the region, by one or more NHS Board on behalf of the all NHS Boards within that region;

"Scheme" means this Integration Scheme;

"Services" means those services of the Parties which are delegated to the Integration Joint Board as more specifically detailed in clause 3 hereof;

"Set Aside" means the financial amounts to be made available for planning purposes by the NHS Board to the Integration Joint Board in respect of Acute Services;

"Strategic Plan" means the plan which the Integration Joint Board is required to prepare and implement in relation to the delegated provision of health and social care services to adults and children in accordance with section 29 of the Act;

"Strategic Plan for Acute Services" means the Strategic Plan prepared for integrated, non-integrated and Regional Services within the University Hospital Ayr and University Hospital Crosshouse;

"Third Sector" means organisations which are voluntary and not for profit.

1.2. The following clauses are not part of the Integration Scheme but are provided for contextual information:
2.3.3, 4.1.1, 4.3.1 and 5.1.

1.3. WHEREAS in implementation of their obligations under section 2 (3) of the Public Bodies (Joint Working)(Scotland) Act 2014 the Parties are required to jointly prepare an Integration Scheme for the area of the Local Authority setting out the information required under section 1(3) of the Act and the prescribed information listed in the Public Bodies (Joint Working)(Integration Scheme)(Scotland) Regulations 2014 (SSI number 341) therefore in implementation of these duties the Parties agree as follows:

In accordance with section 1(2) of the Act, the Parties have agreed that the integration model set out in sections 1(4)(a) of the Act will be put in

place for the North Ayrshire Partnership area, namely the delegation of functions by the Parties to a body corporate that is to be established by Order under section 9 of the Act. This Scheme comes into effect on the date the Parliamentary Order to establish the Integration Joint Board comes into force**.**

2. Local Governance Arrangements

2.1 Voting Membership

2.1.1 The arrangements for appointing the voting membership of the Integration Joint Board are that the Parties must nominate the same number of representatives to sit on the Integration Joint Board. This will be a minimum of three nominees each, or such number as the Parties agree, or the Council can require that the number of nominees is to be a maximum of 10% of their full council membership.

2.1.2 Locally, the Parties will each nominate four voting members.

2.1.3 The Council will nominate councillors to sit on the Integration Joint Board. Where the NHS Board is unable to fill all its places with non-executive Directors it can then nominate other appropriate people, who must be members of the NHS Board to fill their spaces, but the majority must be non-executive members.

2.2 Period of Office

2.2.1 The period of office of voting members will be for a period not exceeding three years.

2.3 Termination of membership

2.3.1 A voting member appointed by the Parties ceases to be a voting member of the Integration Joint Board if they cease to be either a Councillor or a non-

executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, SSI no 285.

2.4 Appointment of Chair and Vice Chair

2.4.1 The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting members of the Integration Joint Board. If a Council member is to serve as Chairperson then the Vice Chairperson will be a member nominated by the NHS Board and vice versa. The first Chairperson of the Integration Joint Board will be a member appointed on the nomination of the Council.

2.4.2 The appointment to Chairperson and Vice Chairperson is time-limited to a period not exceeding three years and carried out on a rotational basis. The term of office of the first Chairperson will be for the period to the local government elections in 2017, thereafter the term of office of the Chairperson will be for a period of two years or such other period not exceeding three years as decided by local agreement.

2.4.3 The Parties acknowledge that the Integration Joint Board will include additional stakeholder, non voting members, to be determined by the Integration Joint Board.

3. Delegation of Functions

3.1 The functions that are to be delegated by the NHS Board to the Integration Joint Board are set out in Part 1 of Annex 1. The Services to which these functions relate, which are currently provided by the NHS Board and which are to be integrated, are set out in Part 2 of Annex 1.

3.2 The functions that are to be delegated by the Council to the Integration Joint Board are set out in Part 1 of Annex 2. The Services to which these functions

relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.

3.3 Subject to consideration by the Ayrshire Integration Joint Boards, through the Strategic Plan process**,** the Parties agree that the Services listed in Annex 3 will be managed by one Ayrshire Integration Joint Board on behalf of the other Ayrshire Integration Joint Boards, all as more particularly detailed in Annex 3.

4. Local Operational Delivery Arrangements

4.1 Responsibilities of the Integration Joint Board on Behalf of the Parties

4.1.1 The local operational arrangements agreed by the Parties are:

4.1.2 The Parties will delegate to the Integration Joint Board responsibility for the planning of Services. This will be achieved through the Strategic Plan.

4.1.3 The Integration Joint Board is responsible for the operational oversight of Integrated Services, and through the Chief Officer will be responsible for the operational management of Integrated Services.

4.1.4 The Integration Joint Board will be responsible for the planning of Acute Services but the Health Board will be responsible for the operational oversight of Acute Services and through the Director for Acute Services will be responsible for operational management of Acute Services. The Health Board will provide information on a regular basis to the Chief Officer and Integration Joint Board on the operational delivery of these Services.

4.1.5 Where an Integration Joint Board is also the Lead Partnership in relation to a Service in Annex 3, it is responsible for the operational oversight of such Service(s) and through its Chief Officer will be responsible for the operational management on behalf of all the Ayrshire Integration Joint Boards. Such Lead

Partnership will be responsible for the strategic planning and operational budget of the Lead Partnership Services in Annex 3.

4.1.6 The Parties will each have a scheme of delegation delegating authority for operational management to the Chief Officer the terms of which will be mutually acceptable to the Parties. The schemes of delegation will be presented to the Integration Joint Board for noting and approval.

4.2 Corporate Support Services

4.2.1 The Parties have identified the corporate support services that they provide for the purposes of preparing the Strategic Plan and carrying out integration functions and identified the staff resource involved in providing these Services.

4.2.2 At this time Corporate Support Services are not part of the delegated budget to the Integration Joint Board. There is agreement and a commitment to continue to provide these Services to the Integration Joint Board. The arrangements for providing corporate support services will be reviewed by March 2016 and appropriate models of Service will be agreed. This process will involve senior representatives from the Parties and the Chief Officer. The models agreed will be subject to further review as the Integration Joint Board develops in its first year of operation and to ongoing review as part of the planning and budget setting processes for the Integration Joint Board and the Parties.

4.2.3 The Parties agree that the current support will continue to be provided until the new models of Service have been developed.

4.2.4 The Parties will provide the Integration Joint Board with the corporate support services it requires to fully discharge its duties under the Act.

4.3 Support for the Strategic Plan

4.3.1 The Integration Joint Board is required to consult with the other Ayrshire Integration Joint Boards to ensure that the Strategic Plans are appropriately co-ordinated for the delivery of Integrated Services across the Ayrshire and Arran area.

4.3.2 The NHS Board shall ensure that the overarching Strategic Plan for Acute Services shall incorporate relevant sections of the three Ayrshire Integration Joint Boards' Strategic Plans. This will be held by the Director for Acute Services.

4.3.3 The NHS Board will consult with the Ayrshire Integration Joint Boards to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such Acute Services is appropriately co-ordinated with the delivery of Services across the Ayrshire and Arran area. The parties shall ensure that a group including the Director for Acute Services and Chief Officers of the three Ayrshire Integration Joint Boards will meet regularly to discuss such issues.

4.3.4 The NHS Board will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of Services by service users within North Ayrshire for its service and for those provided by other Health Boards. Regional Services are explicitly excluded.

4.3.5 The Council will share with the Integration Joint Board necessary activity and financial data for Services, facilities and resources that relate to the planned use of Services by service users within North Ayrshire for its Services and for those provided by other councils.

4.3.6 The Parties agree to use all reasonable endeavours to ensure that the other Ayrshire Integration Joint Boards and any other relevant Integration Authority will share the necessary activity and financial data for Services, facilities and resources that relate to the planned use by service users within the area of

their Integration Authority.

4.3.7 The Parties shall ensure that their Officers acting jointly will consider the Strategic Plans of the other Ayrshire Integration Joint Boards to ensure that they do not prevent the Parties and the Integration Joint Board from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery Principles, and to ensure they contribute to achieving the National Health and Wellbeing Outcomes.

4.3.8 The Parties shall advise the Integration Joint Board where they intend to change service provision of non Integrated Services that will have a resultant impact on the Strategic Plan.

4.4 Performance Targets, Improvement Measures and Reporting Arrangements

4.4.1 The Parties will identify a core set of indicators that relate to Services from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions will be collated in a Data Dictionary and will provide information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators and the Data Dictionary with the Integration Joint Board. The improvement measures will be a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures will be linked to the national and local Outcomes to assess the timeframe and the scope of change.

4.4.2 The Data Dictionary will also state where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the NHS Board or the Council this will be taken into account by the Integration Joint Board when preparing the Strategic Plan.

4.4.3 The Data Dictionary will also be used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by the Integration Joint Board when preparing the Strategic Plan.

4.4.4 The Data Dictionary will be reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.

4.4.5 The work on the core indicators and the establishing of the Data Dictionary will be completed by the 1 April 2015.

4.4.6 The Parties will provide support to the Integration Joint Board for the function, including the effective monitoring and reporting of targets and measures.

5.0 Clinical and Care Governance

5.1 Except as detailed in this Scheme, all strategic, planning and operational responsibility for Services is delegated from the Parties to the Integration Joint Board and its Chief Officer.

5.1.1 The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for services provided in pursuance of integration functions in terms of the Act. The Parties and the Integration Joint Board are accountable for ensuring appropriate clinical and care governance arrangements for their duties under the Act. The Parties will have regard to the principles of the Scottish Government's draft Clinical and Care Governance Framework including the focus on localities and service user and carer feedback.

5.1.2 The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third

and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.

5.1.3 As set out in clause 4.4, the quality of service delivery will be measured through performance targets, improvement measures and reporting arrangements designed to address organisational and individual care risks, promote continuous improvement and ensure that all professional and clinical standards, legislation and guidance are met. Performance monitoring arrangements will be included in commissioning or procurement from the Third and Independent Sectors.

5.1.4 The Parties will ensure that staff working in Integrated Services have the appropriate skills and knowledge to provide the appropriate standard of care. Managers will manage teams of NHS Board staff, Council staff or a combination of both and will promote best practice, cohesive working and provide guidance and development to the team. This will include effective staff supervision and implementation of staff support policies.

5.1.5 Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

5.1.6 The Organisational Development Strategy will identify training requirements that will be put in place to support improvements in services and Outcomes.

5.1.7 The members of the Integration Joint Board will actively promote an organisational culture that supports human rights and social justice; values partnership working through example; affirms the contribution of staff through the application of best practice, including learning and development; and is transparent and open to innovation, continuous learning and improvement.

5.1.8 In relation to Integrated Services the Parties will, through their respective schemes of delegation, delegate all operational oversight of such Services either to the Integration Joint Board or the Chief Officer.

5.1.9 In relation to Acute Services, the Integration Joint Board will be responsible for planning of such Services but operational management of such Services will lie with the NHS Board and the Director for Acute Services of the NHS Board. The Director for Acute Services of the NHS Board will manage Acute Services.

5.1.10 As detailed in clause 6 the Chief Officer will be an Officer of, and advisor to, the Integration Joint Board. The Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties. The Chief Officer will manage the Health and Social Care Partnership and the Integrated Services delivered by it. The Chief Officer has overall responsibility, through the Parties' Chief Executives, for the Professional standards of staff working in Integrated Services.

