Cunninghame House
Irvine

Thursday 2nd April 2015

Integration Joint Board

You are requested to attend a meeting of the Integration Joint Board to be held on **Thursday 2nd April 2015** at **10.00 a.m.,** in the **Council Chambers, Cunninghame House, Irvine**, to consider the following business.

Business

1. Welcome and Introductions

2. Membership of the Integration Joint Board
Submit report by Andrew Fraser, Head of Democratic Services on the Intimation of Members (copy enclosed).

3. Appointment of Chief Officer
Submit report by Andrew Fraser, Head of Democratic Services on the appointment of the Chief Officer (copy enclosed).

4. North Ayrshire Integration Scheme, The Public Bodies (Joint Working) (Integration Joint Board Establishment)(Scotland) Order 2015 and the NHS Ayrshire & Arran Local Scheme of Delegation.
Submit report by Andrew Fraser, Head of Democratic Services on the Integration Scheme and Order (copy enclosed).

5. Appointment of Chief Finance Officer
Submit report by Andrew Fraser, Head of Democratic Services on the appointment of the Financial Officer (copy enclosed).

6. Membership of the Strategic Planning Group
Submit report by Jo Gibson, Principal Manager (Planning & Performance) on the Strategic Planning Group (copy enclosed).

7. Standing Orders
Submit report by Andrew Fraser, Head of Democratic Services on the Standing Orders (copy enclosed).

8. Scheme of Administration to IJB and Scheme of Delegation
Submit report by Andrew Fraser, Head of Democratic Services on the Scheme of Administration and Scheme of Delegation to Officers (copy enclosed).

9. Strategic Plan
Submit report by Jo Gibson, Principal Manager (Planning & Performance) on the Strategic Plan (copy enclosed).

10. Financial Regulations
Submit report by Lesley Aird, Head of Finance on the Financial Regulations (copy enclosed).

11. Due Diligence and Budget 2015/16 to 2017/18
Submit report by Lesley Aird, Head of Finance on Due Diligence (copy enclosed).

12. CNORIS (Clinical Negligence and other Risks Indemnity Scheme)
Submit report by Lesley Aird, Head of Finance/Section 95 Officer on CNORIS (copy enclosed).

13. Information Sharing
Submit report by Janine Hunt, Principal Business Manager on the Data Sharing Protocol (copy enclosed).

14. Code of Conduct
Submit report by Andrew Fraser, Head of Democratic Services on the Code of Conduct for Members of Devolved Public Bodies (copy enclosed).

15. Date of Next Meeting
The next meeting of the Integration Joint Board will be held on **Thursday 16th April 2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine.**

Integration Joint Board
2nd April 2015

Agenda Item No. 2

Subject:	**Membership of the Integration Joint Board**
Purpose:	To consider the membership of the Integration Joint Board
Recommendation:	That the Integration Joint Board • formally notes its prescribed membership; • agrees its discretionary membership; and • notes the approach to identifying deputy members

1. Introduction

1.1 The Public Bodies Joint Working (Scotland) Act 2014 and associated regulations set out the arrangements for the membership of the Integration Joint Board. As a minimum this must comprise voting members nominated from the NHS Board and Council (the Parties); non-voting members who are holders of key posts with the Parties or Integration Joint Board; and representatives of groups who have an interest in the Integration Joint Board. There is flexibility to appoint additional members in certain circumstances.

1.2 There is also provision to identify proxy, or deputy, members for both the voting and non-voting membership to ensure that business may not be disrupted by lack of attendance by any individual. A deputy member for a voting member may vote but may not preside over the meeting.

1.3 Councils must nominate councillors as voting members. The NHS Board should nominate non-executive directors. Where this is not possible, there is scope to appoint "appropriate persons" as agreed by the Scottish Ministers, but at least two non-executive directors must be nominated.

1.4 The arrangements for the Chair and Vice Chair, who are drawn from the nominations of the Parties, are set out in clause 2.4 of the Integration Scheme and have been identified.

1.5 The membership of the Shadow Integration Board reflected most of the prescribed membership for the Integration Joint Board. However, some additions are required for the Integration Joint Board in accordance with the finalised guidance set out in the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order 2014 (SSI number 285).

2. Current Position

2.1 Voting Membership

2.1.1 The Integration Scheme sets out that, locally, the Parties will each nominate four voting members. **Appendix 1 Section A,** details the four councillors nominated by Council and the NHS Board members the NHS Board will be invited to confirm at its meeting on 30 March 2015. To ensure continuity of membership and the development of expertise in the functions of the Integration Joint Board, named deputy members are being /have been identified by the Parties. Until the NHS Board has its full complement of Non-Executive Directors, it will use its best endeavours to arrange for a suitably experienced member to attend a meeting in place of an absent voting member where the statutory minimum NHS voting membership is not met. This will be undertaken on a case by case basis. The Integration Joint Board is asked to note these appointments

2.2 Non-voting Membership – Professional Advisors

2.2.1 The professional advisors are non-voting members. These are identified as: the Chief Social Work Officer; the Chief Officer of the Integration Joint Board; the Section 95 Officer of the Integration Joint Board (Chief Finance Officer); a General Medical Practitioner; a registered nurse either employed by the NHS Board or a general medical practitioner; and a medical practitioner who is not a GP. The latter three post holders are on the nomination of the NHS Board.

2.2.2 A process is in place to identify the General Practitioner representative and until this concludes, interim arrangements will be put in place.

2.2.3 Dependent on their role, not all of these post holders may have deputies but where necessary they will arrange to be represented in their absence.

2.2.4 The Integration Joint Board is asked to note the professional advisor members detailed at Appendix 1 Section B.

2.3 Non-voting Membership – Stakeholder members

2.3.1 The Integration Joint Board is required to appoint stakeholder members who are non-voting members. These comprise at least one representative of the following groups all of whom must be operating within the area of the Integration Joint Board: staff working within an integrated function; third sector bodies carrying out health or social care activities; service users; and unpaid carers.

2.3.2 Deputy stakeholder members have been identified by the Shadow Integration Board's stakeholder members.

2.3.3 The Integration Joint Board is asked to agree the stakeholder members and note their deputies as detailed in Appendix 1 Section C.

2.4 Non- voting – additional members

2.4.1 The Integration Joint Board may appoint additional non-voting members, provided they are not a councillor or non-executive director of the NHS Board. Based on the members identified for the Shadow Integration Board the proposal for the Integration Joint Board is detailed at Appendix 1 Section D.

It should be noted that the Lead Allied Health professional, Clinical Director and Mental Health Advisor posts are professional advisors to the Integration Joint Board and will not have named deputies in line with paragraph 2.2.3 above. A process is underway to identify the Clinical Director.

2.4.2 The Integration Joint Board is invited to approve these members and note the arrangements for deputies.

2.5 Deputies/Proxies

2.5.1 In the event that an organisation or member is unable to appoint a deputy they will be entitled in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 to appoint a deputy for individual meetings.

3. Legal

3.1 The membership of the Integration Joint Board is set out in the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order 2014 (SSI. number 285).

4. Conclusion

4.1 The proposed membership of the Integration Joint Board reflects the statutory requirements and the preparatory work undertaken through the Shadow Integration Board.

For more information please contact Andrew Fraser, Head of Democratic Services on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk

Appendix 1

Integration Joint Board – Membership

		NORTH	Deputy TBA
Section A	**Members nominated by the Parties**		
	Council	Cllr Anthea Dickson (Chair) Cllr Ruth Maguire Cllr Peter McNamara Cllr Robert Steel	Cllr Grace McLean Cllr Marie Burns Cllr Alex Gallagher Cllr Robert Barr
	NHS Board (The NHS Board will be invited to confirm these nominations at its meeting on 30 March 2015)	Stephen McKenzie (Vice Chair) Bob Martin Janet McKay Carol Davidson (Exec)	
Section B	**Professional Advisors (non-voting)**		
	The Chief Social Work Officer of The Constituent Local Authority	Stephen Brown	
	The Chief Officer of the IJB	Iona Colvin (tbc)	
	The Chief Financial (Section 95 Officer) of the Integration Joint Board	Lesley Aird (tbc)	
	General Medical Practitioner (GP Lead)	Interim arrangements until known	
	Nurse	Derek Barron	
	Medical Practitioner who is not a GP	Alison Graham (NHS Medical Director) to advise	
Section C	**Stakeholder members (non-voting)**		
	A staff representative (Council)	Louise McDaid (UNISON, GMB Unite,)	Scott Walley
	A staff side representative (NHS)	David Donaghey	Stewart Donnelly

Appendix 1

	A third sector representative	Jim Nichols, Third Sector Interface (TSI)	Morven Buckby *or* Barbara Hastings
	A service user	Martin Hunter Fiona Thomson	
	A carer representative	Marie McWaters Sally Powell	
Section D	**Additional Members (non voting) [locally determined]**		
	Lead Allied Health Professional Advisor	Kerry Gilligan	
	IJB Clinical Director	Dr Paul Kerr	
	Independent sector representative	Nigel Wanless (Scottish Care)	Patricia Chalmers
	Mental Health Advisor	Derek Barron	

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Integration Joint Board
2nd April 2015

Agenda Item No. 3

Subject:	**Appointment of Chief Officer**
Purpose:	To consider the appointment of the Chief Officer of the Integration Joint Board
Recommendation:	That the Integration Joint Board formally appoints the Director of Health and Social Care Partnership as the Chief Officer of the Integration Joint Board

1. Introduction

1.1 Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 states:

"(1) An integration joint board is to appoint a member of staff, a chief officer."
And "(6) Before appointing a person as chief officer an integration joint board is to consult each constituent authority."

2. Current Position

2.1 Clause 6.1 of the Integration Scheme sets out the arrangements in relation to the Chief Officer agreed by the Council and the NHS Board. The Chief Officer appointed by the Integration Joint Board will be employed by either the Council or the NHS Board and 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.

2.2 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 Council and the NHS Board.
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2.3 The Chief Officer is responsible for the operational management and performance of Integrated Services, and such other Lead Partnership services as are delegated to the Integration Joint Board.

2.4 In relation to delegated acute services the Director of 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.

2.5 In relation to Lead Partnership Services the Chief Officer of the lead Integration Joint Board will provide regular updates to the Chief Officers of the other Ayrshire Integration Joint Boards on the operational delivery of those Services.

2.6 In preparation for the Integration of Health and Social Care, Iona Colvin was appointed as Director of Health and Social Care following an internal recruitment and an appointment process which included the Chair and other members of the Transition Integration Board. That Officer has been acting as Chief Officer designate during the shadow integration period.

3. Proposals

3.1 The proposal is that the Director of the Health and Social Care Partnership, Iona Colvin, be appointed as Chief Officer of the Integration Joint Board. In terms of section 10(6) of the 2014 Act, the Integration Joint Board is required to consult with the NHS Board and the Council. The NHS Board and the Council agree with the proposal.

4. Implications

4.1 Financial Implications

The Chief Officer's financial responsibilities are detailed in section 8 of the Integration Scheme.

4.2 Human Resource Implications

The human resource aspects are dealt with in sections 5, 6 & 7 of the Integration Scheme.

4.3 Legal Implications

The appointment of a Chief Officer is required by section 10 of the 2014 Act.

5. Conclusion

5.1 This report recommends the formal appointment of the Director of Health and Social Care Partnership as the Chief Officer of the Integration Joint Board.

For more information please contact Andrew Fraser, Head of Democratic Services on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk

Integration Joint Board
2 April 2015

Agenda Item No. 4

Subject: **North Ayrshire Integration Scheme, The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 and the NHS Ayrshire & Arran Local Scheme of Delegation.**

Purpose: To consider the North Ayrshire Integration Scheme, The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 (SSI no. 88), and the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers, and to agree the pan-Ayrshire services which are recommended to be managed through a lead partnership arrangement with other Integration Joint Boards

Recommendation: The Integration Joint Board agrees :

(a) to note the terms of the North Ayrshire Integration Scheme attached at Appendix 1 and the services which are delegated to the Board in terms of Annex 1 (page 32) and Annex 2 (page 38).
(b) to note the terms of the Public Bodies Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 (SSI no.88) ("the Order") attached at Appendix 2;
(c) to agree that the pan-Ayrshire services detailed in Annex 3 of the North Ayrshire Integration Scheme (Appendix 1) should be managed within lead partnerships arrangements as detailed in that Annex;
(d) to agree to exercise the decision making functions of the Council in relation to Council services delegated to the Board;

PTO…../

(e) subject to the approval of the NHS Ayrshire and Arran Board at its meeting on the 30th March 2015, to note and accept the terms of the NHS Local Scheme of Delegation attached at Appendix 3 and in particular

(i) to exercise the decision making functions of NHS Ayrshire and Arran in relation to NHS services delegated to the Board, as more particularly detailed in the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers (Appendix 3) ;

(ii) to agree to provide assurance to the relevant NHS Committees on the effective operation of arrangements in relation to clinical governance, quality, patient safety and engagement, corporate governance and staff governance as more particularly detailed in the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers (Appendix 3).

1. Introduction

1.1 In accordance with the Public Bodies (Joint Working) (Scotland) Act 2014 the Council and the NHS Board prepared an Integration Scheme (Appendix 1) for the area of the local authority. A pan-Ayrshire approach was taken to developing the Integration Scheme (Appendix 1). The Integration Schemes for the other Ayrshire Integration Joint Boards are in similar terms.

1.2 Following consultation the Integration Scheme (Appendix 1) was submitted to the Scottish Ministers for approval. The Integration Scheme between North Ayrshire Council and NHS Ayrshire and Arran was approved by Scottish Ministers and the Scottish Ministers by order to establish the North Integration Joint Board on the 1st April 2015 (Appendix 2). The other Ayrshire Integration Joint Boards were established on the same date.

1.3 The Integration Scheme (Appendix 1) sets out the functions that are to be delegated from the Council and the NHS Board to the Integration Joint Board, and includes the prescribed matters set out in The Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014. In preparing the Integration Scheme the Council and the Health Board had regard to the planning principles, and the national health and wellbeing outcomes (Sections 4 and 5 of the Public Bodies (Joint Working) Act 2014).

1.4 The Integration scheme (Appendix 1) is a legally binding agreement between the Council and the NHS Board. The Council, NHS Board and the Integration Joint Board must act in accordance with the prescribed information set out in the Integration Scheme (Appendix 1).