5.1.11 The Integration Joint Board will put in place structures and processes to support clinical and care governance, thus providing assurance on the quality of health and social care. A Health and Care Governance Group is to be established which, when not chaired by the Chief Officer, will report to the Chief Officer and the Integration Joint Board. It will contain representatives from the Parties and others including:

- the Senior Management Team of the Partnership;
- the Clinical Director;
- the Lead Nurse;
- the Lead from the Allied Health Professions;
- Chief Social Work Officer;
- Director of Public Health or representative;
- service user and carer representatives; and
- Third Sector and Independent Sector representatives.

5.1.12 The Parties note that the Health and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under

consideration. This may include NHS Board professional committees, managed care networks and Adult and Child Protection Committees.

5.1.13 The role of the Health and Care Governance Group will be to consider matters relating to Strategic Plan development, governance, risk management, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity. When clinical and care governance issues relating to Lead Partnership Services are being considered, the Health and Care Governance Group for the Lead Partner will obtain input from the Health and Care Governance Groups of the other Ayrshire Health and Social Care Partnerships.

5.1.14 The Health and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Health and Social Care Partnership area. The strategic planning and locality groups may seek relevant advice directly from the Health and Care Governance Group.

5.1.15 The Integration Joint Board may seek advice on clinical and care governance directly from the Health and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the registered health professionals and the Chief Social Work Officer.

5.1.16 Annex 4 provides details of the governance structure relating to the Integration Joint Board and the Parties. This includes details of how the Area Clinical Forum, Managed Clinical Networks, other appropriate professional groups and Adults and Child Protection Committees are able to directly provide advice to the Integration Joint Board and Health and Care Governance Group.

5.1.17 Further assurance is provided through:

(a) the responsibility of the Chief Social Work Officer to report directly to the

Council, and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in return report to the NHS Board on professional matters;

and

(b) the role of the Healthcare Governance Committee of the NHS Board which is to oversee healthcare governance arrangements and ensure that matters which have implications beyond the Integration Joint Board in relation to health, will be shared across the health care system. The Healthcare Governance Committee will also provide professional guidance, as required.

5.1.18 The Chief Officer will take into consideration any decisions of the Council or NHS Board which arise from (a) or (b) above.

5.1.19 The NHS Board Healthcare Governance Committee, the Medical Director and Nurse Director may raise issues directly with the Integration Joint Board in writing and the Integration Joint Board will respond in writing to any issues so raised.

5.1.20 As set out in Section 10 the Parties have information sharing protocols in place.

6 Chief Officer

6.1 The Arrangements in Relation to the Chief Officer Agreed by the Parties

6.1.1 The Chief Officer will be appointed by the Integration Joint Board and will be employed by one of the Parties on behalf of the Integration Joint Board, in accordance with section 10 of the Act. The Chief Officer will be seconded by the employing party to the Integration Joint Board and will be the principal advisor to and officer of the Integration Joint Board.

6.1.2 The Parties acknowledge and agree that the Chief Officer's role will be to provide a single senior point of overall strategic and operational advice to the

Integration Joint Board and be a member of the senior management teams of the Parties.

6.1.3 The Parties agree that the Chief Officer will be responsible for the operational management and performance of Integrated Services, and such other Lead Partnership Services as are delegated to the Integration Joint Board.

6.1.4 The Parties agree that the Director for Acute Services will be responsible for the operational management and performance of Acute Services and will provide updates on a regular basis to the Chief Officer on the operational delivery of Acute Services provided within University Hospital Ayr and University Hospital Crosshouse.

6.1.5 In relation to Lead Partnership Services, the Parties agree that the Chief Officer of the lead Integration Joint Board will be responsible for the operational management and performance of those Lead Partnership Services and will provide regular updates to the Chief Officers of the other Ayrshire Integration Joint Boards on the operational delivery of those Services.

6.2. Line Management of the Chief Officer to Ensure Accountability

6.2.1 The Chief Officer will report to and be line managed by the Chief Executives' of both Parties.

6.2.2 The Parties shall ensure that the Chief Officer will have regular performance, support and supervision meetings with their respective Chief Executives. The Chief Executive from the employing Party will take responsibility for contractual matters. In view of the joint accountability, performance review sessions will involve both the Chief Executives and the post holder and these will be arranged on a regular scheduled basis.

6.2.3 In the event that the Chief Officer is absent on an unplanned basis, or otherwise unable to carry out his or her functions, the Parties, in consultation with the Integration Joint Board, will identify a suitable interim Chief Officer.

7. Workforce

7.1 Development of a Joint Workforce Development and Support Plan

7.1.1 The Parties will develop and keep under review a joint Workforce and Development Plan ("the Plan") by providing a group of Human Resources and Organisational Development professionals who will work with the Chief Officer, staff, trade unions and stakeholders to develop the Plan by October 2015.
Learning and development of staff will be addressed in the Plan.

7.1.2 The Plan will form part of and be informed by the Strategic Plan.

7.2 Development of an Organisational Development Strategy for Integrated Service Teams

7.2.1 A Pan Ayrshire Health and Social Care Organisation Development Strategy ("the Strategy") sets out the approach to the joint provision of Organisational Development. The Strategy was developed in June 2014 by the Human Resources and Organisational Development work stream, which consists of Human Resources and Organisational Development professionals from East, North and South Ayrshire Councils, and the NHS Board. The Strategy recognises that each of the three Ayrshire Integration Joint Boards will have differing needs and priorities in relation to delivery outcomes. The Strategy seeks to support effective partnership working through consistency of approach. The Strategy will be subject to regular review and a review process will be agreed by the Parties in consultation with the Integration Joint Board.

7.2.2 The Chief Officer will receive advice from Human Resources and Organisational Development professionals and they will work together to

support the implementation of Integration and provide the necessary expertise and advice as required. They will work collaboratively with staff, managers, staffside representatives and trades unions to ensure a consistent approach which is fair and equitable.

8 Finance

8.1 Resources to be made available to the Integration Joint Board

8.1.1 This section sets out the arrangements in relation to the determination of the amounts to be paid, or Set Aside, and their variation, to the Integration Joint Board by the Parties;

(a) amounts to be paid by the Parties to the Integration Joint Board in respect of all of the functions delegated by them to the Integration Joint Board (other than those to which sub-paragraph (b) applies).

(i) Payment in the first year to the Integration Joint Board for delegated functions

Delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

(ii) Payment in subsequent years to the Integration Joint Board for delegated functions

In subsequent years, the Chief Officer and the Chief Finance Officer should develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. The following principles apply;

- Individual Party responsibility including:

    - Pay awards
    - Contractual uplift
    - Prescribing
    - Resource transfer
    - Ring fenced funds

- In the case of demographic shifts and volume each Party will have a shared responsibility for funding. In these circumstances an agreed percentage contribution, based on net budget of each Party, by individual client group excluding ring fenced funds e.g. Family Health Services, General Medical Services, Alcohol and Drug funding etc. will apply.

- The Prescribing budget will be delegated to the Integration Joint Board. It is proposed that prescribing will be managed by Health across the three Health and Social Care Partnerships with an agreed Incentive Scheme which requires to be approved by all Parties across the three Integration Joint Boards.

- Efficiency targets will be set by each Party.

Following determination of the payment, the amounts to be made by each Party, the Integration Joint Board will refine the Strategic Plan to take account of the totality of resources available.

(b) amounts to be made available by the NHS Board to the Integration Joint Board in respect of Acute Services:

(i) carried out in a hospital in the area of the NHS Board;

Set Aside baseline budgets for 2015/16 will be subject to due

diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.

The initial Set Aside base budget for each Integration Joint Board will be based on their historic use of Acute Services. The actual unit cost which would apply as part of any change to activity or service redesign is dependent on the scale of change planned and requires agreement in advance by all Parties. Any redesign of service requires to be agreed across the three Integration Joint Boards and be reflected in the Strategic Plans.

In subsequent years, the NHS Board, Chief Officers and the Chief Finance Officers should develop the funding requirements for the Set Aside budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. The draft budget should be evidence based with full transparency on its assumptions. Any adjustment to the Set Aside budget requires to be agreed by all Parties with each Parties contribution being adjusted proportionate to the rolling three year usage by each Party.

(ii) provided for the areas of two or more Councils;

The Services which Parties intend to be managed by one Ayrshire Integration Joint Board on behalf of the other Ayrshire Integration Joint Boards are set out in Annex 3. Where an Integration Joint Board is also the Lead Partnership in relation to a service in Annex 3 the principles outlined in (a) above would apply. Additional information on service usage over the last three years is required to establish the baseline of resources consumed by each Health and Social Care Partnership and

future year contributions.

8.2 In-year Variations

8.2.1 The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in clause 14 hereof, will be followed.

8.2.2 Where an underspend in an element of the operational budget arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board's Reserves Strategy. Any windfall underspend will be returned to Parties in the same proportion as individual Parties contribute to joint pressures.

8.2.3 In year variances in Lead Partnership Services follow the principles noted above. In the event of an overspend the Recovery Plan requires agreement of all Integration Joint Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the Recovery Plan.

8.2.4 In year pressures in respect of “Set Aside” budgets will be managed in year by the Health Board, with any recurring over or underspend being considered

as part of the annual budget setting process.

8.2.5 Neither Party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis to meet exceptional unplanned costs within the Parties without the express consent of the Integration Joint Board and the other Party and where relevant the other Ayrshire Integration Joint Boards.

8.3 Financial Management and Financial Reporting Arrangements

8.3.1 The Chief Finance Officer is responsible for ensuring that appropriate financial services are available to the Integration Joint Board and the Chief Officer .

8.3.2 Recording of all financial information in respect of the Integration Joint Board eg expenses will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

8.3.3 Initially, consolidation of information for the Integration Joint Board will take place outwith the core financial ledgers.

8.3.4 The Chief Officer and Chief Finance Officer of the Integration Joint Board will be responsible for the preparation of the annual accounts, financial statement prepared under section 39 of the Act, the financial elements of the Strategic Plan and such other reports that the Integration Joint Board might require. The Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery.

8.3.5 In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval, with a minimum of four financial reports being submitted to the Integration Joint Board. This will include reporting in relation to activity for Set Aside budgets.

8.3.6 Monthly financial reports will be provided to the Chief Officer in respect of paid services. Quarterly information will be provided on activity associated with the Set Aside budgets.

8.3.7 Financial reports will include a subjective and objective analysis of budgets and actual / projected outturn. Detailed financial transactions will continue to be recorded in the financial ledgers of each Party.

8.3.8 The schedule of cash payments to be made in settlement of the payment due to the Integration Joint Board are noted below:
Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies quarterly in arrears, with a final adjustment on closure of the Annual Accounts. The timetable will be prepared in advance of the start of the financial year.

8.4 Arrangements for Asset Management and Capital

8.4.1 Capital and assets and the associated running costs will continue to sit with the Parties with access arrangements being those in place at the establishment of the Integration Joint Board. The Integration Joint Board will require to develop a business case for any planned investment or change in use of assets for consideration by the Parties.

9 Participation and Engagement

9.1 During the development of the Integration Scheme, the Council and NHS Board agreed to consult jointly through the Shadow Integration Board and Strategic Planning Group structure, the membership of which comprises the prescribed consultees. The means by which such consultation was undertaken was through email and members of the Shadow Integration Board were also consulted on the draft Scheme at one of their regular meetings.

9.2 The Parties also consulted with their staff.

9.3 The Council consulted with Trades Unions through the Joint Consultative Committee structure, the Corporate Management Team, the Social Services Staff Reference Group and representatives from other Council services. This consultation was undertaken at face to face meetings following which those attending the meetings were encouraged to submit comments on the draft Scheme. The draft Scheme was also circulated to all staff by the Chief Officer with an invitation to comment.

9.4 The NHS Board issued a Stop Press bulletin to all staff and sought their views through an electronic survey which made provision for comments from the Area Clinical Forum and the Area Partnership Forum. NHS Board members discussed the Integration Scheme at a NHS Board workshop on 10 November 2014.

9.5 Following consultation the revised draft Integration Scheme was again made available to consultees to allow further review and feedback. All consultation responses received were fully considered by the Parties and taken into account prior to finalisation of the Scheme.

9.6 The Parties agree to provide communication and public engagement support to the Integration Joint Board to facilitate engagement with key stakeholders, including patients and service users, carers and Third Sector representatives, in order to develop a participation and engagement strategy for the Integration Joint Board. This will form part of the Strategic Plan and be produced in the first year of the Integration Joint Board.

9.7 The Parties undertake to work together to develop a participation and engagement strategy for the Integration Joint Board. In the meantime, each of the Parties agrees to use its existing systems for participation and engagement, and to ensure that these accord at all times with the principles and practices endorsed by the Scottish Health Council and those set out in the National Standards for Community Engagement.

10 Information-Sharing and data handling

10.1 Along with a number of other stakeholders, the Parties are members of the Ayrshire and Arran Data Sharing Partnership, which is a group that ensures there are appropriate, high-level information sharing protocols in place to govern information sharing and data handling arrangements. The Parties have ratified the Ayrshire and Arran Protocol for Sharing Information (the "Protocol"). The Protocol provides a statement of principles on data sharing issues, and general guidance to staff on sharing information in relation to the Services.

10.2 The Parties acknowledge that the Protocol has been reviewed and revised to take into consideration the terms of the Act.

10.3 The Parties shall work together to ensure that the Protocol is reviewed on a two yearly basis and that as part of this process the views of the Integration Joint Board will be canvassed and considered.

10.4 The Parties have developed and agreed an information sharing agreement (the "Information Sharing Agreement") to define the processes and procedures that will apply to sharing information for any purpose connected with the preparation of the Scheme, the preparation of a Strategic Plan or the carrying out of integration functions.

10.5 The Parties undertake to review the Information Sharing Agreement on an annual basis, and to canvass and consider the views of the Integration Joint Board.

11 Complaints

11.1 Arrangements for Complaints

11.1.1 The Parties agree the following arrangements in respect of complaints.

11.1.2 The Parties will work together with the Chief Officer to agree a single streamlined process for complaints relating to integrated arrangements that complies with all applicable legal and sector requirements. The Parties agree that, until this process is agreed and operational, each party will continue to handle complaints that are received by it and its staff, in compliance with its own complaints procedures.

11.1.3 The Parties agree that as far as possible complaints will be dealt with by front line staff. Thereafter the existing complaints procedures of the Parties provide a formal process for resolving complaints. The final stage will be the consideration of complaints by the Scottish Public Sector Ombudsman. In relation to social work complaints these are, subject to review, presently considered by a Social Work Complaints Review Committee prior to the Ombudsman.

11.1.4 The Parties agree to work together and to support each other to ensure that all complaints that require input from both Parties are handled in a timely manner. Details of the complaints procedures will be provided on line, in complaints literature and on posters. Clear and agreed timescales for responding to complaints will be provided.

11.1.5 If a service user is unable, or unwilling to make a complaint directly, complaints will be accepted from a representative who can be a friend, relative or an advocate.

11.1.6 In the event that complaints are received by the Integration Joint Board or the Chief Officer, the Parties will work together to achieve where possible a joint response, identifying the lead party in the process and confirming this to the individual raising the complaint.

11.1.7 The Parties will produce a joint report on a six monthly basis for consideration by the Integration Joint Board.

12 Claims Handling, Liability & Indemnity

12.1 The Parties will work together to ensure that they, and the Integration Joint Board where appropriate, establish and maintain in force appropriate insurances or other indemnity arrangements in relation to integrated arrangements.

12.2 The Parties agree that they will manage and settle claims arising from integrated arrangements in accordance with, common law and statute.

13 Risk Management

13.1 A shared risk management strategy which will include risk monitoring and a reporting process for the Parties and Integration Joint Board will be established in the first year of the Integration Joint Board. In developing this shared risk management strategy the Parties and the Integration Joint Board will review the shared risk management arrangements currently in operation including the Strategic Risk Register.

13.2 The Chief Officer will lead the review of risk management arrangements of the Joint Board with support from the risk management functions of the Parties. The Integration Joint Board will annually approve its Risk Register with in year and exception reporting. This reporting will allow amendment to risks. Any strategic risk will be communicated to the Parties by the Chief Officer. The Integration Joint Board will also pay due regard to relevant corporate risks of the Parties.

13.3 There will be shared risk management across the Parties and the Integration Joint Board for significant risks that impact on integrated service provision. The Parties and Integration Joint Board will consider risks to integrated service provision on a regular basis and notify each other where they have

changed.

14 Dispute resolution mechanism

14.1 Where Parties fail to agree on any issue related to this Scheme, then they will follow the undernoted process:

(a) The Chief Executives of the Parties, will meet to resolve the issue;

(b) If unresolved, the Parties will each agree to prepare a written note of their position on the issue and exchange it with the others for their consideration within 10 working days of the date of the decision to proceed to written submissions or such other period as the Parties agree.

(c) In the event that the issue remains unresolved following consideration of written submissions, the Chief Executives of the Parties, the Chair of NHS Board and the Leader of the Council will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue.

14.2 Where the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree the following process to notify Scottish Ministers that agreement cannot be reached: the Chief Executives of the Parties, and the Chief Officer will jointly make a written application to Scottish Ministers stating the issues in dispute and requesting that the Scottish Ministers give directions.

Annex 1

Part 1

Functions that are to be delegated by the Health Board to the Integrated Joint Board

Functions prescribed for the purposes of section 1(6) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978(a)	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978.	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 79 (purchase of land and moveable property); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); paragraphs 4, 5, 11A and 13 of Schedule 1 (Health Boards); and functions conferred by— The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The Health Boards (Membership and Procedure) (Scotland) Regulations 2001, The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004; The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004)

	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and The National Health Service (General Dental Services) (Scotland) Regulations 2010.
Disabled Persons (Services, Consultation and Representation) Act 1986(a)	
Section 7 (persons discharged from hospital)	
Community Care and Health (Scotland) Act 2002(b)	
All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	
Mental Health (Care and Treatment) (Scotland) Act 2003(c)	
All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by section 22 (approved medical practitioners).
Education (Additional Support for Learning) (Scotland) Act 2004(d)	
Section 23 (other agencies etc. to help in exercise of functions under this Act)	
Public Health etc. (Scotland) Act 2008(e)	
Section 2 (duty of Health Boards to protect public health) Section 7 (joint public health protection plans)	
Public Services Reform (Scotland) Act 2010(f)	
All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.	Except functions conferred by— section 31(Public functions: duties to provide information on certain expenditure etc.); and section 32 (Public functions: duty to provide information on exercise of functions).
Patient Rights (Scotland) Act 2011(g)	
All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.	

Functions prescribed for the purposes of section 1(8) of the Act

Column A	*Column B*
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of— section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 38 (care of mothers and young children); section 38A (breastfeeding); section 39 (medical and dental inspection, supervision and treatment of pupils and young persons); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);

	and functions conferred by—
	The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989;
	The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
	The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
	The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
	The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
	The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
	The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
	The National Health Service (General Dental Services) (Scotland) Regulations 2010; and
	The National Health Service (Free Prescriptions and Charges for Drugs and Appliances) (Scotland) Regulations 2011.

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7 (persons discharged from hospital)	

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.	

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by—
	section 22 (approved medical practitioners);
	section 34 (inquiries under section 33: co-operation);
	section 38 (duties on hospital managers: examination, notification etc.);
	section 46 (hospital managers' duties: notification);
	section 124 (transfer to other hospital);
	section 228 (request for assessment of needs: duty on local authorities and Health Boards);
	section 230 (appointment of patient's responsible medical officer);
	section 260 (provision of information to patient);
	section 264 (detention in conditions of excessive security: state hospitals);

	section 267 (orders under sections 264 to 266: recall); section 281 (correspondence of certain persons detained in hospital); and functions conferred by— The Mental Health (Safety and Security) (Scotland) Regulations 2005; The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005; The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and The Mental Health (England and Wales Cross-border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23 (other agencies etc. to help in exercise of functions under this Act)	

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010	Except functions conferred by— section 31(public functions: duties to provide information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011	Except functions conferred by The Patient Rights (complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36.

Annex 1
Part 2

Services currently provided by the Health Board which are to be integrated

- Accident and Emergency
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Palliative Care
- All Community Hospitals (Arran, Lady Margaret, Biggart, Girvan, Kirklandside, East Ayrshire Community Hospital, Continuing Care wards at Ayrshire Central Hospital)
- All Mental Health Inpatients Services (including Addictions), Psychiatric Medical Services, Eating Disorders, Forensic, Crisis Resolution and Home Treatment Team, Liaison (Adult, Elderly Learning Disabilities and Alcohol, Advanced Nurse Practitioner Services)
- Community Nursing (District Nursing)
- Community Mental Health, Addictions and Learning Disabilities (Community Mental Health Teams, Primary Care Mental Health Teams, Elderly, Community Learning Disability Teams, Addictions Community Teams)
- Allied Health Professionals
- Public Dental Services
- Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy)
- NHS Ayrshire Doctors on Call (ADOC)
- Older People
- Palliative Care provided outwith a hospital
- Learning Disabilities Assessment and Treatment Services
- Psychology Services
- Community Continence Team
- Kidney Dialysis Service provided outwith a hospital
- Services provided by health professional which aim to promote public health
- Community Children's Services (School Nursing, Health Visiting, Looked after Children's Service) [non medical]
- Community Infant Feeding Service
- Child and Adolescent Mental Health Services
- Child Health Administration Team
- Area Wide Evening Service (Nursing)
- Prison Service and Police Custody services
- Family Nurse Partnership
- Immunisation Service
- Telehealth and United for Health and Smartcare European Programme and workstreams

Such other services as may be agreed.