2. Current Position

2.1 The Integration Scheme (Appendix 1) sets out :

- the local governance arrangements;
- the functions to be delegated, these functions will be delegated to the Integration Joint Board on the date set out in the approved Strategic Plan;
- the local operational delivery arrangements;
- Clinical and Care Governance arrangements;
- the arrangements in relation to the Chief Officer and the Chief Officer's line management;
- the arrangements to be put in place to develop a Workforce Development and Support Plan and an Organisational Development Strategy for integrated service teams;
- the finance arrangements;
- the information sharing and data handling arrangements;
- the complaints procedure;
- the claims handling, liability and indemnity arrangements;
- the development of a risk management strategy; and
- the dispute resolution mechanism.

2.2 In relation to delegated functions, Annex 3 of the Integration Scheme (Appendix 1) sets out the proposed Lead Partnership arrangements. This is the services that the three Ayrshire councils and NHS Ayrshire and Arran recommend should be managed by one Integration Joint Board on behalf of the other Ayrshire Integration Joint Boards.

2.3 On 20 January North Ayrshire Council agreed that the Council functions detailed in the Integration Scheme (Appendix 1) should be delegated to North Ayrshire Integration Joint Board from the date it is constituted by Scottish Ministers. This includes the Council's decision making function in relation to these services, formerly the responsibility of the Council's Cabinet. Similarly, on 30 March NHS Ayrshire and Arran will be asked to adopt the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers (Appendix 3). This also delegates to the Board the NHS decision making function, as well as covering the overall delegation to the Chief Officer and arrangements in relation to clinical governance, quality, patient safety and engagement, corporate governance and staff governance . The NHS report including the Local Scheme of Delegation is attached at Appendix 3.

3. Proposals

3.1 The Integration Joint Board sets up and operates the Board in accordance with the North Ayrshire Integration Scheme (Appendix 1) and the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 (attached at Appendix 2), the 2014 Act, and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014).

3.2 The Integration Joint Board agrees that the pan- Ayrshire services detailed in Annex 3 of the North Ayrshire Integration Scheme (Appendix 1) are managed within lead partnership arrangements as detailed in that Annex.

3.3 It is **recommended** that the Board also agree to exercise the decision making functions of the Council in relation to Council services delegated to the Board; agree to exercise the decision making functions of NHS Ayrshire and Arran in relation to NHS services delegated to the Board, as more particularly detailed in

the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers (Appendix 3); and agree to provide assurance to the relevant NHS Committees on the effective operation of arrangements in relation to clinical governance, quality, patient safety and engagement, corporate governance and staff governance as more particularly detailed in the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers (Appendix 3).

4. Implications

4.1 Financial Implications

Section 8 (page 20) of the Integration Scheme attached at Appendix 1 details the resources to be made available to the Integration Joint Board, the principles to be followed when dealing with in year variations, the financial management and reporting arrangements, and the arrangements for asset management and capital.

4.2 Human Resource Implications

The human resource aspects of the integration of health and social care are detailed in Sections 5 - Clinical and Care Governance (page13), 6 – Chief Officer (page 17) and 7 – Workforce (page 19) of the Integration Scheme attached at Appendix 1.

4.3 Legal Implications

As stated above, the Integration Scheme (Appendix 1) is a legally binding agreement between the Council and the NHS Board.

The Order attached at Appendix 2 establishes the Integration Joint Board. The Integration Joint Board as a separate legal entity has full autonomy and capacity to act on its own behalf and can, accordingly, make decisions about its functions and responsibilities as it sees fit. Whilst serving on the Integration Joint Board its members carry out their functions under the Act on behalf of the Integration Joint Board itself, and not as delegates of their respective NHS Board or Council.

4.4 Equality Implications

The main purpose of integration is to improve the well-being of families, our communities and of people who use our 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 (Appendix 1) is intended to achieve the National Health and Well-being Outcomes prescribed by the Scottish Ministers as well as the National Outcomes for Children and Criminal Justice Services. Many persons who require to use the Integrated Services will come from minority groups, whether by reason of age or disability. More integrated health and social care can only benefit such groups in terms of equality.

4.5 Environmental Implications

There are no environmental implications

4.6 Implications for Key Priorities

There are no implications for key priorities

5. Consultations

5.1 This report has been developed in conjunction with the Pan-Ayrshire Legal Workstream which supports integration.

6. Conclusion

6.1 This report provides a summary of the contents of the Integration Scheme (Appendix 1), which is a binding agreement between NHS Ayrshire and Arran and the Council, and which sets out in Annex 1 & 2 of Appendix 1 the functions to be delegated to the Integration Joint Board and, in Annex 3 of Appendix 1, the proposals for Lead Partnership arrangements. It also provides detail of the Order establishing the Integration Joint Board (Appendix 2) and the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers (Appendix 3).

For more information please contact Andrew Fraser, Head of Democratic Services on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk

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North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Health and Social Care Integration

Integration Scheme between North Ayrshire Council and NHS Ayrshire & Arran

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;
"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"/"The 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 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:
2.4.3, 3.3, 4.1.1, 4.1.2, 4.1.5, 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 Council 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 at least two 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 and Vice Chairperson will be for the period to the local government elections in 2017, thereafter the term of office of the Chairperson and Vice Chairperson will be for a period of two years.

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. The functions in Part 1 are being delegated only to the extent they relate to services listed 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 The Parties will recommend to the Ayrshire Integration Joint Boards that the Services listed in Annex 3 are 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 Integration Joint Board has 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, the Parties will recommend that:

(a) It is responsible for the operational oversight of such Service(s);
(b) Through its Chief Officer will be responsible for the operational management on behalf of all the Ayrshire Integration Joint Boards;

and

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

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 There is agreement and a commitment to provide Corporate Support Services to the Integration Joint Board. The arrangements for providing these 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 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 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 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.

5.1.9 As detailed in clause 6 the Chief Officer will be an Officer of 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 Integrated Services.

5.1.10 The Chief Officer has delegated responsibilities, through the Parties' Chief Executives, for the Professional standards of staff working in Integrated Services. The Chief Officer, relevant Health Leads and Chief Social Work Officer will work together to ensure appropriate professional standards and leadership. Where groups of staff require professional leadership, this will be provided by the relevant Health Lead or Chief Social Work Officer as appropriate.

5.1.11 The Parties 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 by the Parties which, when not chaired by the Chief Officer, will report to the Chief Officer and through the Chief Officer to 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 Council areas.

5.1.14 The Health and Care Governance Group will provide advice to the strategic planning group, and locality groups within the Council 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 on request from 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 31 October 2015.
Learning and development of staff will be addressed in the 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 and seeks to support effective partnership working through consistency of approach. The Parties will invite the Integration Joint Board to review and adopt the Strategy by 31 March 2016. Any reasonable amendment to the Strategy which is proposed by the Integration Joint Board will be considered by the Parties. The Strategy will be subject to a regular review process agreed by the Parties and 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:

(ii) carried out in a hospital in the area of the NHS Board or provided to the partnership population by another NHS Board through cross boundary flow arrangements;

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.

(iii) 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 Either Party may increase its in year payment to the Integration Joint Board. 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 year-end balances and in-year transactions between the Integration Joint Board and the Parties will be agreed in line with the NHS Board accounts timetable. 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:

The net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board, Resource Transfer and virement between Parties and 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 as set out in the Public Bodies (Joint Working)

(Prescribed Consultees)(Scotland) Regulations 2014 (SSI number 283). 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. The arrangements included consultation with the other Councils within the NHS Board area.

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 undertake to work together to support the Integration Joint Board in the production of its participation and engagement strategy. 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 and Councils within the areas of the NHS Board.

9.7 The Parties will also provide support through existing corporate support arrangements and public consultation arrangements. The participation and engagement strategy will be produced by 31 March 2016. 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 Within a month of the first meeting of the Integration Joint Board the Parties will request the Data Sharing Partnership extends an invitation to the Integration Joint Board to become a member and will invite the Integration Joint Board to be a party to the Protocol. Any reasonable amendments to the Protocol proposed by the Integration Joint Board will be considered through the Data Sharing Partnership.

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

10.4 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.

10.5 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. Within a month of the first meeting of the Integration Joint Board, the Board will be invited by the parties to review the Information Sharing Agreement and become a party to it.

10.6 The Parties undertake to review the Information Sharing Agreement on an annual basis with 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 ensure the arrangements for complaints are clear and integrated from the perspective of the service user.

11.1.3 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.

11.1.4 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. Complaints to the Council can be made by submitting an online complaint form, by telephoning the relevant department or attending in person, or in writing to Customer Services Corporate Complaints Team, Bridgegate House, Irvine KA12 8BD. Complaints to the NHS Board are made to the Patient Relations and

Complaints Department, NHS Ayrshire and Arran PO Box 13, Eglinton House, Ailsa House, Dalmellington Road, Ayr KA6 6AB in writing, by telephoning 01292 513 620, or by emailing complaintsteam@aapct.scot.nhs.uk. A decision regarding the complaint will be provided as soon as possible and will be no more than 20 working days, unless there is good reason for requiring more time and this reason is communicated to the service user. If the service user remains dissatisfied 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.

11.1.5 Details of the complaints procedures will be provided on line, in complaints literature and on posters.

11.1.6 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.

11.1.7 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. This in turn will provide a list of risks to be reported on.

13.2 The Parties will provide to the Integration Joint Board, in accordance with clauses 4.2.3 and 4.2.4 sufficient support to enable it to fully discharge its duties in relation to risk management.

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 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 other 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

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.) 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.) 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	So far as it is exercisable in relation to another integration function. So far as it is exercisable in relation to persons cared for or assisted under another integration function.

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

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

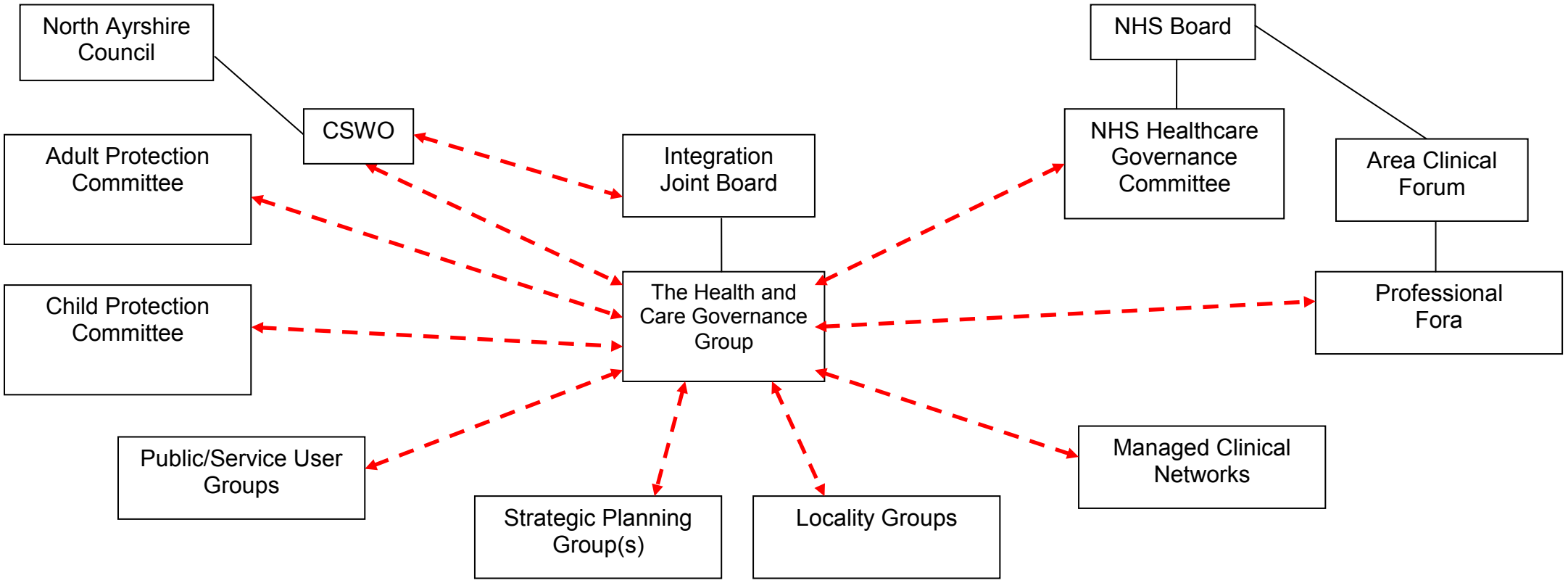
South Ayrshire Health and Social Care Partnership, on behalf of the East and North Health and Social Care Partnerships:

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 Clinical and Care Governance Structure



SCOTTISH STATUTORY INSTRUMENTS

2015 No. 88

PUBLIC HEALTH

SOCIAL CARE

The Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015

Made - - - -	*26th February 2015*
Laid before the Scottish Parliament	*2nd March 2015*
Coming into force - -	*1st April 2015*

The Scottish Ministers make the following Order in exercise of the powers conferred by section 9(2) of the Public Bodies (Joint Working) (Scotland) Act 2014(**a**) and all other powers enabling them to do so.

Citation and commencement

1. This Order may be cited as the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015 and comes into force on 1st April 2015.

Establishment of integration joint boards

2. An integration joint board specified in column 1 of the Schedule is established for the area specified in the corresponding entry in column 2 of the Schedule.

SHONA ROBISON
A member of the Scottish Government

St Andrew's House,
Edinburgh
26th February 2015

(**a**) 2014 asp 9.

SCHEDULE

Article 2

Integration Joint Boards

Column 1 – Name of integration joint board	*Column 2 – Area for which integration joint board established*
Integration joint boards established on 1 April 2015	
East Ayrshire Integration Joint Board	The area of East Ayrshire Council
North Ayrshire Integration Joint Board	The area of North Ayrshire Council
South Ayrshire Integration Joint Board	The area of South Ayrshire Council

EXPLANATORY NOTE

(This note is not part of the Order)

This Order establishes integration joint boards for the purposes of the Public Bodies (Joint Working) (Scotland) Act 2014 ("the 2014 Act").

Article 2, together with the Schedule, makes provision for the establishment of integration joint boards in respect of the local authority areas listed. By virtue of the 2014 Act, once an integration joint board is established, it is to carry out such statutory health and social care functions as the local authority and health board for that area delegate to the integration joint board. Full provision for the delegation of functions and the local operation of each integration joint board is set out in an integration scheme prepared under section 1 or 2 of the 2014 Act, which has been approved by the Scottish Ministers in advance of the integration joint board being established.

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Appendix 3

Ayrshire and Arran NHS Board

Monday 30 March 2015

Integration of Health and Social Care – Approved Integration Schemes, Draft Local Scheme of Delegation to Integration Joint Boards and Chief Officers and Draft Strategic Plans

Author & Sponsoring Director:
Dr Allan Gunning, Director for Strategic Planning, Policy and Performance

Date: 11 March 2015

Recommendation

In support of the implementation of the Public Bodies (Joint Working)(Scotland) Act 2014, the NHS Board is asked to:

- note the approved Integration Schemes;
- note the draft Strategic Plans and Analytical Review of the Strategic Plans;
- approve the draft Local Scheme of Delegation; and
- agree 2 April 2015 as the date on which functions and resources are to be delegated to the Integration Joint Boards.

Summary

The Public Bodies (Joint Working)(Scotland) Act 2014 requires that an Integration Scheme is prepared by the NHS Board and the Council in respect of each Integration Authority. These schemes have been prepared, approved by the NHS Board and following final amendment, have been approved by the Cabinet Secretary. Accordingly the Cabinet Secretary has signed the Order which will set up the three Ayrshire Partnerships. The Order will lie in Parliament for 28 days and take effect on 1 April 2015. After 1 April 2015, the new Partnerships become fully functional through their Integration Joint Boards meeting to approve their Strategic Plans. Each Integration Joint Board is planning to meet on 2 April 2015 to approve these plans.

Through the Integration Schemes, the NHS Board and Councils have made provision for the Integration Joint Boards to be responsible for the operational oversight of Integrated Services, and through the Chief Officer (known locally as the Director of Health and Social Care), to be responsible for the operational management of Integrated Services. The Local Scheme of Delegation provides a framework within which these arrangements will operate. Each Council is also preparing a Local Scheme of Delegation. Following approval by the NHS Board / respective Council, the Local Schemes of Delegation will require to be agreed by the Integration Joint Boards.

Key Messages:

- The Integration Schemes have been approved and the Order will come into effect from 1 April 2015;
- Draft Strategic Plans will be submitted to the Integration Joint Boards for approval on 2 April 2015;
- This means that the new Partnerships will be up and running at the earliest possible date;
- The Local Scheme of Delegation provides a framework for the operational oversight of Integrated Services by the Integration Joint Boards and through the Directors of Health and Social Care for the operational management of Integrated Services.

Glossary of Terms

The Act	Public Bodies (Joint Working)(Scotland) Act 2014
IJB/s	Integration Joint Board/s

1. Introduction

1.1 The Act requires that an Integration Scheme is prepared setting out the formal agreement between the NHS Board and Council on a range of matters including the delegation of functions and services. Once all necessary approvals have been obtained, Integration Joint Boards are established by Order and become fully functional on a date contained in their Strategic Plan.

1.2 The NHS Board's Integration Steering Group identified the need for a Local Scheme of Delegation to provide a framework in support of the operational oversight and management arrangements detailed in the Integration Schemes. Local Schemes of Delegation are also being prepared by each Council. The NHS Board's draft Local Scheme of Delegation is at **Appendix 1**.

2. Background

2.1 The NHS Board at its meeting on 2 February 2015 approved the draft Integration Schemes and arrangements for the finalising and submission of the schemes to Scottish Government. These arrangements have been followed. Integration Schemes for all three Ayrshire Health and Social Care Partnerships have received the necessary approvals and the Order establishing the IJBs as legal entities will take effect on 1 April 2015. Copies of the approved Integration Schemes are available from Sandra Patterson within the Department of Policy, Planning and Performance (sandra.patterson@aapct.scot.nhs.uk). Strategic Plans have been prepared using local and national guidance in a process overseen by the Shadow Integration Boards (on which the NHS Board is represented). Copies of the Strategic Plans are available from Sandra Patterson (contact details as above).

2.2 The Local Scheme of Delegation has been constructed following discussion between the NHS Board's Chief Executive as Chair of the Integration Steering Group, the Directors of Health and Social Care and other members of the NHS Board's Corporate Management Team. It was discussed by the NHS Board at a Workshop held on 19 January 2015.

3. Current Position

3.1 Following submission of the Integration Schemes for the East, North and South Ayrshire Health and Social Care Partnerships, Shona Robison MSP, Cabinet Secretary for Health, Wellbeing and Sport signed the Order setting up the three Partnerships. In accordance with due process, the Order was laid in Parliament on 3 March 2015 and must lie in Parliament for a period of 28 days. Once this is completed, the IJBs will be established through this Order taking effect on 1 April 2015.

3.2 Once established, the IJBs become fully functional through approval of their Strategic Plans which contain the date on which functions and resources are to be delegated to the IJB. In line with a process agreed by the NHS Board and respective Council, and in accordance with local and national guidance, the Shadow Integration Boards have prepared draft Strategic Plans. The draft plans have been subject to analytical review by NHS Board staff and the outcome of this was considered by the NHS Board's Performance Governance Committee on 9 March 2015. A copy of the review is available from Sandra Patterson (contact

details as above). Following due consideration, Committee agreed to recommend to the NHS Board that it supports a fully functional date as soon as possible after 1 April 2015. Given the Order will not take effect until 1 April 2015 the earliest possible date is 2 April 2015 and accordingly, the NHS Board is asked to agree the 2 April 2015 as the date on which functions and resources are to be delegated to the IJBs. It is understood that this date will also be agreed by East, North and South Ayrshire Councils.

3.3 Local Operational Delivery Arrangements are detailed in Section 4 of each Integration Scheme. This makes the IJB responsible for the operational oversight of Integrated Services and through the Director of Health and Social Care, responsible for the operational management of Integrated Services on behalf of the Parties (ie the NHS Board and respective Council).

3.4 The Local Scheme of Delegation provides a supporting framework for these arrangements recognising that this framework must be consistent with the Integration Schemes. Taken together with the Local Scheme of Delegation being prepared by each Council and the provisions of the Act, it aims to support integrated planning, operational management and governance of Integrated Services as defined in the Integration Schemes.

3.5 Section 5 of each Integration Scheme outlines the Clinical and Care Governance arrangements which will be put in place for Integrated Services. It describes how the NHS Board and Council will support the IJB through the setting up of a Health and Care Governance Group chaired by the Director of Health and Social Care. This makes provision for integrated health and care governance to support integrated planning and integrated operational management of Integrated Services. This approach may be helpful to IJBs as they develop the overall integrated governance arrangements envisaged in the Local Scheme of Delegation.

4. Next Steps

4.1 The Order establishing the IJBs will take effect on 1 April 2015 and the IJBs will become fully functional on 2 April 2015. Following consideration by the NHS Board, the NHS Board and Council Local Schemes of Delegation will require to be agreed by the IJBs.

5. Proposals

5.1 Members are asked to:

- note the approved Integration Schemes;
- note the draft Strategic Plans and Analytical Review of the Strategic Plans;
- approve the draft Local Scheme of Delegation; and
- agree 2 April 2015 as the date on which functions and resources are to be delegated to the IJBs.

Monitoring Form

Policy/Strategy Implications	Progresses Scottish Government policy on the integration of health and social care and the Quality Strategy.
Workforce Implications	The NHS Board and Local Authority will continue to employ the staff within the Partnership. However, the appointment of the Director of Health and Social Care and setting up of Partnerships will have immediate impact and will also result in further consequential change on the structures and roles within partner organisations. Consideration of such change and the management of these implications will therefore have to be taken into account as the work of the Partnerships develop. Consequent structure reviews will be undertaken in partnership with Staff side. The Local Scheme of Delegation has no additional workforce implications.
Financial Implications	Integration of health and social care services will take place within the current total resource envelope.
Consultation (including Professional Committees)	The Local Scheme of Delegation builds on the comprehensive consultation carried out in support of the integration of health and social care in general and the Integration Schemes in particular. The Local Scheme of Delegation was discussed at an NHS Board Workshop on 19 January 2015. Health and Social Care Partnership Strategic Plans have been subject to consultation under oversight of the Shadow Integration Boards.
Risk Assessment	Appraisal of integration options has taken place and the sequencing of recommendations has been constructed to ensure the risks of the NHS Board failing to meet its statutory requirements is minimised.
Best Value - **Vision and leadership** - **Effective partnerships** - **Governance and accountability** - **Use of resources** - **Performance management**	Integration models have been evaluated against the objectives of integration and opportunities for delivering improved outcomes for communities. This is consistent with the principles of best value. The proposals envisage an implementation which will deliver on all best value components.
Compliance with Corporate Objectives	The proposal complies with all Corporate Objectives.
Single Outcome Agreement (SOA)	This approach to the integration of services underpins the three Ayrshire Single Outcome Agreements.
Impact Assessment The integration of health and social care services is expected to have a positive impact on groups covered by the statutory equality duty, particularly in respect of age and disability.	

Draft Local Scheme of Delegation to Integration Joint Boards (IJBs) and Chief Officers

1. NHS Ayrshire and Arran has already established a Scheme of Delegation to Shadow Integration Boards in their role of fulfilling the duties and responsibilities of Community Health Partnership Committees.

2. Along with the respective Council, the NHS Board is establishing three Integration Joint Boards (IJBs) in Ayrshire and Arran covering the Local Authority boundaries of East, North and South Ayrshire.

3. It is recognised that when the IJBs are formed, the current Scheme of Delegation will no longer be fit for purpose. Therefore there is a requirement for matters which the Board may wish to delegate to IJBs (in addition to the duties and responsibilities on IJBs conferred by statute) to be underpinned by a Scheme of Delegation approved by the NHS Board.

4. The Scheme of Delegation makes provision for delegation of management functions to each Chief Officer (known locally as the Director of Health and Social Care) and for scrutiny of overall governance arrangements to the IJB. The list of NHS services covered by these delegated arrangements are detailed in **Annex 1 Part 2** of the Integration Scheme. In terms of overall governance arrangements however, it is recognised that each Director of Health and Social Care and their IJB's initial priority will be to establish effective governance arrangements for their statutory duties. It is also recognised that Local Authorities will delegate similar governance responsibilities for their services to IJBs and that over time, the IJBs will wish to develop integrated governance arrangements to match integrated planning and service delivery. The NHS Board will have to be satisfied that it can rely on whatever arrangements are put in place for the delivery of NHS services for which it is ultimately accountable.

5. Accordingly, whilst the NHS Board will delegate responsibility for overall governance to the IJB, it is recognised that in the first instance, each IJB may continue with existing NHS Board governance arrangements until its own integrated governance systems are in place. Thereafter the NHS Board would place reliance on these arrangements subject to paragraph 11 of the Scheme of Delegation being fulfilled.

6. Under statutory provision, the IJBs have the following remit:

A	to prepare and implement a Strategic Plan in relation to the provision of health and social care services;
B	to oversee the delivery of services delegated by the parties in pursuance of the Strategic Plan; and
C	to allocate and manage the delegated budget in accordance with the Strategic Plan.

7. This remit focuses on the statutory responsibilities of IJBs which cover the planning of Integrated Services and directing the Parties (the NHS Board and Council) to deliver services in accordance with the Strategic Plan.

8. As the national Model Integration Scheme makes clear however, in addition to legislative requirements:

> "Scottish Ministers expect the Parties will make the Integration Joint Board (or its membership) operationally responsible for delivery in addition to the planning responsibilities placed upon the Integration Joint Board by the Act to ensure planning and delivery are fully integrated."

This expectation is in line with the intentions of the Parties in Ayrshire and Arran that Health and Social Care Partnerships and their IJBs should be integrated service delivery as well as integrated planning vehicles. Without an integrated service delivery role it is difficult to see how the Partnerships can tackle the current disconnects within health and between health and social care which are a key plank of integration policy objectives. This Scheme of Delegation from the NHS Board to the IJBs provides a clear basis for IJBs to fulfil their role as integrated service delivery vehicles.

9. The NHS Board has an overall duty to put in place devolved systems of decision making. This duty carries a responsibility to ensure that local services are provided as efficiently and effectively as possible within the resources available. As far as IJBs are concerned, duties to manage and deliver services to a defined standard on behalf of the NHS Board are devolved to each Director of the Health and Social Care who will have the necessary autonomy and accountability within the Scheme of Delegation.

10. The NHS Board is also the ultimate governance body for NHS Ayrshire and Arran. Along with the delegation of management and service functions to the relevant Director at paragraph 4 above, it will devolve associated overall governance functions to the IJBs (subject to paragraph 11 below). It is acknowledged that the IJB has legislative governance responsibilities in accordance with its remit at paragraph 6 above and that it will be for the IJB to design appropriate governance arrangements to fulfil these responsibilities.

11. In designing governance arrangements to meet the IJB's statutory responsibilities, the NHS Board will request that these will also allow the IJB to fulfil the overall delegated governance functions. This delegation will be contingent on the NHS Board being satisfied that such arrangements are sufficient to allow the NHS Board to place reliance on them. As part of this process, the NHS Board will ensure compliance with its Code of Corporate Governance as appropriate. It will also ensure that such arrangements as the IJB puts in place are compliant with the provisions made in the Integration Scheme. In addition, in accordance with the NHS Board's integrated governance arrangements, the NHS Board member who is Chair or Vice Chair of the IJB will also be a member of the NHS Board's Integrated Governance Committee.

12. In undertaking their delegated functions, the Director of Health and Social Care and IJB are required to have regard to a number of obligations placed on the NHS Board through statute and Scottish Government direction as follows:

A	**Healthcare Governance**
	The NHS Board Chief Executive's responsibility for clinical governance, quality, patient safety and engagement is delegated to each Director of Health and Social Care. Each Director and their IJB will be required to establish appropriate arrangements to fulfil those responsibilities and scrutinise their discharge. These arrangements must link to NHS Board wide support and reporting arrangements including the systems for reporting of serious clinical incidents as required by the NHS Board's Medical and Nurse Directors. Each IJB will be required to provide assurance to the NHS Board's Clinical Governance Committee on effective operations of their healthcare governance arrangements and each Director of Health and Social Care will be required to attend the NHS Board's Healthcare Governance Committee as required.
B	**Corporate Governance**
	The NHS Board Chief Executive's responsibility for corporate governance is delegated to each Director of Health and Social Care. Each Director and their IJB will be required to establish appropriate arrangements to fulfil those responsibilities and scrutinise their discharge. These arrangements must ensure financial management within allocation and delegation of budgets and probity in accordance with the NHS Board's Standing Financial Instructions and Standing Orders and compliance with the regulations on recording losses and regulation on making ex-gratia payments. They must also comply with regulations addressing other aspects of corporate governance including the Data Protection Regulations, the Freedom of Information (Scotland) Act and wider Information Governance requirements. They must also ensure best value in all Health and Social Care Partnership operations. The IJB will be required to provide assurance to the NHS Board's Audit Committee on the effective operation of their corporate governance arrangements and each Director of Health and Social Care will be required to attend the NHS Board's Audit Committee as required.
C	**Staff Governance**
	The NHS Board Chief Executive's responsibility for staff governance is delegated to each Director of Health and Social Care. Each Director and their IJB will be required to establish appropriate arrangements to fulfil those responsibilities and scrutinise their discharge. The NHS Board remains the employer for all NHS staff within Health and Social Care Partnerships and therefore the IJB must scrutinise compliance with staff governance and related requirements including partnership working. Whilst the NHS Board's Area Partnership Forum will retain its role in relation to all NHS staff, the IJB will be expected to develop appropriate arrangements for partnership working within the NHS Board's overall framework. The Health and Social Care Partnership will implement the NHS Board's HR policies including arrangements for the appointment, removal, remuneration, grievances, disciplinary action, training and development of staff within the approved budget. The IJB will be required to provide assurance to the NHS Board's Staff Governance Committee on the effective operation of their staff governance arrangements and each Director of Health and Social Care will be required to attend the NHS Board's Staff Governance Committee as required.