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948 Section 45 (The recovery of expenditure incurred under Part III of that Act where a person has fraudulently or otherwise misrepresented or failed to disclose a material fact.) Section 48 (The protection of property of a person admitted to hospital or accommodation provided under Part III of that Act.)	
Matrimonial proceedings (Children) Act 1958 Section 11 (Reports as to arrangements for future care and upbringing of children.**)**	
The Disabled Persons (Employment) Act 1958 Section 3 (The making of arrangements for the provision of facilities for the purposes set out in section 15(1) of the Disabled Persons (Employment) Act 1944.)	
The Social Work (Scotland) Act 1968 Section 1 (The enforcement and execution of the provisions of the Social Work (Scotland) Act 1968.) Section 4 (The making of arrangements with voluntary organisations or other persons for assistance with the performance of	So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function.

certain functions.) Section 5 (Local authorities to perform their functions under the Act under the guidance of the Secretary of State.) Section 6B (Local authority inquiries into matters affecting children.) Section 8 (The conducting of, or assisting with research in connection with functions in relation to social welfare and the provision of financial assistance in connection with such research.) Section 10 (The making of contributions by way of grant or loan to voluntary organisations whose sole or primary object is to promote social welfare and making available for use by a voluntary organisation premises, furniture, equipment, vehicles and the services of staff.) Section 12 (The promotion of social welfare and the provision of advice and assistance.) Section 12A (The assessment of needs for community care services, the making of decisions as to the provision of such services and the provision of emergency community care services.) Section 12AZA (The taking of steps to identify persons who are able to assist a supported person with assessments under section 12A and to involve such persons in such assessments.) Section 12AA (The compliance with a request for an assessment of a carer's ability to provide or to continue to provide care.)	So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function. Except in so far as it is exercisable in relation to the provision of housing support services. Except in so far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to another integration function.

Section 12AB (The notification of carers as to their entitlement to make a request for an assessment under section 12AA.)	
Section 13 (The assistance of persons in need with the disposal of their work.)	
Section 13ZA (The taking of steps to help an incapable adult to benefit from community care services.)	So far as it is exercisable in relation to another integration function.
Section 13A (The provision, or making arrangements for the provision, of residential accommodation with nursing.)	
Section 13B (The making of arrangements for the care or aftercare of persons suffering from illness.)	
Section 14 (The provision or arranging the provision of domiciliary services and laundry services.)	
Section 27 (Supervision and care of persons put on probation or released from prisons etc.)	
Section 27ZA (Grants in respect of community service facilities.)	
Section 28 (The burial or cremation of deceased persons who were in the care of the local authority immediately before their death and the recovery of the costs of such burial or cremation.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (The making of payments to parents or relatives of, or persons connected with, persons in the care of the local authority or receiving assistance from the local authority, in connection with expenses	

incurred in visiting the person or attending the funeral of the person.) Section 59 (The provision of residential and other establishments.) Section 78A (Recovery of contributions.) Section 80 (Enforcement of duty to make contributions.) Section 81 (Provisions as to decrees for ailment.) Section 83 (Variation of trusts.) Section 86 (The recovery of expenditure incurred in the provisions of accommodation, services, facilities or payments for persons ordinarily resident in the area of another local authority from the other local authority.)	So far as it is exercisable in relation to another integration function.
The Children Act 1975 Section 34 (Access and maintenance.) Section 39 (Reports by local authorities and probation officers.) Section 40 (Notice of application to be given to local authority.) Section 50 (Payments towards maintenance of children.)	
The Local Government and Planning (Scotland) Act 1982 Section 24(1) (The provision, or making arrangements for the provision, of gardening assistance	

and the recovery of charges for such assistance.)	
Health and Social Services and Social Security Adjudications Act 1983 Section 21 (The recovery of amounts in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.) Section 22 (The creation of a charge over land in England or Wales where a person having a beneficial interest in such land has failed to pay a sum due to be paid in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.) Section 23 (The creation of a charging order over an interest in land in Scotland where a person having such an interest has failed to pay a sum due to be paid in respect of accommodation provided under the Social Work (Scotland) Act 1968 or Section 25 of the Mental Health (Care and Treatment)(Scotland) Act 2003.)	
Foster Children (Scotland) Act 1984 Section 3 (Duty of local authority to ensure well being of and to visit foster children.) Section 5 (Notification to local authority by persons maintaining or proposing to maintain foster children.) Section 6 (Notification to local authority by persons ceasing to maintain foster children.) Section 8 (Power of local authorities to inspect foster premises.)	

Section 9 (Power of local authorities to impose requirements as to the keeping of foster children.) Section 10 (Power of local authorities to prohibit the keeping of foster children.)	
Disabled Persons (Services, Consultation and Representation) Act 1986 Section 2 (The making of arrangements in relation to an authorised representative of a disabled person and the provision of information in respect of an authorised representative.) Section 3 (The provision of an opportunity for a disabled person or an authorised representative of a disabled person to make representations as to the needs of that person on any occasion where it falls to a local authority to assess the needs of the disabled person for the provision of statutory services by the authority, the provision of a statement specifying the needs of the person and any services which the authority proposes to provide, and related duties.) Section 7 (The making of arrangements for the assessments of the needs of a person who is discharged from hospital.) Section 8 (Having regard, in deciding whether a disabled person's needs call for the provision of services, to the ability of a person providing unpaid care to the disabled person to continue to provide such care.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which are integration functions. In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of the Act) which are integration functions.
The Children (Scotland) Act 1995 Section 17 (Duty of local authority to children looked after by them.)	

Sections 19-27 (Provision of relevant services by local authority for or in respect of children in their area.) Sections 29-32 (Advice and assistance for young persons formerly looked after by local authorities; duty of local authority to review case of a looked after child; removal by local authority of a child from a residential establishment.) Section 36 (Welfare of certain children in hospitals and nursing homes etc.) Section 38 (Short term refuges for children at risk of harm.) Section 76 (Exclusion orders.)	
Criminal Procedure (Scotland) Act 1995 Section 51 (Remand and committal of children and young persons.) Section 203 (Where a person specified in section 27(1)(b)(i) to (vi) of the Social Work (Scotland) Act 1968 commits an offence the court shall not dispose of the case without first obtaining a Report from the local authority in whose area the person resides.) Section 234B (Drug treatment and testing order.) Section 245A (Restriction of liberty orders.)	
The Adults with Incapacity (Scotland) Act 2000 Section 10 (The general functions of a local authority under the Adults with Incapacity	

(Scotland) Act 2000.) Section 12 (The taking of steps in consequence of an investigation carried out under section 10(1)(c) or (d).) Sections 37, 39-45 (The management of the affairs, including the finances, of a resident of an establishment managed by a local authority.)	Only in relation to residents of establishments which are managed under integration functions.
The Housing (Scotland) Act 2001 Section 92 (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002 Section 4 (The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002 in relation to the provision, or securing the provision, of relevant accommodation.) Section 5 (The making of arrangements for the provision of residential accommodation outside Scotland.) Section 6 (Entering into deferred payment agreements for the costs of residential accommodation.) Section 14 (The making of payments to an NHS body in connection with the performance of the functions of that body.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003 Section 17 (The provision of facilities to enable the carrying out of the functions of the Mental Welfare Commission.) Section 25 (The provision of care and support	Except in so far as it is exercisable in relation to the provision of housing

services for persons who have or have had a mental disorder.) Section 26 (The provision of services designed to promote well-being and social development for persons who have or have had a mental disorder.) Section 27 (The provision of assistance with travel for persons who have or have had a mental disorder.) Section 33 (The duty to inquire into a person's case in the circumstances specified in 33(2).) Section 34 (The making of requests for co-operation with inquiries being made under section 33(1) of that Act.) Section 228 (The provision of information in response to requests for assessment of the needs of a person under section 12A(1)(a) of the Social Work(Scotland) Act 1968.) Section 259 (The securing of independent advocacy services for persons who have a mental disorder.)	support services. Except in so far as it is exercisable in relation to the provision of housing support services. Except in so far as it is exercisable in relation to the provision of housing support services.
Management of Offenders etc. (Scotland) Act 2005 Sections 10-11 (Assessing and managing risks posed by certain offenders.)	
The Housing (Scotland) Act 2006 Section 71(1)(b) (assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation as defined at s1(2) of the Public Bodies (Joint Working) (Prescribed Local Authority Functions etc) (Scotland) Regulations 2014.
Adoption and Children (Scotland) Act 2007 Section 1 (Duty of local authority to provide adoption service.)	

Sections 4-6 (Local authority to prepare and publish a plan for the provision of adoption service; local authority to have regard to Scottish Ministers' Guidance and; assistance in carrying out functions under sections 1 and 4.) Sections 9-12 (Adoption support services.) Section 19 (Local authority's duties following notice under section 18.) Section 26 (Procedure where an adoption is not proceeding.) Section 45 (Adoption support plans.) Section 47-49 (Family member's right to require review of an adoption support plan; cases where local authority under a duty to review adoption support plan and; reassessment of needs for adoption support services.) Section 51 (Local authority to have a regard to guidance issued by Scottish ministers when preparing or reviewing adoption support plans.) Section 71 (Adoption allowances schemes.) Section 80 (Application to court by local authority for the making of a permanence order.) Section 90 (Precedence of court orders and supervisions requirement over permanence order.) Section 99 (Duty of local authority to apply for variation or revocation of a permanence	

order.) Section 101 (Notification requirements upon local authority.) Section 105 (Notification requirements upon local authority where permanence order is proposed – relates to child's father.)	
The Adult Support and Protection (Scotland) Act 2007 Section 4 (The making of enquiries about a person's wellbeing, property or financial affairs.) Section 5 (The co-operation with other councils, public bodies and office holders in relation to inquiries made under section 4.) Section 6 (The duty to have regard to the importance of providing advocacy services.) Section 7-10 (Investigations by local authority pursuant to duty under section 4.) Section 11 (The making of an application for an assessment order.) Section 14 (The making of an application for a removal order.) Section 16 Council officer entitled to enter any place in order to move an adult at risk from that place in pursuance of a removal order. Section 18 (The taking of steps to prevent loss or damage to property of a person moved in pursuance of a removal order.)	

Section 22 (The making of an application for a banning order.) Section 40 (The making of an application to the justice of the peace instead of the sheriff in urgent cases.) Section 42 (The establishment of an Adult Protection Committee.) Section 43 (The appointment of the convener and members of the Adult Protection Committee.)	
Children's Hearings (Scotland) Act 2011 Section 35 (Child assessment orders.) Section 37 (Child protection orders.) Section 42 (Application for parental responsibilities and rights directions.) Section 44 (Obligations of local authority where, by virtue of a child protection order, child is moved to a place of safety by a local authority.) Section 48 (Application for variation or termination of a child protection order.) Section 49 (Notice of an application for variation or termination of a child protection order.) Section 60 (Duty of local authority to provide information to Principal Reporter.) Section 131 (Duty of implementation authority to	

require review of a compulsory supervision order.) Section 144 (Implementation of a compulsory supervision order: general duties of implementation authority.) Section 145 (Duty of implementation authority where child required to reside in a certain place.) Section 153 (Secure accommodation.) Sections 166-167 (Requirement imposed on a local authority: review and appeal.) Section 180 (Sharing of information with panel members by local authority.) Section 183-184 (Mutual assistance.)	
Social Care (Self-directed Support) (Scotland) Act 2013 Section 3 (The consideration of an assessment of an adults ability to provide or continue to provide care for another person and the making of a decision as to whether an adult has needs in relation to care that the adult provides for another person, the decision as to whether support should be provided to that adult in relation to those needs, and the provision of that support.) Section 5 (The giving of the opportunity to choose a self-directed support option.) Section 6 (The taking of steps to enable a person to make a choice of self-directed support option.)	Only in relation to assessments carried out under integration functions.