13. The governance arrangements set out above are designed to ensure:

(a)	the Directors of Health and Social Care and IJBs are supported to develop integrated governance arrangements;
(b)	these arrangements are subject to scrutiny by the NHS Board to ensure reliance can be placed upon them;
(c)	there is adequate communication between the IJB's arrangements and the NHS Board's governance committees; and
(d)	(a), (b) and (c) above allow the NHS Board's governance committees to take a system wide view of governance and provide assurance on the effectiveness of these arrangements to the NHS Board.

Integration Joint Board
2nd April 2015

Agenda Item No. 5

Subject:	**Appointment of Chief Finance Officer**
Purpose:	To consider the appointment of the Chief Finance Officer of the Integration Joint Board
Recommendation:	That the Integration Joint Board agrees to appoint Lesley Aird as the Chief Finance Officer of the Integration Joint Board.

1. Introduction

1.1 Section 13 of the Public Bodies (Joint Working) (Scotland) Act 2014 amends the Local Government (Scotland) Act 1973, by extending the application of Part 7 of the 1973 Act (with the exception of sections 101A and 105A) to Integration Joint Boards. Accordingly, the Integration Joint Board requires to appoint a proper officer who has responsibility for the administration of its financial affairs in terms of s.95 of the 1973 Act. That proper officer will be the Chief Finance Officer of the Integration Joint Board.

1.2 The Chief Finance Officer is accountable to the Integration Joint Board for the planning, development and delivery of the IJB's financial strategy; is responsible for the provision of strategic financial advice and support to the Integration Joint Board and Chief Officer, and for the financial administration and financial governance of the Integration Joint Board.

1.3 The Chief Finance Officer is the Accountable Officer for financial management and administration of the Integration Joint Board. The Chief Finance Officer's responsibility includes assuring probity and sound corporate governance and has responsibility for achieving Best Value.

2. Current Position

2.1 The Chief Finance Officer is a key member of the Senior Management Team, helping it to plan, develop and implement business strategy and to resource and deliver the Integration Joint Board's strategic objectives sustainably and in the public interest.

2.2 The Chief Finance Officer is responsible for developing the financial strategy of the IJB and must be actively involved in, and able to bring influence to bear on all material business decisions to ensure immediate and longer term financial implications, opportunities and risks are fully considered, and alignment with the Integration Joint Board's financial strategy. The Chief Finance Officer must lead the promotion and delivery by the Integration Joint Board of good financial management so that public money is safeguarded at all times and used appropriately, economically, efficiently and effectively. The Chief Finance Officer is responsible for creating, in conjunction with the Council and Health Board Directors of Finance, a collaborative arrangement with Business partners and associated Chief Financial Officers within Ayrshire and Arran.

2.3 During the first year of the Integration Joint Board, the Chief Officer and the Chief Finance Officer will develop the funding requirements for the Integrated Budget in 2016/17 based on the Strategic Plan. Following the determination of the amounts to be paid by the Council and NHS Board, the Integration Joint Board will refine the Strategic Plan to take account of the resources available.

2.4 The Chief Officer will deliver the Health and Wellbeing Outcomes prescribed by the Scottish Ministers within the total delegated resources. Where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the IJB and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which is subject to the approval of the Integration Joint Board.

2.5 The Integration Joint Board is required to appoint a Chief Finance Officer. The Council and NHS Board recommend the appointment of Lesley Aird as Chief Finance Officer of the Integration Joint Board.

3. Implications

3.1 Financial Implications

None.

3.2 Human Resource Implications

None, it is recommended that Lesley Aird is appointed as Chief Finance Officer who is an employee of North Ayrshire Council.

3.3 Legal Implications

The appointment of the Chief Finance Officer of the Integration Joint Board is required by s.95 of the Local Government (Scotland) Act 1973.

3.4 Equality Implications

None.

3.5 Environmental Implications

None.

3.6 **Implications for Key Priorities**

There are no implications for key priorities arising from this report

4. Consultations

4.1 The Pan-Ayrshire Legal Workstream was consulted on the development of this report.

6. Conclusion

6.1 In appointing the Chief Finance Officer, Members are complying with legislation which states the Integration Joint Board is required to appoint a proper officer in respect of its financial affairs.

For more information please contact Andrew Fraser, Head of Democratic Services on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk

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North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
2 April 2015

Agenda Item No. 6

Subject:	**Membership of the Strategic Planning Group**
Purpose:	To advise the Integration Joint Board of the legislative requirements as to the membership and proceedings of the Strategic Planning Group.
Recommendation:	The Integration Joint Board is asked to approve the proposals outlined in the report as to the membership of the Strategic Planning Group.

1.	**Introduction**
1.1	Section 32 of the Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on an Integration Joint Board (IJB) to establish a Strategic Planning Group (SPG). The IJB is responsible for appointing members to the SPG and where appropriate or necessary to remove or replace members. The legislation and supporting Regulations prescribe the groups who must be represented on the SPG. Additional members may be appointed by the IJB.
1.2	The Integration Joint Board is responsible for determining the procedure of its SPG.
2.	**Current Position**
2.1	Section 32 of the Public Bodies (Joint Working) (Scotland) Act prescribes that the following are to be members of the SPG: a. At least one person nominated by the Health Board b. At least one person nominated by the local authority c. A person to represent the interest of each locality d. Representatives of such groups as prescribed by Regulation (see 2.3 below)
2.2	In respect of locality representatives, it is for the IJB to decide which persons are suitable to represent the interests of a locality and to select the representative. The IJB may select a single person to represent two or more localities.

2.3	The groups prescribed by regulation are: a. health professionals b. users of health care c. carers of users of health care d. commercial providers of health care e. non-commercial providers of health care f. social care professionals g. users of social care h. carers of users of social care i. commercial providers of social care j. non-commercial providers of social care k. non-commercial providers of social housing l. third sector bodies carrying out activities related to health care or social care
2.4	Those members detailed in b,c,g and h above, must reside within the area of the local authority. Others must operate within the area of the local authority.
2.5	The Strategic Planning Group for the North Ayrshire Shadow Integration Board was formed from the former Community Health Partnership Forum (the Forum). It was recognised that the membership of the Forum required to be strengthened with additional representatives, particularly from Social Work/Social Care. The membership of the SPG and the groups which members can be said to represent are set out in Appendix 1.
2.6	Members of the SPG who are required by law to operate within the area of the local authority, all do so.
2.7	The SPG has worked effectively over the past year, in creating the draft Strategic Plan and leading consultation on the draft plan with a wide range of stakeholders.
3.	**Proposals**
3.1	Although there is a broad representation of interests on the SPG there are a small number of membership places still to be filled. These are set out below. In each case, a proposal is made as to how the situation could be addressed.
3.2	Stephen McKenzie will fulfil the membership role on behalf of NHS Ayrshire and Arran as Chair of the SPG. Councillor Anthea Dickson was nominated on behalf of North Ayrshire Council, but as she now takes up post as Chair of the IJB, Councillor Grace McLean will fulfil the membership role on behalf of North Ayrshire Council.
3.3	There are no members of the SPG who are appointed as representatives of the various North Ayrshire localities. In order to ensure that localities are appropriately represented on the SPG it is proposed that the Principal Manager, Planning & Performance brings forward proposals to a future meeting of the IJB, following detailed work in collaboration with the Third Sector and the Council's Connected Communities directorate.

3.4	A senior officer from North Ayrshire Council's Housing Services is a member of the SPG. Although technically this would comply with the requirement to have a non-commercial provider of social housing on the SPG, a representative from one of the Registered Social Landlords would more fully comply with the spirit of the Regulation. Discussions are ongoing with the Strategic Housing Group within North Ayrshire Council, to invite an appropriate nomination from among Registered Social Landlords.
3.5	No member of the SPG is representing non-commercial providers of health care. Whilst there are few non-commercial providers of health care in North Ayrshire, a process is underway to invite a nomination from this sector.
4.	**Implications**
4.1	**Financial Implications**
	There are no financial implications arising directly from this report
4.2	**Human Resource Implications**
	There are no human resource implications arising directly from this report
4.3	**Legal Implications**
	There are no human resource implications arising directly from this report
4.4	**Equality Implications**
	There are no equality implications arising directly from this report
4.5	**Environmental Implications**
	There are no Environmental implications arising directly from this report
4.6	**Implications for Key Priorities**
	The delivery of the Strategic Plan will ensure the successful delivery of the health and social well-being outcomes and the partnership strategic priorities
5.	**Consultations**
5.1	No specific consultation was required for this report. User and public involvement is key to the development of the partnership and all significant proposals will be subject to an appropriate level of consultation.
6.	**Conclusion**
6.1	The proposals contained in this report will ensure that the Strategic Planning Group for the North Ayrshire Partnership is compliant with all legislative requirements

For more information please contact Jo Gibson, Principal Manager – Planning and Performance, North Ayrshire Health & Social Care Partnership on 01294 3177807 or Jogibson@north-ayrshire.gcsx.gov.uk

Appendix 1

Membership of Strategic Planning Group

Name	Representing	Comments
Stephen McKenzie	NHS SIB Member	
Councillor Grace McLean	North Ayrshire Council	
Lesley Aird Head of Finance North Ayrshire Council	NAC Finance	
Vacant Divisional Housing Manager, North Ayrshire Council	Housing (interface)	
David Allan Team Manager Assessment & Enablement	Social care professionals	
Val Fitzpatrick Social Worker Service Access	Social care professionals	
Stephen Brown Head of Service Children and Families and Criminal Justice	Social care professionals	Chief Social Work Officer
Lorne Campbell Business Manager (Development) KA Leisure	KA Leisure	
Mark Gallagher Lead Officer Alcohol and Drugs Partnership	Social care professionals	
Jo Gibson Principal Manager Planning & Performance	Partnership Senior Management Team	
Heather McCubbin Co-ordinator Learning Disability & Mental Health Team	Social care professionals	
Ms Morna Rae Community Planning North Ayrshire Council	Community Planning Partnership (interface)	
Mr David Bonellie	Health professionals/ Commercial providers of health care	
Derek Barron Associate Nurse Director – Mental Health	Health professionals	
Linda Boyd Health Care Manager – Mental Health	Mental health management team	
Vacancy	Users of health care	Mental Health Public Ref Group
Vacancy	Health professionals	
Carol Fisher Health Care Manager – Specialist Mental Health Services	Mental health management team	

Ms Joanne Anderson Lead Practice Nurse Beith Health Centre	Health professionals	
Louise Gibson Dietetic Lead Integrated Services	Health professionals	
Dr Morag Henderson	Mental Health	
Elaine Hill Physiotherapy Lead University Hospital Ayr	Health professionals	
Fiona Neilson Finance Department NHS Ayrshire & Arran	Finance NHS	
Dr John O'Dowd Consultant in Public Health	Public Health	
David Rowland Head of Service Health & Community Care	Partnership Senior Management Team	
Mr Martin Hunter	Users of health care	
Barbara Hastings Chief Executive Officer The Ayrshire Community Trust	Third sector bodies / non- commercial providers of social care	
Marion McKinna Alpha Homecare	Commercial providers of social care	
Mr Jim Nichols	Third sector bodies / non- commercial providers of social care	
Paul Ryan Gallagher Pharmacy	Health care professionals	
Clive Shephard	Third sector bodies	
Christine Speedwell Carers Centre	Carers of users of health and social care	
Dr John Taylor	Mental Health professionals	
Ms Fiona Thomson	Users of health and social care	
Mr Nigel Wanless Scottish Care	Commercial providers of social care	
Gordon McKay	Staff Representative	
In attendance		
Norma Bell Team Manager Planning & Performance	Social care professionals	
Marjorie Adams Programme Manager	Children's Services	
Sharon Bleakley Local Officer Scottish Health Council	Scottish Health Council	

Mr Rab Murray	Joint Improvement Team Leader	
	Co-chair Adult Officer Locality Group	
Ms Michelle Sutherland	Partnership Facilitator	
For Information Only		
Mr Jim McCrae Manager Criminal Justice Services	Criminal Justice	
Ms Liz Moore Director Acute	Acute Services Interface	

Integration Joint Board
2 April 2015

Agenda Item No. 7

Subject:	**Standing Orders**
Purpose:	To adopt Standing Orders to govern procedures at meetings of the Integration Joint Board and its Committees.
Recommendation:	That the Integration Joint Board agrees to adopt the Standing Orders for Meetings attached at Appendix 1.

1. Introduction

1.1 In terms of the Public Bodies (Joint Working) (Integration Joint Boards)(Scotland) Order 2014, an Integration Joint Board must make standing orders to regulate its procedure and business, both at meetings of the Board and its Committees. Standing Orders for the Integration Joint Board are attached as Appendix 1.

2. Current Position

2.1 The Standing Orders attached at Appendix 1 are based on the Standing Orders of the Shadow Integration Board. In practice these have operated well and there are advantages in continuing with Standing Orders which are both fit for purpose and familiar to members.

2.2 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 also listed certain mandatory provisions which require to be included within Standing Orders. Most of these are identical to the provisions of the Standing Orders of the Shadow Integration Board. The key additions are as follows:-

- To introduce a dispute resolution mechanism to be used in the case where there is an equality of votes – provision 15.4
- A provision to allow Board Members to contribute to a Board Meeting through remote access – provision 4.4.
- The detailed provisions on Membership of the Board contained in Section 2 of the Standing Orders.
- The quorum has changed to one half of the voting Members requiring to be present.