Section 7 (The giving of the opportunity to choose a self-directed support option.) Section 8 Choice of options: children and family members. Section 9 (The provision of information.) Section 10 Provision of information: children under 16 Section 11 (Giving effect to the choice of self-directed support option.) Section 12 (Review of the question of whether a person is ineligible to receive direct payments.) Section 13 (Offering another opportunity to choose a self-directed support option.) Section 16 (The recovery of sums where a direct payment has been made to a person and the circumstances set out in section 16(1)(b) apply.) Section 19 (Promotion of the options for self-directed support.)	Only in relation to a choice under section 5 or 7of the Social Care (Self-directed Support) (Scotland) Act 2013.

Annex 2

Part 2

Services currently provided by the Local Authority which are to be integrated

- Social work services for adults and older people;
- Services and support for adults with physical disabilities, learning disabilities;
- Mental health services;
- Drug and alcohol services;
- Adult protection and domestic abuse
- Carers support services;
- Community care assessment teams;
- Support services;
- Care home services;
- Adult placement services;
- Health improvement services;
- Aids and adaptations and gardening services;
- Day services;
- Local area co-ordination;
- Respite provision;
- Occupational therapy services;
- Re-ablement services, equipment and telecare.

Local Additions

- Criminal justice social work services
- Children and families social work services

Such other services as may be agreed

Annex 3

Lead Partnership (Hosted) Services

East Ayrshire Health and Social Care Partnership, on behalf of the North and South Health and Social Care Partnerships:

Health:

- Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy)
- Public Dental Services
- NHS Ayrshire Doctors on Call (ADOC)
- Area Wide Evening Service (Nursing)
- Prison Service and Policy Custody services

Council:

Out of Hours Social Work Services

North Ayrshire Health and Social Care Partnership, on behalf of the East and South Health and Social Care Partnerships:

Health:

- All Mental Health Inpatients Services (including Addictions) Psychiatric Medical Services, Eating Disorders, Forensic, Crisis Resolution and Home Treatment Team, Liaison (Adult, Elderly Learning Disabilities and Alcohol, Advanced Nurse Practitioner Services)
- Learning Disabilities Assessment and Treatment Services
- Child and Adolescent Mental Health Services
- Psychology Services
- Community Infant Feeding Service
- Family Nurse Partnership
- Child Health Administration Team
- Immunisation Team

South Ayrshire Health and Social Care Partnership, on behalf of the East and North Health and Social Care Partnerships:

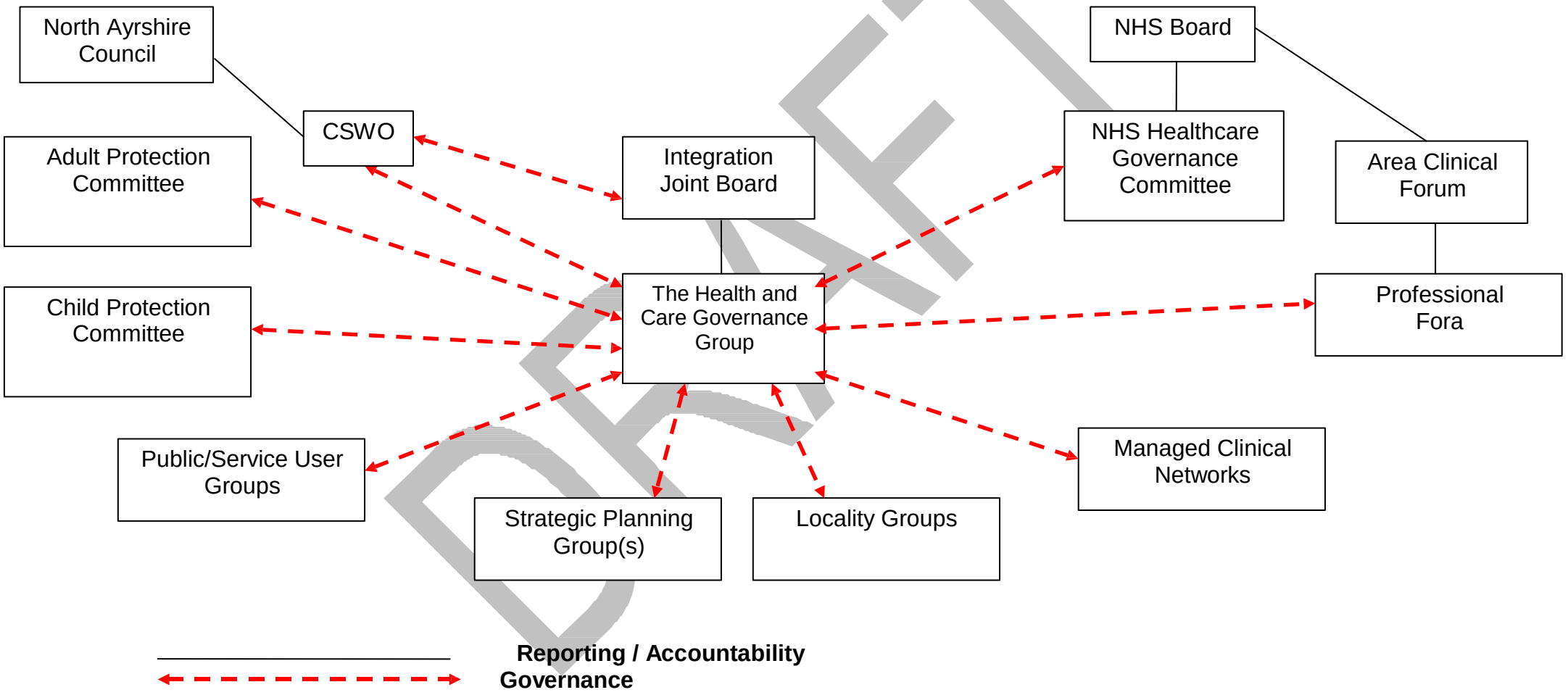
Health:

- Allied Health Professionals
- Community Continence Team
- Telehealth and United for Health and Smartcare European Programme and workstreams

Such other services as may be agreed

Annex 4

Health and Social Care Partnership Health and Care Governance Structure



Comments received on the draft Integration Scheme
Consultation November – December 2014 and subsequent review December 2014 – January 2015

The table below sets out the comments received through the consultation and review processes undertaken on the draft Integration Scheme between November 2014 and January 2015. It should be noted that the Integration Scheme is a legal document, written to comply with regulation and statutory guidance and its content is largely prescribed. In this context many of the comments received could not be incorporated into the Integration Scheme and the revision of guidance on the Scheme's format and content superseded some comments.

Those comments not requiring a change to the Integration Scheme will be considered within the partnerships.

NB: Referencing between the consultation and subsequent versions of the Integration Scheme changed and some respondents made the same comment on a number of sections within the Integration Scheme. Drafting changes have been excluded from the report.

1. Partnerships

Category	Comments	Part of the draft Integration Scheme it relates to	Response	Amend Draft Integration Scheme Y/N	Not Applicable/ Actioned
East Ayrshire – Consultation Event	Bringing two agendas together is there a plan to define the grey areas through protocols and practices.	General query on integration	Response given at the meeting in relation to childrens services as an example, noting that there are grey areas that require to be maintained and that scrutiny arrangements with parties will be developed to allow Council to maintain their statutory duties.	No change required.	General query.
East Ayrshire – Consultation Event	Role of Community Plan in responding to high priorities - need to ensure that as wide consultation as possible occurs.	General query on integration	Health and Social Care Partnership has a lead role for development and coordination of the Wellbeing Delivery Plan - Strategic Planning will be mechanism to develop and redesign services at localities. Need to ensure good balance between existing provision and prevention and early intervention.	No change required.	Addressed verbally by Chief Officer.
East Ayrshire – Consultation Event	Will the partnership be buying in services from larger Regional or national services?	General query on integration	Some services may be accessed outwith the partnership area. Planning for the relevant acute specialties will be within the partnership's Strategic Plan.	No change required.	Addressed verbally by Chief Officer.
South Ayrshire PPF	The Scheme seems comprehensive and on the whole, well set out and clear, though inevitably there is some technical detail which the ordinary reader may find difficult.		Noted.	No	General statement.
South Ayrshire PPF	The PPF welcomes 2.3.3 concerning the inclusion of additional stakeholder, non-voting members, to be determined by the Integration Joint Board.		Noted.	No	General statement.
South Ayrshire PPF	South Ayrshire PPF has one fairly strong reservation: Section 11, on the handling of complaints, should be broadened to require an agreed process for the handling of concerns. A complaint arises when a service user suffers detriment, a concern when a service user or member of the public sees a risk or an		No change required. Noted.	No	The guide to reviewing schemes states "that only information that is prescribed in the act or the regulations can be included. Scottish Ministers cannot approve additional information". The regulations only relate to complaints, not

	opportunity for improvement. The two are by no means the same thing. We feel there should be an opportunity to have concerns formally considered.				comments or compliments. Accordingly these should not be included in the Integration Scheme.
South Ayrshire Strategic Planning Group	Clinical Psychology Services - It has been agreed that North will be the lead for Specialist Psychology Therapies (please note it is not called clinical psychology services).	Services to be delegated	Now changed to psychology services to reflect the Regulations.	Yes	Not Applicable.
	Services Provided by Community Learning Difficulties Teams (services delivered in the community for those with learning difficulties - It is called the Community Learning Disabilities Team not difficulties	Services to be delegated	Amended.	Yes	Actioned.
South Ayrshire Strategic Planning Group	**6. Clinical and Care Governance:-** - The IJB professional governance group has no senior pharmacy representation.	Clinical and Care Governance	Noted.	No	General statement.
	It would be helpful to know how professional groups such as the Area Pharmaceutical Professional Committee will relate to this group. It is also not apparent how current groups that look at governance (e.g. Primary Care Clinical Gov Gp) will be incorporated into the new arrangements. Professional governance groups and professional advisory groups are both mentioned but their relation to one another is not made clear.	Clinical and Care Governance	Revision to the national guidance now provides a schematic to be incorporated which reflects the professional fora.	Yes	Not Applicable.

	Professional leadership - how does the "relevant health lead" relate to the Director of Pharmacy, or are they synonymous?	Workforce	Noted.	No	The Integration scheme does not affect the current professional or line management arrangements for NHS Board Pharmacy staff.
	"Individual Party responsibility for Prescribing - price changes including new drug" suggests Partnership responsibility, whereas "volume changes (including prescribing)" is the responsibility of IJB. How can the responsibilities be divided in this way?	Finance	Point addressed in subsequent revision of Integration Scheme.	Yes	Not Applicable.
	How will the area wide work currently done by the Medicines Resource Group on the drug budget be included ongoing?	Finance	Noted.	No	Medicines Resource Group work will continue.
	Integration functions will include the delivery of pharmaceutical services. How will arrangements around complaints be linked to the clinical and governance arrangements?	Complaints	Noted.	No	This will be considered as part of the work to be done under paragraph 11.1.2 of the Integration Scheme.
South Ayrshire Strategic Planning Group	"Shared risk management strategy" - will this include risks of prescribing budget being overspent, for example?	Risk Management	Noted.	No	This will be considered as part of the work to be done under paragraph 13.1 of the Integration Scheme.

	"GP pharmaceutical services" to be integrated. During the previous consultation on the Regulations, it was fed back that it is unclear as to what this refers - pharmaceutical services are separate from general medical services, and the provision of a dispensing service is separate from provision of prescribing. This requires to be clarified to make sense.	Integrated Health Services	Regulations have clarified this and now reflected in document.	Yes	Not Applicable.
South Ayrshire Strategic Planning Group	There could be greater clarification around some of the terminology . . . . especially, for example, where the text refers to "a Data Dictionary" on page 9, and "health lead" on page 11.	Definitions	Addressed – definitions provided at beginning of the Integration scheme.	Yes	Not Applicable.
	It has also been clarified that there is an error on page 10, 6th line down should read "professional governance groups from the other parties" rather than "professional advisory groups from . . . .", which made understanding this section very difficult.	Clinical and Care Governance	Addressed - whole section revised in view of revised guidance.	Yes	Not Applicable.

2. NHS Ayrshire & Arran staff survey *Section heading relates to consultation draft Integration Scheme

(including emails relating to the survey)

Category	Comments	Part of the draft Integration Scheme it relates to	Response	Amend Draft Integration Scheme Y/N	Not Applicable/ Actioned
NHS A&A Staff Survey	The Aim should be to provide an integrated service which can function effectively to the benefit of the people of Ayrshire at the lowest possible cost. It is a complete waste of public money to have 3 separate partnerships with all the triplication that involves. The 3 councils should be represented on a single pan-Ayrshire body. Instead of paying 3 people (along with all their admin support) to do the same job, the money could be used to support actual health and social care services. It seems that the councils are in charge & the NHS is just along for the ride! Bureaucratic lunacy at its best!	Aims and Outcomes of the Integration Scheme	Noted.	No	General statement.
NHS A&A Staff Survey	I assume that the comparable arrangements being drafted for Councils under paragraph 2 will be included in a later stage of consultation.	Local Governance Arrangements (refer to pages 5-6)	Further change to the Model Integration Scheme removed this part.	No	Point addressed.
NHS A&A Staff Survey	Should be the same across the whole of Ayrshire, NOT tailored to fit the way the separate councils work!	Local Governance Arrangements	Noted.	No	General statement.
NHS A&A Staff Survey	Under the heading "Voting Membership", the first paragraph provides for the Council to require the number of nominees to be a maximum of 10% of their full council number. Assuming a Council with 30 elected members, this would give a maximum of 3. However, the following paragraph states that locally the Parties will each nominate four voting members, or such other number as the Parties agree. Are these two paragraphs compatible?	Section 3 - Board Governance (refer to pages 6-8)	Revised guidance provides discretion on the number of members.	No	Reflects the Regulations and local arrangements.
	Under the heading "Appointment of chair and vice-chair", the final paragraph refers to additional stakeholder, non voting members. Does this not create a two tier membership? If we are truly person centred, surely stakeholders other than the two main parties should have equal status.		Regulations require the Partners to identify voting membership specified.	No	Integration Scheme complies with the Regulations.
NHS A&A Staff Survey	Should be the same across the whole of Ayrshire, NOT tailored to fit the way the separate councils work!	Section 3 - Board Governance (refer to pages 6-8)	Noted.	No	General statement.

NHS A&A Staff Survey	Again- it makes no sense to have different arrangements depending upon geography - this is heading towards an even worse postcode lottery for care!	Section 5 - Local Operational Delivery Arrangements (refer to pages 8-9)	Noted.	No	General statement.
NHS A&A Staff Survey	As the Integration Joint Board has no senior pharmacist representation there is concern how pharmacy will be engaged into the partnership. The draft document states that a professional governance group will be established in each partnership and again there is concern where pharmacy fits into this as there is no mention of this. It is unclear where the established professional advisory committees of the Health Board such as the Area Pharmaceutical Professional Committee fit into the partnerships as the consultation document suggests that professional advisory groups will be set up in each one. The draft document further states that views of registered health professionals will be taken into consideration however the pharmacy profession is one of the few professions not mentioned/included and this is of great concern. There needs to be strong and effective pharmacy engagement in the Partnerships.	Section 6 - Clinical and Care Governance (refer to pages 9-10)	Concern noted. Concern noted. Revision to the national guidance now provides a schematic to be incorporated which reflects the professional fora. Concern Noted.	No No No No	General statement. This will be considered by Partnerships as governance arrangements develop. Point addressed. This will be considered by Partnerships as governance arrangements develop.
NHS A&A Staff Survey	6. Clinical and Care Governance- • The IJB professional governance group has no senior pharmacy representation • It would be helpful to know how professional groups such as the Area Pharmaceutical Professional Committee will relate to this group. It is also not apparent how current groups that look at governance (eg. Primary Care Clinical Gov Gp) will be incorporated into the new arrangements. Professional governance groups and professional advisory groups are both mentioned but their relation to one another is not made clear. ERROR- page 10, 6th line down should read "professional governance groups from the other parties" rather than " professional advisory groups from....."	Section 6 - Clinical and Care Governance (refer to pages 9-10)	As above.	Yes Yes	
NHS A&A Staff Survey	Where is the on the ground check and balance on governance arrangement the proposed structure is operationally heavy .Initial governance should be professionally led and feed into committees as and when	Section 6 - Clinical and Care Governance (refer to pages 9-10)	Section subsequently rewritten per new national guidance	Yes	Not applicable.

NHS A&A Staff Survey	Again- it makes no sense to have different arrangements depending upon geography - this is heading towards an even worse postcode lottery for care!	Section 6 - Clinical and Care Governance (refer to pages 9-10)	Noted.	No	General statement.
NHS A&A Staff Survey	Again- it makes no sense to have different arrangements depending upon geography - this is heading towards an even worse postcode lottery for care!	Section 7 - Chief Officer (refer to pages 10-11)	Noted.	No	General statement.
NHS A&A Staff Survey	It is unclear who the professional leadership is within the partnerships. Presume that for example the Director of Pharmacy will still be the professional leader for all pharmacists?	Section 8 - Workforce (refer to pages 11-12)	Noted.	No	General statement. The Integration Scheme does not affect the current professional or line management arrangements for NHS Board pharmacy staff.
NHS A&A Staff Survey	8. Workforce- • Professional leadership- how does the “relevant health lead” relate to the Director of Pharmacy, or are they synonymous?	Section 8 - Workforce (refer to pages 11-12)	Noted.	No	The Integration Scheme does not affect the current professional or line management arrangements for NHS Board pharmacy staff.
NHS A&A Staff Survey	The delays in appointment of clinical leads is extremely concerning and stakeholder GPs are crucial. We have no fall back position if the appointments are further delayed .The government position is clear GPs need to be at heart of process .	Section 8 - Workforce (refer to pages 11-12)	Noted.	No	General statement – no amendment to Integration Scheme required.
NHS A&A Staff Survey	Triple the costs actually required for a LOGICAL integration which would encompass the whole of Ayrshire	Section 8 - Workforce (refer to pages 11-12)	Noted.	No	General statement.
NHS A&A Staff Survey	Members sought clarity on proposals to split prescribing price changes (including drugs) and volume changes (including prescribing) across localities. It is not clear how the budget for prescribing can be split and clarity was required on this point. For example on page 13 the Individual Party's responsibility includes prescribing - price changes including new drugs whereas the Integrated Joint Board will be responsible for the costs of the volume changes in prescribing. It does lead to concern how the prescribing budget can be managed and controlled on an ongoing basis.	Section 9 - Finance (refer to pages 12-15)	Point addressed in subsequent revision of Integration Scheme.	Yes	Not Applicable.

NHS A&A Staff Survey	9.Finance- • "Individual Party responsibility for Prescribing- price changes including new drug" suggests Partnership responsibility, whereas "volume changes (including prescribing)" is the responsibility of the IJB. How can the responsibilities be divided in this way? How will the area wide work currently done by the Medicines Resource Group on the drug budget be included ongoing?	Section 9 – Finance (refer to pages 12-15)	Point addressed in subsequent revision of Integration Scheme. Noted.	Yes No	Not Applicable. Medicines Resource Group work will continue.
NHS A&A Staff Survey	Triple the costs actually required for a LOGICAL integration which would encompass the whole of Ayrshire	Section 9 - Finance (refer to pages 12-15)	Noted.	No	General statement.
NHS A&A Staff Survey	Triple the costs actually required for a LOGICAL integration which would encompass the whole of Ayrshire	Section 10 - Participation and Engagement (refer to page 15)	Noted.	No	General statement.
NHS A&A Staff Survey	Strong governance is needed and clear advice is required about sharing	Section 11 - Information Sharing and Confidentiality (refer to page 15)	Noted.	No	General statement.
NHS A&A Staff Survey	I am sure the NHS staff will be required to complete different forms depending on where a patient lives - if they get it wrong (because we are human) care will be delayed while the bureaucratic nightmare is sorted out! Hardly patient centred care - more like council ego centred!	Section 11 - Information Sharing and Confidentiality (refer to page 15)	Noted.	No	General statement.
NHS A&A Staff Survey	There is concern over any complaint over the delivery of pharmaceutical services and how these will be dealt with for the service.	Section 12 - Complaints (refer to pages 15-16)	Concern noted.	No	This will be considered as part of the work to be done under paragraph 11.1.2 of the Integration Scheme.
NHS A&A Staff Survey	12. Complaints- • Integration functions will include the delivery of pharmaceutical services. How will arrangements around complaints be linked to the clinical and governance arrangements?	Section 12 - Complaints (refer to pages 15-16)	Noted.	No	This will be considered as part of the work to be done under paragraph 11.1.2 of the Integration Scheme.
NHS A&A Staff Survey	Lacks clarity	Section 12 - Complaints (refer to pages 15-16)	Subsequent revision to section.	Yes	Not Applicable.
NHS A&A Staff Survey	The Integrated Joint Board is to establish a risk management and reporting system - how will this integrate with the process within each of the partnerships and the Health Board to ensure joint learning in matters associated to health?	Section 14 - Risk Management (refer to pages 16-17)	Noted.	No	This will be considered as part of the work to be done under paragraph 13.1 of the Instruction Scheme.

NHS A&A Staff Survey	14. Risk management- • “shared risk management strategy”- will this include risks of prescribing budget being overspent, for example?	Section 14 - Risk Management (refer to pages 16-17)	Noted.	No	This will be considered as part of the work to be done under paragraph 13.1 of the Instruction Scheme.
NHS A&A Staff Survey	Under part 2 page 20 it is not clear what GP pharmaceutical services (prescribing and dispensing of medicines and therapeutical agents by GPs, nurse prescribers and prescribing pharmacists working in GP practices) are? There is no mention of general pharmaceutical services. The provision of a dispensing service is separate from the provision of prescribing services. During the previous consultation on the regulations this comment was made however there has been no change and it is still unclear what this is referring to. This does need to be clarified.	Any other comments	Regulations have clarified this and now reflected in document.	Yes	Not Applicable.
NHS A&A Staff Survey	Part 2- • “GP pharmaceutical services” to be integrated. During the previous consultation on the Regulations, it was fed back that it is unclear as to what this refers- pharmaceutical services are separate from general medical services, and the provision of a dispensing service is separate from provision of prescribing. This requires to be clarified to make sense.	Any other comments	Regulations have clarified this and now reflected in document.	Yes	Not Applicable.
NHS A&A Staff Survey	Genuine concerns re lack of on the ground clinical leadership compromising whole process	Any other comments	Noted.	No	General statement.
NHS A&A Staff - email	Reading through the draft, and trying to understand the proposals around clinical and care governance in particular. My understanding is that there will be a professional governance group, and also professional advisory groups in each partnership. How will the membership of the professional advisory groups be configured, and how will these groups relate to the NHS Board professional advisory committees?	Section 6 - Clinical and Care Governance (refer to pages 9-10)	Response discussed and agreed but superseded by change to section following revised guidance.	Yes	Not Applicable.
NHS A&A Staff – written	I wonder if it might be useful to understand the shared health and social care vision? I can see 3 visions by the separate geographical locations.	Aims and Outcomes of the Integration Scheme(refer to pages 2-3)	Finalised IS will have one vision for each area. Shared aims and outcomes are detailed in the Integration Scheme.	Yes	Not Applicable.