2.3 The existing provisions for public access to meetings and exempt items, contained in the Standing Orders for the Shadow Integration Board have been retained. Essentially these provide for public access to all reports except those which are certified as exempt under Part 1 of schedule 7A of Local Government (Scotland) Act 1973.

3. Proposals

3.1 It is proposed that the Standing Orders attached at Appendix 1 are adopted as the Standing Orders for Meetings of the Integration Joint Board.

3.2 It is good practice to regularly review key governance documents. It is recommended that such a review takes place after the Board's first year of operation.

4. Implications

4.1 Financial Implications

There are no financial implications arising from this report

4.2 Human Resource Implications

There are no human resource implications arising from this report

4.3 Legal Implications

The Board is required to adopt Standing Orders for Meetings under the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014. The Standing Orders at Appendix 1 are drafted to comply with this obligation.

4.4 Equality Implications

There are no equality implications arising from this report

4.5 Environmental Implications

There are no environmental implications arising from this report.

4.6 Implications for Key Priorities

There are no implications for key priorities arising from this report

5. Consultations

5.1 These Standing Orders have been developed by the Pan-Ayrshire Legal Workstream which supports integration.

6. Conclusion

6.1 This report recommends adoption of Standing Orders for Meetings for the Integration Joint Board.

For more information please contact Andrew Fraser, Head of Democratic Services on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk

Appendix 1

Integration Joint Board

Standing Orders

April 2015

1. General

These Standing Orders are made under the Public Bodies (Joint Working) (Scotland) Act 2014 and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. These Standing Orders shall, as far as applicable be the rules and regulations for the proceedings of Committees and Sub-Committees and therefore reference to the term 'Board' in the said Standing Orders should be interpreted accordingly. The term 'Chairperson' shall also be deemed to include the Chairperson of any Committee or Sub-Committee but only in relation to such Committees or Sub-Committees.

1.2 In these Standing Orders "the Integration Board" shall mean the North Ayrshire Integration Joint Board established in terms of the Public Bodies (Joint Working) (Integration Joint Board Establishment) (Scotland) Order 2015

1.3 Any statutory provision, regulation or direction issued by the Scottish Ministers shall have precedence if they are in conflict with the Standing Orders.

2. Membership

2.1 Voting membership of the Integration Board shall comprise four persons nominated by the NHS Board, and four persons appointed by the Council.. Where the NHS Board is unable to fill 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 at least two must be non-executive members.

2.2 Non-voting membership of the Integration Board shall comprise:

a. the chief social work officer of the local authority;
b. the chief officer of the Integration Board;
c. the proper officer of the Integration Board appointed under section 95 of the Local Government (Scotland) Act 1973;
d. a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under section 17P of the National Health Service (Scotland) Act 1978;
e. a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract;
f. a registered medical practitioner employed by the Health Board and not providing primary medical services.
g. One member in respect of staff of the constituent authorities engaged in the provision of services provided under integration functions;
h. One member in respect of third sector bodies carrying out activities related to health or social care in the area of the local authority;
i. One member in respect of service users residing in the area of the local authority;

j. One member in respect of persons providing unpaid care in the area of the local authority; and
k. Such additional members as the Integration Board sees fit. Such a member may not be a councillor or a non-executive director of the Health Board.

The members appointed under paragraphs (d) to (f) must be determined by the Health Board

2.3 A member of the Integration Board in terms of 2.2 (a) to (c) will remain a member for as long as they hold the office in respect of which they are appointed. Otherwise, the term of office of Members of the Integration Board shall be for two years or until the day of the next ordinary Elections for Local Government Councillors in Scotland, whichever is shorter.

2.4 Where a Member resigns or otherwise ceases to hold office, the person appointed in his/her place shall be appointed for the unexpired term of the Member they replace.

2.5 On expiry of a Member's term of appointment the Member shall be eligible for re-appointment provided that he/she remains eligible and is not otherwise disqualified from appointment.

2.6 A voting Member appointed under paragraph 2.1 ceases to be a member of the Integration 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.

2.7 A Member of the Integration Board, other than those Members referred to in paragraph 2.2(c) to (e), may resign his/her membership at any time during their term of office by giving notice to the Integration Board in writing. The resignation shall take effect from the date notified in the notice or on the date of receipt if no date is notified. If this is a voting member the Integration Board must inform the constituent authority that made the nomination.

2.8 If a Member has not attended three consecutive Ordinary Meetings of the, Integration Board, and their absence was not due to illness or some other reasonable cause as determined by the Integration Board, the Integration Board may, by giving one month's notice in writing to that Member, remove that person from office.

2.9 If a member acts in a way which brings the Integration Board into disrepute or in a way which is inconsistent with the proper performance of the functions of the Integration Board, the Integration Board may remove the member from office with effect from such date as the Integration Board may specify in writing.

2.10 If a member is disqualified under article 8 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 during a term of office they are to be removed from office immediately.

2.11 A constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and the Integration Board.

2.12 Named Depute Members for Members of the Integration Board may be appointed by the constituent authority which nominated the Member, or the Member as appropriate. The appointment of such Deputies will be subject to the same rules and procedures for Members. Deputies shall receive papers for Meetings of the Integration Board but shall be entitled to attend or vote at a Meeting only in the absence of the principal Member they represent. If the Chairperson or Vice Chairperson is unable to attend a meeting of the Integration Board, any Depute Member attending the meeting may not preside over that meeting.

2.13 The acts, meetings or proceedings of the Integration Board shall not be invalidated by any defect in the appointment of any Member.

3. Chairperson and Vice Chairperson

3.1 The Chairperson and Vice Chairperson will be drawn from the NHS Board and the Council voting members of the Integration 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 Chair of the Integration Board will be appointed on the nomination of the Council (East – NHS)

3.2 The appointment to Chairperson and Vice Chairperson is time limited to a period not exceeding two years and carried out on a rotational basis between Council and NHS Board appointed Chairperson. 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. The Council or NHS Board may change their appointee as Chairperson of Vice Chairperson during an appointing period.

3.3 The Vice-Chairperson may act in all respects as the Chairperson of the Integration Board if the Chair is absent or otherwise unable to perform his/her duties.

3.4 At every meeting of the Integration Board the Chairperson, if present, shall preside. If the Chairperson is absent from any meeting the Vice-Chairperson, if present, shall preside. If both the Chairperson and the Vice-Chairperson are absent, a Chairperson shall be appointed from within the members present for that meeting. Any Depute Member attending the meeting in terms of 2.13 may not preside over that meeting.

3.5 Powers, authority and duties of Chairperson and Vice-Chairperson.

The Chairperson shall amongst other things:-

(a) Preserve order and ensure that every Member has a fair Hearing;

(b) Decide on matters of relevancy, competency and order, and whether to have a recess during the Meeting, having taken into account any advice offered by the Chief Officer or other relevant officer in attendance at the Meeting;

(c) Determine the order in which speakers can be heard;

(d) Ensure that due and sufficient opportunity is given to Members who wish to speak to express their views on any subject under discussion;

(e) If requested by any Member ask the mover of a motion, or an amendment, to state its terms;

(f) Maintain order and at his/her discretion, order the exclusion of any member of the public who is deemed to have caused disorder or misbehaved;

(g) The decision of the Chairperson on all matters within his/her jurisdiction shall be final;

(h) Deference shall at all times be paid to the authority of the Chairperson. When he/she rises to speak, the Chairperson shall be heard without interruption; and

(i) Members shall address the Chairperson while speaking;

4. Meetings

4.1 The first meeting of the Integration Board will be convened at a time and place to be determined by the Chairperson. Thereafter Integration Board shall meet at such place and such frequency as may be agreed by the Integration Board.

4.2 The Chairperson may convene Special Meetings if it appears to him/her that there are items of urgent business to be considered. Such Meetings will be held at a time, date and venue as determined by the Chairperson. If the Office of Chairperson is vacant, or if the Chairperson is unable to act for any reason the Vice-Chairperson may at any time call such a meeting.

4.3 If the Chairperson refuses to call a meeting of the Integration Board after a requisition for that purpose specifying the business proposed to be transacted, signed by at least two thirds of the voting Members, has been presented to the Chairperson or if, without so refusing, the Chairperson does not call a meeting within seven days after such requisition has been presented, those Members who presented the requisition may forthwith call a Meeting provided no business shall be transacted at the Meeting other than specified in the requisition.

4.4 Adequate provision will be made to allow for members to attend a meeting of the Integration Board or a committee of the Integration Board either by being present together with other members in a specified place, or in any other way which enables members to participate despite not being present with other members in a specified place;

5. Notice of Meeting

5.1 Before every meeting of the Integration Board, or committee of the Integration Board, a notice of the meeting, specifying the time, place and business to be transacted at it and signed by the Chairperson, or by a Member authorised by the Chairperson to sign on that person's behalf, shall be delivered to every Member or sent by post to the usual place of residence of such Members or delivered by electronic means so as to be available to them at least five days before the meeting. Members may opt in writing addressed to the Chief Officer to have notice of meetings delivered to an alternative address. Such notice will remain valid until rescinded in writing. Lack of service of the notice on any member shall not affect the validity of anything done at a meeting.

5.2 In the case of a meeting of the Integration Board called by Members in default of the Chairperson, the notice shall be signed by those Members who requisitioned the meeting.

5.3 At all Ordinary or Special Meetings of the Integration Board, no business other than that on the agenda shall be discussed or adopted except where by reason of special circumstances, which shall be specified in the minutes, the Chairperson is of the opinion that the item should be considered at the meeting as a matter of urgency.

6. Quorum

6.1 No business shall be transacted at a meeting of the Integration Board unless there are present, and entitled to vote both Council and NHS Board members and at least one half of the voting Members of the Integration Board are present

6.2 If within ten minutes after the time appointed for the commencement of a meeting of the Integration Board, a quorum is not present, the meeting will stand adjourned to such date and time as may be fixed and the minute of the meeting will disclose the fact

7. Codes of Conduct and Conflicts of Interest

7.1 Members of the Integration Board shall subscribe to and comply with both the Standards in Public Life - Code of Conduct for Members of Devolved Public Bodies and Councillors Code of Conduct and Guidance made in respect thereto which are deemed to be incorporated into these Standing Orders. All members who are not already bound by the terms of either Code shall be obliged before taking up membership, to agree in writing to be bound by the terms of the Code of Conduct for Members of Devolved Public Bodies.

7.2 If any Member has a financial or non-financial interest as defined in the Councillors' Code of Conduct or the Code of Conduct of Members of Devolved Public Bodies and is present at any meeting at which the matter is to be considered, he/she must as soon as practical, after the meeting starts, disclose that he/she has an interest and the nature of that interest and if he/she is precluded from taking part in consideration of that matter.

7.3 If a Member or any associate of theirs has any pecuniary or any other interest direct or indirect, in any contract or proposed contract or other matter and that Member is present at a meeting of the Integration Board, that Member shall disclose the fact and the nature of the relevant interest and shall not be entitled to vote on any question with respect to it. A Member shall not be treated as having any interest in any contract or matter if it cannot reasonably be regarded as likely to significantly affect or influence the voting by that Member on any question with respect to that contract or matter.

7.4 Where an interest is disclosed, the other members present at the meeting in question must decide whether the member declaring the interest is to be prohibited from taking part in discussion of or voting on the item of business.

8. Adjournment of Meetings

8.1 A meeting of the Integration Board may be adjourned to another date, time or place by a motion, which shall be moved and seconded and put to the meeting without discussion. If such a motion is carried by a simple majority of those present and entitled to vote, the meeting shall be adjourned to the day, time and place specified in the motion.

9. Disclosure of Information

9.1 No Member or Officer shall disclose to any person any information which falls into the following categories:-

- Confidential information within the meaning of Section 50(a)(2) of the Local Government (Scotland) Act 1973.

- The full or any part of any document marked “not for publication by virtue of the appropriate paragraph of Part 1 of Schedule 7A of the Local Government (Scotland) Act 1973, unless and until the document has been made available to the public or press under section 50B of the said 1973 Act.

- Any information regarding proceedings of the Integration Board from which the public have been excluded unless or until disclosure has been authorised by the Integration Board or the information has been made available to the press or to the public under the terms of the relevant legislation.

9.2 Without prejudice to the foregoing no Member shall use or disclose to any person any confidential and/or exempt information coming to his/her knowledge by virtue of his/her office as a Member where such disclosure would be to the advantage of the Member or of anyone known to him/her or which would be to the disadvantage of the Integration Board.

10. Recording of Proceedings

10.1 No sound, film, video tape, digital or photographic recording of the proceedings of any Meeting shall be made without the prior written approval of the Integration Board.

11. Admission of Press and Public

11.1 Subject to the extent of the accommodation available and except in relation to items certified as exempt, meetings of the Integration Board shall be open to the public. The Chief Officer shall be responsible for giving public notice of the time and place of each meeting of the Integration Board by posting within the main offices of the Integration Board not less than five days before the date of each meeting.

11.2 The Integration Board may by resolution at any meeting exclude the press and public therefrom during consideration of an item of business where it is likely in view of the nature of the business to be transacted or of the nature of the proceedings that if members of the press and public were present there would be a disclosure to them of exempt information as defined in Schedule 7(A) of the Local Government (Scotland) Act 1973 Act or it is likely that confidential information would be disclosed in breach of an obligation of confidence.

11.3 Every meeting of the Integration Board shall be open to the public but these provisions shall be without prejudice to the Integration Board's powers of exclusion in order to suppress or prevent disorderly conduct or other misbehaviour at a meeting. The Integration Board may exclude or eject from a meeting a member or members of the press and public whose presence or conduct is impeding the work or proceedings of the Integration Board

12. Alteration, Deletion and Rescission of Decisions of the Integration Board

12.1 Except insofar as required by reason of illegality, no motion to alter, delete or rescind a decision of the Integration Board will be competent within six months from the decision, unless a decision is made prior to consideration of the matter to suspend this Standing Order in terms of Standing Order 13.

13. Suspension, Deletion or Amendment of Standing Orders

13.1 Any one or more of the Standing Orders in the case of emergency as determined by the Chair upon motion may be suspended, amended or deleted at any Meeting so far as regards any business at such meeting provided that two thirds of the Members of the Integration Board present and voting shall so decide. Any motion to suspend Standing Orders shall state the number or terms of the Standing Order(s) to be suspended.