3. Local Authorities - staff consultation

Category	Comments	Part of the draft Integration Scheme it relates to	Response	Amend Draft Integration Scheme Y/N	Not Applicable/ Actioned
EAC – staff Employee consultation event	Clarification sought on the governance arrangements for wider representatives on the Board.	Governance arrangements	Staff representatives have been requested to identify single representative on Board and that is in place.	No	Addressed verbally by Chief Officer.
EAC – staff Employee consultation event	What arrangements are in place to ensure professional leadership for Mental Health Officers(MHO).	Clinical & Care Governance	Clinical Care and Governance arrangements do not specify MHO this will be supported through professional advisory groups and routed through CSWO.	No	Addressed verbally by Chief Officer.
EAC – staff Employee consultation event	Any plans to address day opportunities for older people to address isolation?	General	Locality working, linked to Community Led Action Plans and working with faith groups, community and voluntary sector.	No	Addressed verbally by Chief Officer.
EAC – staff Employee consultation event	Are we still planning to aim for a 'go live' of April 2015 when others have put this back to April 2016.	General	Yes, where we're at is a product of a great deal of effort and leadership over a period of 18 months and we are well placed in terms of milestones and progress. Risk for other areas where shadow year has not been taken to deliver within available time.	No	Addressed verbally by Chief Officer.
EAC – staff Employee consultation event	do we have any plans in relation to co-location?	General	where this is a positive thing to do and where it makes sense to do so we will co-locate. Pragmatic position and may not be limited to health and social care but may involve others, e.g., housing or other agencies.	No	Addressed verbally by Chief Officer.
EAC Staff survey	Audit Committee will be essential for relevance of reporting. Detailed protocols and reporting practices will be developed to facilitate the free exchange of information between the Parties and the Integration Joint Board to support the decision making of each body. This would be helpful as positive working documents promoting good practice and integral to change management.	Section 2 Local Governance Arrangements (Pages 5 and 6)	Noted	No	General statement, part of ongoing work within partnerships.
EAC Staff survey	Primary Care does not seem to be represented on the various governance groups.	Section 2 Local Governance Arrangements (Pages 5 and 6)	Noted	No	Representation will be determined within the partnership.

EAC Staff survey	Not clearly delineated - "it is expected" "will be developed"; result of this is that governance arrangements are not clear at the present time.	Section 2 Local Governance Arrangements (Pages 5 and 6)	Section subsequently rewritten per new national guidance	Yes	Not applicable.
EAC Staff survey	Take opportunity to streamline governance arrangements from overly complex current arrangements in health.	Section 2 Local Governance Arrangements (Pages 5 and 6)	Noted	No	General statement.
EAC Staff survey	Primary Care does not seem to be represented on the various governance groups.	Section 3 Board Governance (Pages 6 and 8)	Noted	No	Representation will be determined within the partnership.
EAC Staff survey	This section is comprehensive in terms of the requirements. I feel that the partnership should be suitably proportionate about the development of performance targets and that these should be focused on a small number of critical measures. Any targets should be carefully constructed and linked to interface areas or high priority improvement areas. This should be supported by a wide range of operational measures, management information and business intelligence.	Section 5 Local Operational Delivery Arrangements (Pages 8 and 9)	Noted	No	This will be considered as part of the work to be done under paragraph 4.4 of the Integration Scheme on performance targets, improvements measures and reporting arrangements.
EAC Staff survey	Good that there is reference at 5.1.7 to promoting a culture that supports human rights etc etc. Health and Care Governance group important as long as not overly bureaucratic and remains grounded in practice. Good that role clearly defined in several sections as well as need for further assurance for health and social work professionals.	Section 6 Clinical and Care Governance (Pages 9 and 10)	Noted	No	General statement.
EAC Staff survey	There may be further possibilities to align clinical and care governance at a local level while still allowing for parent body assurance.	Section 6 Clinical and Care Governance (Pages 9 and 10)	Noted	No	General statement. Will be considered as part of the work to be done under Section 5 of the Integration Scheme.
EAC Staff survey	Primary Care does not seem to be represented on the various governance groups.	Section 6 Clinical and Care Governance (Pages 9 and 10)	Noted	No	Representation will be determined within the partnership.
EAC Staff survey	Good that interim arrangements outlined so that drift does not occur under those circumstances.	Section 7 Chief Officer (Pages 10 and 11)	Noted	No	General statement.
EAC Staff survey	The arrangements set out in this section are clear and allow for professional advice and line management which is thoroughly appropriate within the partnership setting.	Section 8 Workforce (Pages 11 and 12)	Noted	No	General statement.

EAC Staff survey	Fairly clearly set out. including reference to management of over/under spends and dispute resolution.	Section 9 Finance (Pages 12 and 15)	Noted	No	General statement.
EAC Staff survey	Integrated Resource Advisory Group output will need reviewed and incorporated.	Section 9 Finance Pages 12 and 15	Noted	No	Taken into consideration as appropriate.
EAC Staff survey	The risk of destabilising primary care with uncertainty.	Section 9 Finance (Pages 12 and 15)	Noted	No	General statement.
EAC Staff survey	Should be done in a meaningful way according to nature of the stakeholder group.	Section 10 Participation and Engagement (Page 15)	Noted	No	General statement.
EAC Staff survey	The links to locality arrangements could be emphasised here.	Section 10 Participation and Engagement (Page 15)	Noted	No	Reflects requirements of Integration Scheme.
EAC Staff survey	Communication strategy would be helpful.	Section 10 Participation and Engagement (Page 15)	Noted	No	General statement.
EAC Staff survey	Useful to review information sharing protocol on regular basis. Sometimes evident that it is not shared when required and in best interests of the person.	Section11 Information sharing (Page 15)	Noted	No	General statement.
EAC Staff survey	Consider register of complaints and sources which could inform risk register or management review.	Section 12 Complaints (Pages 15 and 16)	Noted	No	Will be considered as part of the operational arrangements within the partnership.
EAC Staff survey	Clinical liabilities and legal processes may require a level of personal indemnity eg fatal accident enquiry, not covered by NHS indemnity. GPs require personal medical indemnity which can also cover staff.	Section 13 Claims Handling, Liability and Indemnity (Page 16)	Noted	No	General statement. This will be considered under paragraph 12.1 of the Integration Scheme..
EAC Staff survey	Education regarding risk assessment and registers at operational level and as part of service management and governance - with escalation appropriately through governance channels and using new protocols and tools provided.	Section 14 Risk Management (Pages 16 and 17)	Noted	No	General statement.

Category	Comments	Part of the draft Integration Scheme it relates to	Response	Amend Draft Integration Scheme Y/N	Not Applicable/ Actioned
SAC Staff - written	Annexe 4 shows an organisational structure and relationships across a variety of groups. In respect of child protection from a South Ayrshire perspective we have a Child Protection Committee (CPC). The CPC's governance and accountability is to the South Ayrshire Chief Officers' Group for Public Protection. We would wish to ensure that this was clear in any relationship map. We would also be interested in being involved in any future discussions regarding potential relationship with the Health and Care Governance Group and any implications.	Annex 4	Noted.	No	General statement.
SAC Staff - written	In relation to Adult Protection within South Ayrshire there is an Adult Protection Committee (APC). The APC's present accountability and governance arrangements are through South Ayrshire Chief Officers' Group for Public Protection (COG). There are a number of significant issues that are currently discussed within both the APC and the COG, as well as references to important points referred to in the APC recent biennial report that will require clarity in terms of scrutiny. It would be essential to ensure that accountability, governance and scrutiny is apparent in any association chart. We are unsure how the current scrutiny function will be transferred as part of the integration joint board. We would be interested in being included in any future consultation in relation to the impending relationship with the Health and Care Governance Group and any implications this may have on Adult Protection.	Annex 4	Noted.	No	General statement.

Shadow Integration Board
22 January 2015

Subject:	**Integration of Health & Social Care – Programme Risk Register**
Purpose:	The purpose of this paper is to provide a report on the strategic risks which if not mitigated, could impact on the development and submission of the Integration Scheme and formation of the Health and Social Care Partnership
Recommendation:	The Shadow Integration Board notes the strategic level risks and mitigating actions outlined in Appendix 1 and receives regular updates.

1. Introduction

1.1 The key requirement for the establishment of Health and Social Care Partnerships is the production of an Integration Scheme for submission to the Scottish Government by the Council and NHS Board.

1.2 It was recognised that an overarching programme plan was required to co-ordinate this work to deliver our Integration Scheme and manage any risks. This work is coordinated by the Strategic Alliance Integration Sub Group and supported by the Programme Managers Working Group.

2. Current Position

2.1 The Programme Managers Working Group receives and analyses risks that could impact on the overall Health and Social Care Integration Programme and could affect the development and submission of the Integration Scheme and therefore the formation of the Health and Social Care Partnership.

2.2 A report was submitted to the Board on 24 July 2014 outlining the draft risk register of 18 March 2014. This report contained a total of 18 risks, which are highlighted below.

Assessment	Low	Moderate	High	Very High	Total
No of Risks	1	2	15	0	18

2.3 Appendix 1 to this report provides an updated risk register outlining the risks and mitigation identified by the Programme Managers Working Group as of 28 November 2014. This contains a total of 18 risks, which are highlighted below.

Assessment	Low	Moderate	High	Very High	Total
No of Risks	0	8	10	0	18

2.4	The top risks identified by the Programme Managers Working Group (with a score of 15) relate to: • Programme Management – Delivery of the project within the implementation timetable • Legislation – Unclear or delayed legislation • Statutory Partners fail to agree Integration Scheme • Integrated budgets/financial management – Not agreed or in place
2.5	For noting main changes to the register are outlined below: • IS-R4 - Finance - Insurance Arrangements increased from 6-9, as guidance had not received from Scottish Government. • IS-R7 – Statutory Partners fail to agree contents of Integration Schemes increased to 15 – due to lack of timely Scottish Government guidance. • IS-R9 – There is no or only limited agreement on the services within the lead Partnership - reduced to 8 as this has been concluded. • IS-R14 - Locality Arrangements – reduced to 8, as locality arrangements were agreed. • IS-R15 –Information Sharing - reduced to 9 – as an Information Sharing Protocol was developed • IS-16 – Workstreams – was reduced to 8 –as much of the work has been concluded. • IS-18–Stakeholder engagement - Strategic Planning Groups - reduced to 8, as these are now in place.
2.6	The Programme Managers Working Group is of the view that the identified risks have sufficient mitigation in place. These risks will be reviewed at the Programme Managers Working Group on the 16 January 2015 and the risk rating for a number is expected to reduce significantly. A verbal update of changes to the assessment or mitigation of these risks will be provided.
3.	**Proposals**
3.1	An assessment of strategic level risks as of 28 November 2014 is attached in Appendix 1 for consideration by the SIB.
3.2	As preparation towards integration continues the Risk Register will continue to be regularly updated as individual risks will require to be reviewed and amended.
3.3	The SIB is requested to review the updated list of risks, note the assessment, and receive a verbal report of changes following the Programme Manager's Group meeting. A further update will be provided to the SIB at a future meeting.
4.	**Implications**
4.1a	Risk Implications of adopting the recommendations – None
4.1b	Risk Implications of rejecting the recommendations - That potential strategic level risks to partnership formation are not kept under regular review and are not mitigated.

5.	**Consultations**
5.1	The Programme Risk Register was developed with the Programme Managers Working Group. This work has been reviewed by the Strategic Alliance Integration Sub Group.
6.	**Conclusion**
6.1	The Shadow Integration Board is asked to note the on-going development of the Programme Risk Register.

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Integration of Health & Social Care
Integration Scheme Framework - DRAFT Programme Risk Register

Risk ID	Date Raised	Raised by	Risk Code & Title	Risk Description	Impact Description	Risk Owner/Actionee	Risk Manager	Risk Type (SIB/ Programme)	Likelihood (1-5)	Impact (1-5)	Gross Risk Rating	Gross Risk Category (low/moderate/high/very high)	Mitigation	Risk Status (open/closed/transfer/escalate)	Last update	Resolve date/mitigation due date	Review date
ISF-R1	04/02/2014	ISF PM WG	Programme Management - Delivery of Project within Implementation Timetable	Evidence from other projects identifies that the setting of a clear implementation timetable needs to be identified at an early stage and developed as the programme evolves or Board Members change.	The Integration schemes will not be delivered on time preventing formation of partnerships	SAISG	PROGRAMME MANAGERS	Programme	3	5	15	h	Programme Management arrangements and exception reporting mechanism in place. Draft Integration Scheme prepared and a timeline for conclusion in place	Open	28/11/2014	April 2015	28/11/2014
ISF-R2	04/02/2014	ISF PM WG	Programme Management - Capability and Capacity	Capability and capacity issues to be kept under review and necessary resources, whether relating to finance or staff, identified to meet the requirements of the programme.	The Integration schemes will not be delivered on time preventing formation of partnerships or slow pace of delivery	SAISG	PROGRAMME MANAGERS	Programme	3	4	12	h	Programme Management arrangements in place across the partnerships	Open	28/11/2014	April 2015	28/11/2014
ISF-R3	04/02/2014	ISF PM WG	Service Continuity - Impact of developing the ISF on services	The integration process could negatively impact upon the continuity of services, reducing levels of performance and service quality, with a potential risk to service users.	Disruption to service delivery	STATUTORY PARTNERS	CHIEF OFFICERS	Programme	2	4	8	m	Business as usual for front line service delivery during shadow year period Build on learning during shadow year. No evidence of business continuity issues in live partnerships.	Open	28/11/2014	April 2015	28/11/2014
ISF-R4	04/02/2014	ISF PM WG	Finance - Insurance Arrangements	Insurance arrangements are different between partner organisations and some risks may be uninsurable. Gaps in cover, affecting the continued delivery of services, need to be identified early and, where required, alternative funding arrangements need to be considered.	There may be additional insurance risk, to be identified. Potential exposure to financial risk	STATUTORY PARTNERS/SAISG	DIRECTORS OF FINANCE	Programme	3	3	9	m	Further guidance awaited from the Scottish Government. An Insurance/Risk sub group is now in place.	Open	28/11/2014	April 2015	28/11/2014
ISF-R5	04/02/2014	ISF PM WG	Communications - Partnership Communication	General communication, whether to staff, communities or local media needs to be integrated across partner organisations to maintain an accurate supply of information, minimising misunderstanding and raising awareness of the process.	Lack of sufficient partnership profile and identity	CHIEF OFFICERS	COMMUNICATIONS WORK STREAM	Programme	3	4	12	h	Communications work stream in place and Communication Plans developed. Work is also being progressed bilaterally.	Open	28/11/2014	April 2015	13/11/2014
ISF-R6	04/02/2014	ISF PM WG	Legal - Legislation	Relevant legislation, regulations and guidance to be finalised before Partners can have a full knowledge of how to proceed. If guidance is unclear or delayed there may be an impact upon the integration programme.	Unable to progress the Integration Schemes	STATUTORY PARTNERS/SAISG	HEADS OF LEGAL SERVICES	Programme	3	5	15	h	Keep in view national guidance and maintain overview by legal workstream - Legislation is now finalised and timescale for guidance is known	Open	29/11/2014	April 2015	28/11/2014
ISF-R7	04/02/2014	ISF PM WG	Statutory Partners fail to agree contents of Integration Schemes	The Integration Schemes cannot be submitted to the Scottish Government in the format required by the due date as a result of a failure to agree on the part of the Partners, or as a consequence of missing information.	Failure to comply with legislation	STATUTORY PARTNERS	CHIEF EXECUTIVES	Programme	3	5	15	h	Programme Management meetings with Chief Executives, Directors of Finance, Shadow Integration Boards	Open	28/11/2014	October 2014	28/11/2014
ISF-R8	04/02/2014	ISF PM WG	The individual partnerships Integration Schemes and Strategic Plans are at variance with each other	Partners do not reach agreement on those areas that require a degree of commonality including lead partnership services	Partnerships cannot form	STATUTORY PARTNERS	CHIEF EXECUTIVES	Programme	2	5	10	h	Programme Management arrangements and SAISG in place. Draft revised regulations are now available	Open	28/11/2014	October 2014 (provisional)	28/11/2014
ISF-R9	04/02/2014	ISF PM WG	There is no or only limited agreement on the services within the lead Partnership arrangements for partner services	Partners do not reach agreement on the lead Partnership for partner services that are to be provided at the supra-partnership level, thus impacting on the conclusion and approval of the three Ayrshire Partnership Integration Schemes (Partnership Agreements).	Negative impact on management arrangements for certain services	STATUTORY PARTNERS	SAISG	Programme	2	4	8	m	Governance arrangements and service configuration defined. (Ref paper from Director for Strategic Planning, Policy and Performance, NHS A&A) Agreement reached for the majority of services, some services have still to be finalised.	Open	28/11/2014	November 2014	28/11/2014
ISF-R10	04/02/2014	ISF PM WG	Integration Schemes are rejected by Government	Scottish Ministers do not approve the Integration Schemes making it necessary to revise and resubmit the schemes, which may have an adverse effect on the formal establishment of the Integration Joint Boards by the planned date of 1st April, 2015.	Failure to comply with legislation. Partnerships cannot form	STATUTORY PARTNERS	CHIEF EXECUTIVES	Programme	2	5	10	h	Programme Management arrangements in place	Open	28/11/2014	April 2015	28/11/2014
ISF-R11	04/02/2014	ISF PM WG	Lack of Stakeholder Engagement	Appropriate stakeholder engagement, for example GPs, not evidenced in integration schemes	Undermines the creation of successful partnerships	SHADOW INTEGRATION BOARDS	CHIEF OFFICERS	Programme	3	4	12	h	Programme Management arrangements in place Being considered by Shadow Integration Boards. Decisions made or likely shortly. SPG's now formed, stakeholder membership agreed, the UPI workstream has developed involvement structures and a generic organogram	Open	28/11/2014	April 2015	28/11/2014
ISF-R12	04/02/2014	ISF PM WG	Governance Arrangements	There is a lack of clarity around Partnership Governance arrangements relating to accountability, planning, service delivery, and liability.	Failure to comply with legislation	STATUTORY PARTNERS	CHIEF EXECUTIVES	Programme	3	4	12	h	Governance is a key component of workstreams. Clarity to be provided from national guidance	Open	28/11/2014	April 2015	13/11/2014
ISF-R13	04/02/2014	ISF PM WG	Integrated budget/Financial Management	The integrated budget and supporting financial management arrangements are not agreed	Partnerships cannot form	STATUTORY PARTNERS	DIRECTORS OF FINANCE	Programme	3	5	15	h	Directors of Finance workstream in place - reports direct to Chief Executives. Progress is being made on integrated budgets	Open	28/11/2014	October 2014	28/11/2014
ISF-R14	04/02/2014	ISF PM WG	Locality Arrangements	An agreed approach to locality planning including identification of the localities is not available for submission of the Strategic Plan	Unable to complete Integration Schemes	STATUTORY PARTNERS	CHIEF OFFICERS	Programme	2	4	8	m	Locality planning is a subset of the strategic Planning workstream. Programme Management arrangements identified for all partnerships.	Open	28/11/2014	August 2014	28/11/2014
ISF-R15	04/02/2014	ISF PM WG	Information Sharing	Information sharing protocols are not in place to support integrated working.	Impacts on effective integration of service delivery	STATUTORY PARTNERS	CHIEF OFFICERS	Programme	3	3	9	m	Programme Management arrangements in place. Anticipate national guidance Workstream Group to consider information management and governance and make proposals to SAISG. Technical support group in place. The Data Sharing Partnership (DSP) has developed an Information Sharing Protocol (ISP) which is awaiting sign-off by Chief Executives.	Open	28/11/2014	November 2014	28/11/2014

Risk ID	Date Raised	Raised by	Risk Code & Title	Risk Description	Impact Description	Risk Owner/Actionee	Risk Manager	Risk Type (SIB/ Programme)	Likelihood (1-5)	Impact (1-5)	Gross Risk Rating	Gross Risk Category (low/moderate/high/very high)	Mitigation	Risk Status (open/closed/transfer/escalate)	Last update	Resolve date/mitigation due date	Review date
ISF-R16	10/04/2014	ISF PM WG	Workstreams	The workstreams do not progress agreed actions within the required timescale	The Integration schemes will not be delivered on time preventing formation of partnerships	SAISG	PROGRAMME MANAGERS	Programme	2	4	8	m	The workstreams have prepared information to agreed timescales to date but further ongoing work is to be progressed.	Open	28/11/2014	April 2015	28/11/2014
ISF-R17	20/05/2014	ISF PM WG	SIB Development	SIB does not function effectively	Failure to optimise skills and experience of SIB members	SIB	Chair/Vice Chair	SIB	2	4	8	m	A programme of Organisational Development is being developed for SIB Members.	Open	28/11/2014	April 2015	28/11/2014
ISF-R18	20/05/2014	ISF PM WG	Stakeholder engagement - Strategic Planning Groups (SPG)	SPG stakeholders are unclear about their role/remit	Insufficient stakeholder engagement/participation in SPGs. This would undermine development of the Strategic Plans	SIB	CHIEF OFFICERS	Programme	2	4	8	m	Roles and remits, including the role of a representative, are defined in Terms of Reference.	Open	28/11/2014	April 2015	28/11/2014

Gross Risk Rating/Category - Conditional formatting is based on the following;-

1-3 = low/green
4-9 = moderate/yellow
10-16 = high/amber
17-25 = very high/red

Notes:
1) This is a pan Ayrshire assessment of Programme level risks - there may be differences between partnership areas
2) Most risks are to be resolved/mitigated by April 2015
3) Risks will be reviewed on a monthly basis