14. Motions, Amendment and Debate

14.1 It will be competent for any Member of the Integration Board at a meeting of the Integration Board to move a motion directly arising out of the business before the Meeting.

14.2 No Member, with the exception of the mover of the motion or amendment, will speak supporting the motion or amendment until the same will have been seconded.

14.3 Subject to the right of the mover of a motion, and the mover of an amendment, to reply, no Member will speak more than once on the same question at any meeting of the Integration Board except:-

- On a question of Order
- With the permission of the Chairperson
- In explanation or to clear up a misunderstanding in some material part of his/her speech.

In all of the above cases no new matter will be introduced.

14.4 The mover of an amendment and thereafter the mover of the original motion will have the right of reply for a period of not more than 5 minutes. He/she will introduce no new matter and once a reply in commenced, no other Member will speak on the subject of debate. Once these movers have replied, the discussion will be held closed and the Chairperson will call for the vote to be taken.

14.5 Amendments must be relevant to the motions to which they relate and no Member will be at liberty to move or second more than one amendment to any motion, unless the mover of an amendment has failed to have it seconded. The mover and seconder of the motion will not move an amendment or second an amendment, unless the mover of the motion has failed to have it seconded.

14.6 It will be competent for any Member who has not already spoken in a debate to move the closure of such debate. On such motion being seconded, the vote will be taken, and if a majority of the Members present vote for the motion, the debate will be closed. However, closure is subject to the right of the mover of the motion and of the amendment(s) to reply. Thereafter, a vote will be taken immediately on the subject of the debate.

14.7 Any Member may indicate his/her desire to ask a question or offer information immediately after a speech by another Member and it will be the option of the Member to whom the question would be directed or information offered to decline or accept the question or offer of information.

14.8 When a motion is under debate, no other motion or amendment will be moved except in the following circumstances:

- to adjourn the debate; or
- to close the debate in terms of Standing Order 14(f).

14.9 A motion or amendment once moved and seconded cannot be altered or withdrawn unless with the consent of the majority of those present.

15. Voting

15.1 Every effort shall be made by Members to ensure that as many decisions as possible are made by consensus.

15.2 Only the four Members nominated by the NHS Board, and the four Members appointed by the Council shall be entitled to vote.

15.3 Every question at a meeting shall be determined by a majority of votes of the Members present and who are entitled to vote on the question. In the case of an equality of votes the Chair shall not have a second or casting vote.

15.4 Where there is an equality of votes the voting members may agree that the decision will be made by a cut of cards or some other equitable method. If the voting members do not agree such a method of breaking the deadlock then no decision will be taken and the status quo shall prevail. Standing Order 12 shall not preclude reconsideration of any such item within a 6 month period.

16. Minutes

16.1 The names of the Members and others present at a meeting shall be recorded in the minutes of the meeting.

16.2 The minutes of the proceedings of a meeting, including any decision or resolution made by that meeting, shall be drawn up and submitted to the next ensuing meeting for agreement by a person nominated by the Chief Officer, after which they will be signed by the person presiding at that meeting. A minute purporting to be so signed shall be received in evidence without further proof.

17. Committees and Working Groups

17.1 The Integration Board may establish any Committee or Working Group as may be required from time to time but each Working Group shall have a limited time span as may be determined by the Integration Board.

17.2 The Membership, Chairperson, remit, powers and quorum of any Committee or Working Groups will be determined by the Integration Board.

17.3 Agendas for consideration at a Committee or Working Group will be issued by electronic means to all Members no later than two days (not including Saturday and Sunday prior to the start of the meeting.

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Integration Joint Board
2 April 2015

Agenda Item No. 8

Subject:	**Scheme of Administration to Integration Joint Board (IJB) and Scheme of Delegation**
Purpose:	To consider two of the Board's main governance documents: • Scheme of Administration • Scheme of Delegation
Recommendation:	It is recommended that the Integration Joint Board agrees: (1) To approve the Scheme of Delegation to Officers in relation to functions delegated from North Ayrshire Council attached at Appendix 1; (2) To adopt the delegations to the Chief Officer detailed in the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers; (3) That the scheme of delegation to the Chief Finance Officer in Appendix 1 shall apply to both Council and NHS derived functions; (4) To note the position in relation to a Scheme of Administration and to request a further report detailing the remit of an Audit Committee.

1. Introduction

1.1 Certain functions are delegated to the North Ayrshire Integration Joint Board as a result of the Public Bodies (Joint Working) (Scotland) Act 2014; the North Ayrshire Integration Scheme and decisions taken by the Ayrshire Integration Joint Boards as to lead services. North Ayrshire Council and NHS Ayrshire and Arran have also delegated to the Board the operational responsibility for delivery of these services. In turn the Board needs to decide which functions and powers it intends to retain and which it delegates to its Committees and Officers. The Integration Joint Board still retains overall operational responsibility for powers which are delegated

1.2 The document detailing the functions and powers which the Board delegates to its Committees is known as the Scheme of Administration. The document which delegates powers to Chief Officers is known as the Scheme of Delegation. Together with the Standing Orders they form the key governance documents which regulate Board business.

1.3 Appendix 1 is a Scheme of Delegation to Officers in respect of functions delegated from North Ayrshire Council. The NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers attached to Agenda Item three details the delegated powers of officers in relation to functions delegated from the Health Board.

2. Current Position

Scheme of Administration

2.1 The Scheme of Administration sets out the powers and decisions which can only be taken by the Integration Joint Board and those which it delegates to its committees. In determining which committees to create, a key consideration is to ensure that there is a committee which is able to exercise scrutiny, audit and performance review functions. It is good governance practice to have such a Committee to provide assurance to the Board that governance, including financial governance is sound. Normally this would be an Audit Committee.

2.2 In addition to the Audit Committee there is a requirement that the Integration Joint Board sets up a Strategic Planning Group to support the development of the Strategic Plan. This is not a Committee of the Integration Joint Board and would therefore not be contained in the Scheme of Administration. Similarly, the Health and Care Governance Group would not be a formal Committee of the Integration Joint Board.

Scheme of Delegation to Officers

2.3 Any officer delivering Services on behalf of the Board needs to be able to trace their power back to a specific delegation given by the Integration Joint Board. The Scheme of Delegation serves this function. The proposed draft at Appendix 1 and the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers attached to agenda Item three delegate functions to the Chief Officer. In turn that officer can sub-delegate powers to officers under his or her control.

2.4 In determining the Powers to be delegated to officers the key principle is that officers should deal with operational matters and that Board Members should be responsible for strategy, policy and dealing with reports brought before them. While Appendix 1 and the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers are different in style, they essentially achieve the same purpose of delegating operational management of services to the Chief Officer, while retaining responsibility for strategic oversight of services with the Board.

2.5 Eventually the Board may wish to combine these into a common style which provides more detail on the specific powers of the Chief Officer in relation to NHS derived functions, but in the interim the retention of existing styles provides continuity to staff.

2.6 The Scheme of Delegation at Appendix 1 delegates all powers to officers except those which are specifically retained by the Board. The matters reserved to the Board are detailed in paragraph 2.2 and 2.3 of the Scheme of Delegation to Officers. These are a mix of specific Powers and general issues of policy and strategy.

2.7 Thereafter Section three of the Scheme of Delegation delegates general powers to the Board's Chief Officers. Section four delegates specific powers to the Board's Chief Officer.

2.8 Section five delegates powers to the Chief Finance Officer. As the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers does not contain any specific delegation to the Chief Finance Officer in respect of NHS derived functions it is **recommended** that the Integration Joint Board apply the delegations to the Chief Finance Officer which are detailed in Appendix 1 to all functions of the Board, whether derived from Council or NHS.

2.9 The Chief Officer has a duty to support the Chief Social Work Officer in the discharge of his or her specific functions. Annex 1 of Appendix 1 contains details of the remit of the Chief Social Work Officer.

2.10 The NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers attached to agenda three details the powers delegated to officers in relation to those functions delegated to the Integration Joint Board from NHS Ayrshire and Arran. This document makes the Integration Joint Board responsible for oversight of Integrated Services and through the Chief Officer responsible for operational management of Integrated Services. Accordingly in relation to those NHS functions listed in Annex 1 Part 2 of the Integration Scheme, it delegates management responsibility to the Chief Officer. Thereafter it details the Healthcare, Corporate and Staff Governance responsibilities of the Chief Officer. While it contains wider governance matters than just the delegation to the Chief Officer it is **recommended** that for the purposes of this report, the Board adopts its delegations to the Chief Officer.

2.11 While the Board requires to make its own Scheme of Delegation there are certain functions, such as procurement, which will be undertaken not by the Integration Joint Board, but by the Council and NHS. The Health and Social Care Partnership, through its Chief Officer needs to be given delegated powers to undertake such procurement functions. To ensure that there are no gaps in the powers delegated to the Chief Officer, on 1 April 2015 North Ayrshire Council delegated to the Chief Officer any powers under the relevant acts in relation to functions which were not otherwise delegated to the Integration Joint Board. Similarly, the adoption by NHS Ayrshire and Arran on 30 March 2015 of the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers ensures that no similar gaps occur in the delegation of health functions to the Chief Officer.

3. Proposals

3.1 It is recommended that the Integration Joint Board approve the Scheme of Delegation attached at Appendix 1 and adopts the delegations to the Chief Officer contained in the NHS Ayrshire and Arran Local Scheme of Delegation to Integration Joint Boards and Chief Officers attached to agenda Item three.

3.2 It is recommended that the Integration Joint Board apply the delegations to the Chief Finance Officer which are detailed in Appendix 1 to all functions of the Board, whether derived from Council or NHS.

3.3 It is also recommended that the Board request officers to bring back a Scheme of Administration to a subsequent meeting, setting out the remit, powers, membership and quorum of an Audit Committee.

4. Implications

4.1 Financial Implications

There are no financial implications arising from this report

4.2 Human Resource Implications

There are no human resource implications arising from this report

4.3 Legal Implications

In order for the Health and Social Care Partnership to operate, powers need to be delegated to its Chief Officer and Section 95 Chief Finance Officer. In governance terms it is also important that there is a separate Audit Committee able to exercise scrutiny. The proposals for the Scheme of Administration and Scheme of Delegation will fulfil these functions.

4.4 Equality Implications

There are no equality implications arising from this report

4.5 Environmental Implications

There are no environmental implications arising from this report.

4.6 Implications for Key Priorities

There are no implications for key priorities arising from this report

5. Consultations

5.1 Consultation on the Scheme of Delegation has been undertaken through the Pan-Ayrshire Legal Workstream supporting integration.

6. Conclusion

6.1 Along with Standing Orders for meetings, a Scheme of Administration and Scheme of Delegation form the Board's key governance documents. This report recommends Schemes of Delegation for approval and advises the Board on the position regarding the Scheme of Administration.

For more information please contact Andrew Fraser, Head of Democratic Services on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk.

North Ayrshire Integration Joint Board Scheme Setting Out Powers Delegated To Officers

Scheme of Delegation to Officers

April 2015 (v 26/02/15)

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Section 1 – Introduction

This Scheme of Delegation (the Scheme) was approved by North Ayrshire Integration Joint Board on 2nd April 2015 in terms of the Public Bodies (Joint Working) (Scotland) Act 2014. The scheme contains details of those functions both statutory and non-statutory which the Integration Joint Board (hereinafter referred to as 'the Board') has chosen to delegate to its officers.

This Scheme of Delegation needs to be read and used alongside any Standing Orders relating to Contracts, Financial Regulations, Scheme of Administration, and Standing Orders relating to Meetings which together make up the wider framework of governance within the Integration Joint Board. The Board's Governance is based upon the principles of:

- Openness;
- Accountability;
- Responsiveness;
- Democracy.

The Scheme of Delegation contributes to these fundamental principles by defining a route for certain decisions enabling the Board to be:

- Speedy and responsive in taking decisions;
- Efficient – by freeing the formal decision making structures of the Board to focus on other key decisions which have to be taken under full public scrutiny; and
- Accountable – by holding appropriate staff fully accountable for the decisions they take.

Section 2 – Core Principles

The Board has determined that all powers which are not specifically reserved to the Board, its committee, or sub-committees are delegated to officers. The matters reserved to the Board or committees are mainly the strategic policy or regulatory issues requiring to be decided by the Board, while the day to day operational matters of running the Board's services are delegated to officers.

Every attempt has been made to list the specific powers which are available to officers. However if a specific power is not mentioned in this Scheme of Delegation, it does not necessarily mean that officers cannot exercise that power. Unless it has been specifically reserved to the Board, the power will still be delegated to officers. The powers reserved by the Board are detailed in this section

2.1 Delegations to Officers

The undernoted powers are delegated to Officers of the Board:-

(i) The Chief Officer will have delegated responsibility for all matters in respect of the operation, development and implementation of policy unless specifically reserved to the Board or other Committees or contrary to the principles listed in 2.2 and 2.3 below, together with such Statutory Duties as may have been specifically and personally assigned to him/her.

(ii) The Chief Officer will be responsible for the appointment of all posts below the level of Head of Service.

(iii) Such delegations are at all times to be exercised in accordance with the relevant law, and any Board Standing Orders relating to Contracts, Financial Regulations, Scheme of Administration and Standing Orders relating to Meetings and other relevant policies and procedures.

(iv) Where clarification is required, the Chief Officer will determine which matters are operational or otherwise.

(v) The Chief Officer is an employee of either the Council or the NHS and is bound by the employment policies and procedures of which organisation employs them. The Chief Officer will be seconded by the Employer to the Board.

(vi) The Chief Officer will be the principal advisor to and officer of the Board and will provide overall strategic and operational advice to the Board

(vii) The Chief Officer is responsible for the operational management and performance of services delegated to the Board by Council and NHS, with the exception of Acute Services

(viii) The Chief Officer will be line managed by the Chief Executives of the Council and NHS.

(ix) The Chief Officer will be a member of the senior management team of the Council and NHS.

2.2 Powers Reserved to the Board

General Issues

Delegated powers should not be exercised by officers where any decision would represent a departure from Board policy or procedure, would represent a departure from the Strategic Plan or would be contrary to a standing instruction of the Board (or committee), or would itself represent a significant development of policy or procedure. The only exception to this is in the case of urgency where the officer may, after consultation with the relevant Chairperson of the Board, exercise delegated powers. Should such powers be exercised in urgent circumstances, a report will be submitted to the next appropriate meeting for noting.

Specific powers reserved for the Board

2.2.1 The powers which are reserved to the Board or its committees are a mixture of those which must, in terms of statute, be reserved, and those which the Board has, itself, chosen to reserve. Powers which are not reserved are delegated, in accordance with the provisions of this Scheme.

2.2.2. The following is a comprehensive list of what is reserved to the Board or committee, categorised as statutory and non statutory:-

Reservations

(a) To change the name of the Board;

(b) To receive any certified abstract of the Board's annual accounts;

(c) Approval of the any investment strategy and annual investment report;

(d) The approval of the Scheme of Member's Allowances and the entitlement of Members to such allowances;

(e) Any other functions or remit which is, in terms of statute or other legal requirement bound to be undertaken by the Board itself;

(f) To establish such committees, sub-committees and joint committees as may be considered appropriate to conduct business and to appoint and remove Conveners, Depute Conveners and members of committees and outside bodies;

(g) The approval annually of the Revenue Budget;

(h) The approval annually of the Capital Plan;

(i) The incurring of any net new expenditure not provided for in the estimate of capital or revenue expenditure unless, such expenditure is reported to and approved by the Board;

(j) The approval or amendment of the Scheme of Administration regulating the constitution, membership, functions and powers of Committees of the Board;

(k) The approval or amendment of the Standing Orders regulating meetings proceedings and business of the Board and Committees and contracts;

(l) The approval or amendment of the Scheme of Delegation detailing those functions delegated by the Board to its Officers;

(m) The appointment and the dismissal of the Chief Officer or the S95 Financial Officer;

(n) The decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;

(o) The approval or amendment of the Strategic Plan;

(p) To fix and amend a programme of Board and committee meetings; and

(q) To deal with matters reserved to the Board by Standing Orders, Financial Regulations and other Schemes approved by the Board.

2.3 <u>General Restrictions on Exercise of Delegated Powers by Officers</u>

(a) If any decision proposed under delegated powers might lead to a budget being exceeded, the officer must consult with the Chair of the Board before exercising the delegated power.

(b) (i) The Chief Officer must ensure that the Chair of the Board, is where appropriate consulted on matters of a controversial nature. Where appropriate, such matters should be referred to the Board or the appropriate Committee for decision.

(b)(ii) In particular and without prejudice to the foregoing, the Chief Officer will exercise particular care in determining whether a matter is to be regarded as controversial in the following circumstances:-

- Where determination of the issue may involve a decision contrary to local or national policy, the Strategic Plan or the determination may lead to a breach of a relevant Code of Guidance.

- Where it is proposed that any issue be determined contrary to significant objections or the strong recommendation of Statutory Consultees.

- The Officer proposes to determine the matter, or act in a manner, contrary to the recommendation of other officers whom he/she is obliged to, or has chosen to, consult with.

- There are perceived public safety or significant public policy issues dependent on the determination (save in the case of urgency as aforesaid).

- Standing Orders, National or International regulation requires determination otherwise.

- There are questions of legality or financial advisability/probity involved.

2.4 <u>New Legislation and Updating of Powers</u>

The Scheme may be updated by the Chief Officer notifying the Chair of the Board in writing in advance of the specific power he or she wishes to exercise and if this is not in conflict with, or contradictory to any statutory provision, the Board's Standing Orders or Strategic Plan , effect may be given to such extension immediately and this Scheme will be amended accordingly

2.5 <u>Sub-Delegation</u>

North Ayrshire Integration Joint Board hereby authorises any Officer with specific delegated powers, duties or responsibilities referred to within this scheme to delegate further any of these powers etc. to other appropriate Officers within their service. Any Officer using delegated powers will be fully accountable to the Board for his/her actions.

2.6 Interpretation

In the scheme the following words shall have the meanings assigned to them, that is to say:

- "Act" means the Local Government (Scotland) Act 1973;
- "1994 Act" means the Local Government etc (Scotland) Act 1994;
- "2014 Act" means the Public Bodies (Joint Working((Scotland) Act 2014
- "Board" means North Ayrshire Integration Joint Board
- "Council" means the North Ayrshire Council;
- "Chief Officer" means the Chief Officer of the Integration Joint Board
- "Employer" means whichever of the Council or NHS shall employ a particular member of staff
- "Members" means members of the Board
- "NHS" means Ayrshire and Arran Health Board
- Chief Finance Officer' means the Chief Financial Officer of the Board appointed by the Board on terms of section 95 of the 1973 Act

Any reference to any Act of Parliament shall be construed as a reference to the Act of Parliament as from time to time amended, extended or re-enacted and shall include any byelaws, statutory instruments, rules, regulations, orders, notices, directions, consent or permissions made thereunder. Any reference to any statutory instrument, regulation or order shall be construed as a reference to that instrument, regulation or order (as the case may be) as from time to time amended, extended or re-enacted.

Subject to the foregoing provisions of this paragraph, the Interpretation Act 1978 shall apply to the interpretation of the scheme as it applies to the interpretation of an Act of Parliament.

2.7 Alteration of Scheme

Subject to the provisions of the 2014 Act the Board shall be entitled to amend, vary or revoke the scheme from time to time.

The financial limits as set by the terms of this scheme shall be reviewed on 1st April each year.

Section 3 – General Delegation to Officers

The Chief Officer and the Chief Finance Officer and, unless specifically withheld, Heads of Service will have the following powers delegated to them:-

3.1 All powers necessary for the general management of the departments or services for which they are responsible including, but not limited to, the power to:-

3.1.1 Appoint staff in accordance with the policy and Standing Orders of the Employer;

3.1.2 Determine appropriate car and telephone allowance, if any, to be applied to staff;

3.1.3 Authorise special leave for staff in accordance with the provisions of the Employer's Scheme of Special Leave;

3.1.4 In consultation with the Head of Human Resources of the Employer, grant leave of absence with salary to enable staff to undertake approved part-time courses;

3.1.5 Authorise staff attendance at conferences/seminars and training courses for all staff;

3.1.6 Authorise departmental expenditure up to limits permitted in the Standing Orders, on such items as have been allowed for in the appropriate capital and revenue budgets.

3.2 To authorise staff to undertake functions delegated to the Chief Officer or Head of Service as may be deemed appropriate and expedient, provided such staff are suitably qualified.

3.3 To sign and issue the necessary authorisation to Officers of the Council or NHS to exercise statutory powers including where appropriate the rights to enter land and premises in connection with the discharge of their duties and any identity cards so required by the Council.

3.4 All such other powers as delegated by the Board, a Committee, a Sub-Committee, the Board's Standing Orders and Financial Regulations.

3.5 To authorise and pay for the attendance of individual Members at specific conferences, seminars, etc not on the approved Standing List of Conferences.

3.6 To authorise and pay for the attendance of individual employees at training or conferences and to authorise and reimburse the professional membership fees of individual employees

3.7 To appoint or make recommendations as to the employment of consultants or specialists in accordance with any decision taken by the Council.

3.8 To manage and monitor the performance of the services which are the responsibility of the Department.

3.9 To assist in the preparation of the Board's Capital Programme.

3.10 To take such measures as may be required in emergency situations, subject to advising the Chair of the Board as soon as possible thereafter on any items for which Committee approval would normally be necessary. This includes any Contract for the execution of works which are urgently required for the prevention of damage to life or property.

3.11 To enter into contracts for the supply of goods and materials, the execution of works and the provision of services where there is adequate provision in the estimates and the estimated expenditure is either less than £100,000 or let in terms of a framework agreement to which the Board, the Council or the NHS is a party.

3.12 In the case of emergency involving danger to life or property, to enter into contracts for the supply of goods and materials, the execution of works and the provision of services where the estimated expenditure is more than £100,000, subject to reporting the expenditure to the Board.

3.13 To sell surplus stores, plant, furniture and equipment, including any IT equipment, for the best price obtainable and write off any such stores, plant, furniture and equipment which have become unfit for use and are un-saleable, subject to any Standing Orders Relating to Contracts and any relevant policies of whichever of the Council or NHS owns the item.

3.14 To deal with, and in appropriate circumstances, to approve applications from employees for reimbursement of reasonable legal expenses, in part or in whole, incurred in defending any actions raised against them personally, providing:-

(i) They are acting within the course of their employment;
(ii) In accordance with the Employer's procedures;
(iii) In good faith

3.15 To respond to consultation papers unless the response recommends a departure or significant development of Board policy or procedure or is contrary to a standing instruction of the Board.

3.16 To amend the organisational structures of their Services including the number and designation of posts subject to the following conditions:

(a) The Board Chair has been consulted;
(b) The costs of the amendments are within the existing revenue budget and this is confirmed by the Chief Finance Officer;
(c) The Head of Human Resources and Organisational Development or representative of the Employer approves the grading, conditions of service and designation of posts

3.17 In accordance with the Employer's approved Disciplinary and Incapability Procedures, take disciplinary action including dismissal, as appropriate in respect of employees in their relevant Service;

3.18 Action virement within the overall revenue budgets for their Services in accordance with the Financial Regulations and Codes of Financial Practice subject to confirmation by the Chief Finance Officer or representative;

Section 4 - Delegations to Officers - Chief Officer

4.1 General

The Director of the Health and Social Care Partnership is the Chief Officer of North Ayrshire Integration Joint Board and of North Ayrshire Health and Social Care Partnership.

The Chief Officer will be the principal advisor to and officer of the Board and will provide overall strategic and operational advice to the Board.

4.2 The Chief Officer is responsible for the operational management and performance of services delegated to the Board by Council and NHS, with the exception of Acute Services.

4.3 The Chief Officer is the Leader of the Board's Management Team and has overall responsibility for the following:-

- Strategic management of Board services
- Strategy and Policy Development
- Leading Improvement

4.4 The following general functions of the Board are delegated to the Chief Officer:

1. To act as the principal policy adviser to the Board on matters of general policy and to assist Members to formulate clear objectives and affordable programmes having regard to changing priorities, statutory and financial requirements and community needs and expectations.

2. To ensure that a corporate approach to the management and execution of the Board's affairs is maintained and that advice to the Board is given on a co-ordinated basis.

3. To monitor the performance of all Heads of Service.

4. To take such action as may be required to ensure that the correct significance is given by the Employer's staff to the achievement of the overall policy objectives of the Board.

5. To give direction on the applicability of this Scheme of Delegation to Officers and where appropriate that any Officer shall not exercise a delegated function;

6. To consider and deal with any urgent issues arising during a vacation period, subject to reporting back to the Board at the first available opportunity. This power is to be exercised in consultation with the Chair or Vice-Chair, if available, of the Board;

7. To maintain good internal and external public relations.

8. To exercise functions relating to the identification, planning and mitigation of risks affecting the Board.

9. Duties relating to business continuity, including identification of issues, business continuity planning, liaison with external bodies and putting in place arrangements to deal with business continuity issues.

10. Support and assistance to Board services to enable them to comply with duties under the Health and Safety at Work Act 1974 and other legislation relating to health and safety.

11. To be the primary point of contact with the Health and Safety Executive in matters relating to the health and safety of Board premises or services.

12. All powers ancillary to or reasonably necessary for the proper performance of the Chief Officer's general duties and responsibilities.

4.5 The post has overall responsibility for the following local authority services:-

- 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

4.6 The Chief Officer is also responsible for and has delegated to her the responsibility for certain services of NHS Ayrshire and Arran, both within North Ayrshire and on a pan-Ayrshire basis The specific pan- Ayrshire services are listed in the Integration Scheme between North Ayrshire Council and NHS Ayrshire and Arran approved by Scottish Ministers.

4.7 The Chief Officer is responsible for the leadership and co-ordination, planning and policy and the strategic and operational management of the following Council functions:-

1. 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.)

2. Matrimonial proceedings (Children) Act 1958

- Section 11 (Reports as to arrangements for future care and upbringing of children.)

3. 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.)

4. The Social Work (Scotland) Act 1968

- Section 1 (The enforcement and execution of the provisions of the Social Work (Scotland) Act1968.)
- Section 4 (The making of arrangements with voluntary organisations or other persons for assistance with the performance of 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) except in so far as it is exercisable in relation to the provision of housing support services
- 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.)
- 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.)
- 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 delegated 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.)

5. 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.)

6. 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).

7. 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.)

8. 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.)

9. 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.)

10. 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.)

11. 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 to 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.)

12. 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.)

13. The Housing (Scotland) Act 2001

- Section 92(assistance for housing purposes) only in so far as it relates to an aid or adaptation.

14. 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.)

15. 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 services for persons who have or have had a mental disorder) except in so far as it is exercisable in relation to the provision of housing support services.
- Section 26 (The provision of services designed to promote well-being and social development for persons who have or have had a mental disorder) except in so far as it is exercisable in relation to the provision of housing support services.
- Section 27 (The provision of assistance with travel for persons who have or have had a mental disorder) except in so far as it is exercisable in relation to the provision of housing support services.
- 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) pf 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.)

16. Management of Offenders etc. (Scotland) Act 2005

- Sections 10-11 (Assessing and managing risks posed by certain offenders.)

17. 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

18. 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.)

19. 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.)

20. 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 lace.)
- 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.)

21. 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.)
- 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.)

22. Miscellaneous

Exercise the foregoing functions of the Council in terms of the following legislation which relate to the services detailed in the first paragraph hereof.

- Local Government (Scotland) Act 1973
- Local Government (Scotland) etc Act 1994
- Local Government in Scotland 2003
- Regulation of Care (Scotland) Act 2001
- Equality Act 2010
- Human Rights Act 1998
- UN Convention on the Rights of the Child
- Children (Scotland) Act 1995
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000

23. Support the Chief Social Work Officer in the discharge of his or her specific functions. See Annex 1 for details of the remit of the Chief Social Work Officer.

Section 5 - Chief Finance Officer

5.1 The Chief Finance Officer has overall responsibility for the following services:

- **Finance** including Audit; Financial Management; and any Procurement by the Health and Social Care Partnership

5.2 The Chief Finance Officer is responsible for the leadership and co-ordination, planning and policy and the strategic and management of the following services and without prejudice to the foregoing generality, such powers include the power to:-

Finance

1. Act as the Proper Officer responsible for the administration of the financial affairs of the Board in terms of section 95 of the Local Government (Scotland) Act 1973

2. To prepare Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income.

3. The monitoring of the Board's capital and revenue budgets during the course of each financial year and reporting thereon to the Board.

4. Determine all accounting procedures and financial record keeping of the Board.

5. Authorise disposal or write-off of surplus materials, stores, or equipment where the value does not exceed £1000.

6. Write off debts of up to £1000 if satisfied that they cannot reasonably be recovered.

7. Subject to the approval of the Chief Officer and in conformity with any Financial Regulations and any approved policy, authorise the transfer of approved estimates from one head of expenditure to another, within a Service estimate, unless it is considered to materially affect the approved budget, in which case authorisation of the Board will be sought.

8. To arrange the necessary insurances to protect the interests of the Board and make arrangements with insurance companies concerning claims handling and settlement of claims.

   To have financial oversight of any procurement entered into directly by the Health and Social Care Partnership or the

Chief Officer (but not procurement carried out on behalf of the Partnership or Chief Officer by a Council or Health Board) including if appropriate entering into framework agreements, central purchasing arrangements, maintenance of a standing list of approved contractors, preparation of advice and policies relating to procurement.

Audit

10. On the production of identification:-

- Enter, at all reasonable times, on any Council and Health Board premises or land.

- Have access to all records, documents and correspondence relating to any financial transaction and such other documents as may be considered to be necessary in verification thereof.

- Require and receive such explanations as are necessary concerning any matter under examination.

11. To undertake internal audit of Board, Council or Health Board systems, procedures and practices and to investigate complaints or issues raised with Internal Audit, including whistle blowing complaints. To provide policies, procedures and guidance relating to audit, whistleblowing and defalcation.

12. To be the primary point of contact with external audit and provide support, information and recommendations to external auditors.

Annex 1

Chief Social Work Officer

The Chief Social Work Officer is a statutory appointment by virtue of section 3 of the Social Work (Scotland) Act 1968. The Council has resolved that the Head of Children, Families and Criminal Justice is the Chief Social Work Officer.

The Chief Social Work Officer is appointed for the purposes of the Council's functions under the 1968 Act and under those other enactments listed in Section 5(1B) of that Act. In broad terms, those functions cover all social work and social care services whether provided directly by the council, in partnership with other agencies, or procured by the council and provided by others on its behalf. Those functions are referred to in this document as "social work services".

The qualifications required for the post are set out in the Qualifications of Chief Social Work Officers (Scotland) Regulations 1996 (S.I. 1996/515 (1996/49)), a shown in Appendix 2.

The Chief Social Work Officer is required by section 5(1) of the 1968 Act to carry out the duties of the post under the general guidance of the Scottish Ministers. The Scottish Ministers issued revised and finalised guidance in January 2010.
(http://scotland.gov.uk/Resource/Doc/300422/0093741.pdf).

Delegated to the Post

The overall powers of the Chief Social Work Officer post are:-

(a) To oversee the discharge of the council's statutory social work duties;

(b) To ensure the provision of effective professional and objective advice to elected members and officers of the Council in the Council's provision of social work services;

(c) To secure the effective provision of social work services.

The powers of the Chief Social Work Officer fall into two broad categories; service provision and corporate responsibility.

1. Service Provision

- To establish and develop social work services focussed on the needs of service users, to promote the continuous improvement of those services, and to monitor and raise standards of their delivery;

- To ensure the effective governance of the balance of need, risk and civil liberties in the provision of social work services in accordance with professional practice;

- To provide advice on all aspects of workforce planning including safe recruitment practice, supervision, monitoring and assessment of social work students, securing of professional qualifications and continuous learning and development for staff, and supporting and advising managers in all aspects of staff supervision;

- To ensure the existence of systems to both promote good practice and identify and address poor practice in the provision of social work services;

- To ensure that significant case reviews are undertaken of all critical incidents either resulting in, or which may have resulted in, serious harm or death; and

2. Corporate Responsibilities

The Chief Social Work Officer has the following corporate powers which require direct access to the Council's Chief Executive', Elected Members of the Council and the Chief Officer, and the provision of forthright and independent advice to them:-

- To ensure compliance with the Council's statutory duties to prepare, publish and review plans for the provision of social work services.

- To promote, communicate, support and review values and standards of professional practice, and to ensure that they are adhered to.

- To establish, in conjunction with the Council's Corporate Management Team, appropriate experience and qualified cover for the post of Chief Social Work Officer during the post-holder's absence or incapacity.

- To report to the Chief Executive and Chief Officer any failure in the Council's corporate policy or governance arrangements designed to reflect the proper balance amongst need, risk and civil liberties in the provision and management of social work services.

- To report to the Chief Executive and Chief Officer any weaknesses and failures in the systems in place to promote good practice and identify and address poor practice in the provision of social work services.

- To report and provide independent comment where necessary to the Chief Executive, Elected Members of the Council and the Chief Officer on the findings of significant case reviews and relevant performance reports and on any other social work related issues.

- To provide an annual report to the Council on all of the statutory, governance and leadership functions of the role of the Chief Social Work Officer.

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North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
2 April 2015

Agenda Item No. 9

Subject:	**North Ayrshire Health & Social Care Partnership Strategic Plan**
Purpose:	To provide the Integration Joint Board with an update on the North Ayrshire Health & Social Care Partnership Strategic Plan consultation and to seek approval on the Strategic Plan.
Recommendation:	The Integration Joint Board is asked to note the strategic plan consultation and approve the Strategic Plan.

1.	**Introduction**
1.1	The Public Bodies (Joint Working) (Scotland) Act 2014 specifies the development of Strategic Commissioning Plans to outline how the partnership will deliver the National Health and Wellbeing Outcomes. Within North Ayrshire the Strategic Planning Group has been tasked with the development and delivery of the North Ayrshire Health & Social Care Partnership Strategic Plan.
1.2	At the meeting on 28 August 2014, the Strategic Planning Group (SPG) agreed to the formation of the Strategic Plan Writing Group to support the development of the North Ayrshire Strategic Plan.
2.	**Current Position**
2.1	The Strategic Plan Writing Group developed the North Ayrshire Strategic Plan which forms 2 documents, a Strategic Plan Summary and a more detailed Strategic Plan. The Strategic Plan Summary is a forward-facing, user friendly version of the larger document. The Strategic Plan is a more technical document, based on the pan-Ayrshire framework and outlining context, key-drivers and under-pinned by the Joint Strategic Needs Assessment.
2.2	The Strategic Plan writing group proposed a 3 stage consultation process: Stage 1 — September 2014 — SIB and SPG Networks Stage 2 — October/November 2014 — SIB and SPG Networks Stage 3 — December-February 2015 — SIB, SPG Networks and wider public

2.3	<u>Stage 1</u> Initial drafts of the Strategic Plan Summary and Strategic Plan were circulated to both the Shadow Integration Board (SIB) and Strategic Planning Group (SPG) to provide initial feedback on the tone and direction of the documents at their meetings during the end of September 2014.
2.4	Both groups expressed similar feedback in that the general strategic direction outlined is the right one but members felt the documents should be as accessible as possible and use plain English, which could be more easily read by a public audience. However, it was recognised that the language used in the Strategic Plan would, by necessity, be more technical. In general, it was felt the Strategic Plan needed to more clearly evidence: • what the partnership consists of • what the partnership is doing • what the partnership is planning to do
2.5	In addition, it was suggested that the Strategic Plan required to have an executive summary and would benefit from a glossary. Access to feedback received can be provided on request.
2.6	<u>Stage 2</u> A second version of both documents was taken to both the Shadow Integration Board and Strategic Planning Group in October 2014. Again it was agreed to circulate to their wider networks to provide further feedback on documents.
2.7	In addition, a number of events were held, a Strategic Plan World Café event was held with the Strategic Planning Group on 20 November 2014, a development day was held with the SIB on 21 November 2014 and an Extended Senior Manager Team meeting was held on 1 December 2014. The purpose of these events was to review the strategic plan priorities to ensure there the plan reflects local need and meets the national Health and Wellbeing Outcomes.
2.8	The Strategic Plan Writing Group discussed this feedback as well as feedback from other stakeholders. Key changes included plainer English, and it was agreed that graphics were added to the document and that a stepping stones to change section would better illustrate the story of the integration journey.
2.9	The updated strategic plan was taken to the Shadow Integration Board on 18 December 2014 where it was given approval to go out for stage three consultation.
2.10	<u>Stage 3</u> The stage three consultation process ran from 20 December 2014 and closed on 28 February 2015. It included consultation with the Shadow Integration Board and Strategic Planning Group networks but also included wider public consultation as outlined below.

2.11	The Strategic Plan was available on the North Ayrshire Council Consultation web page from 20 December 2014. This included the summary plan, a link to the technical Strategic Plan, a feedback document and an electronic feedback link. In total 82 responses were received with an average of 94.6% support for our strategic priorities.
2.12	The Strategic Plan was also circulated through the Director's Weekly note, NHS Ayrshire and Arran Stop Press and through the CareNA (Care and Support in North Ayrshire) Facebook page. In addition it was circulated through the North Ayrshire Third Sector Interface, Arran Community and Voluntary Service email lists and Facebook page.
2.13	Face to face briefing sessions were held by the Director of the North Ayrshire Health & Social Care Partnership and Heads of Service to their staff teams as well as wider groups like the staff reference group and providers forum. At these sessions staff and providers were encouraged to provide feedback via the various options available.
2.14	A public meeting was held on 23 February 2015 in the Volunteer Rooms, Irvine. This session as attended by 46 members of the public. The purpose of this event was to share the strategic plan priorities with the general public to ensure that the plan reflects local need and meets the national Health and Wellbeing Outcomes.
2.15	In addition, from 17 - 28 February 2015, six peer researchers undertook informal feedback sessions with the general public at Irvine, Saltcoats and Largs. A total of 279 individuals were interviewed with an overwhelming 92% support for our strategic priorities. We were particularly pleased to note that the area that received the highest levels of support were expressed for our Mental Health and Well-being priority as well as Engaging Communities. Feedback also demonstrated a difference of opinion relating to the term 'integrating services, which has led us to rename this priority – bringing services together.
2.16	In addition an Equality Impact Assessment was undertaken and this led to amendments of some of the strategic priority objectives to ensure the rights of those with protected characteristics were adequately reflected. The EIA can be found in the reference document of appendices if required.
2.17	Feedback from all consultations has now been incorporated into both the technical Strategic Plan and Strategic Plan Summary documents. These changes were presented to the Shadow integration Board on the 12 March 2015, and following some agreed amendments, signed the document off for final preparation and printing.
2.18	The final version of the plan is now available.
3.	**Proposals**
3.1	The Integration Joint Board notes the consultation and development of the Strategic Plan.
3.2	The Integration Joint Board approves the Strategic Plan.

4.	**Implications**
4.1	**Financial Implications**
	The North Ayrshire Health & Social Care Partnership Budget has been reviewed to ensure it can support the delivery of the Strategic Plan.
4.2	**Human Resource Implications**
	There are no human resource implications arising directly from this report
4.3	**Legal Implications**
	There are no legal implications arising directly from this report
4.4	**Equality Implications**
	Equality implications have been taken into account in developing the revised plan.
4.5	**Environmental Implications**
	There are no Environmental implications arising directly from this report.
4.6	**Implications for Key Priorities**
	The delivery of the Strategic Plan will ensure the successful delivery of the health and social well-being outcomes and the partnership strategic priorities.
5.	**Consultations**
5.1	The development of the Strategic Plan has involved significant levels on consultation.
6.	**Conclusion**
6.1	The North Ayrshire Health & Social Care Partnership Strategic Plan has under gone considerable consultation and outlines how the Partnership will meet the National Health and Well-being Outcomes and local priorities.

For more information please contact Jo Gibson, Principal Manager – Planning and Performance, North Ayrshire Health & Social Care Partnership on 01294 317807 or Jogibson@north-ayrshire.gcsx.gov.uk

Integration Joint Board
2nd April 2015

Agenda Item No.10

Subject:	**Financial Regulations**
Purpose:	To seek the Integration Joint Board's approval for the Financial Regulations.
Recommendation:	That the Integration Joint Board (IJB) approves the attached Financial Regulations.

1. Introduction

1.1 The Financial Regulations are a key component of the Board's governance arrangements. They set out the expectations on and the responsibilities of the Board and senior officers in relation to the proper administration of the Board's finances, as well as approving the role of Internal Audit and its rights of access across the Integration Joint Board.

2. Current Position

2.1 The draft Financial Regulations are attached at Appendix 1.

2.2 The regulations were developed jointly by NHS Ayrshire and Arran and the 3 Ayrshire Councils, through the Financial Controls, Assurance and Risk (FCAR) workstream.

2.3 This has helped ensure a consistent approach whilst allowing scope for local variations within each IJB.

2.4 The Financial Regulations of the IJB will not supersede those of North Ayrshire Council or the Standing Financial Instructions of NHS Ayrshire and Arran; it is an overarching document which will operate alongside these.

3. Proposals

3.1 It is recommended that the IJB approves the attached Financial Regulations.

4. Implications

4.1 Financial Implications

There are no financial implications.

4.2 **Human Resource Implications**

There are no human resource implications.

4.3 **Legal Implications**

Approval of the attached Financial Regulations will ensure the IJB complies with the requirements of Section 95 of the Local Government (Scotland) Act 1973, which states that relevant authorities ”shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs.”

4.4 **Equality Implications**

There are no equality implications.

4.5 **Environmental Implications**

There are no environmental implications.

4.6 **Implications for Key Priorities**

There are no implications for key priorities.

5. Consultations

5.1 Consultation has taken place with the other Ayrshire Councils and NHS Ayrshire and Arran in the drafting of these Financial Regulations.

6. Conclusion

6.1 The attached Financial Regulations provide a framework for the IJB and senior officers to ensure proper administration of the Board’s finances.

For more information please contact Lesley Aird, Head of Finance on 01294 324560 or lesleyaird@north-ayrshire.gcsx.gov.uk.

Appendix 1

NORTH AYRSHIRE INTEGRATION JOINT BOARD

FINANCIAL REGULATIONS

1. SCOPE AND OBSERVANCE

2. North Ayrshire Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following Ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board, in particular:

- Section 95 of the Local Government (Scotland) Act 1973 requires that every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs, including:
    - *Approve the financial systems*
    - *Approve the duties of officers operating these systems*
    - *Maintain a written description of such approved financial systems including a list of specific duties*

3. These financial regulations should be read in conjunction with the standing financial instructions of NHS Ayrshire and Arran Health Board and the Financial Regulations and Codes of Financial Practice of North Ayrshire Council.

4. Elected and appointed Members of the Integration Joint Board together with Officers appointed or seconded to the Board have a duty to abide by the highest standards of probity in dealing with financial issues. This is achieved by ensuring everybody is clear about the standards to which they are working and the controls in place to ensure these standards are met.

5. The key controls and control objectives for financial management standards are:

- The promotion of the highest standards of financial management by the Board
- A monitoring system to review compliance with the financial regulations; and
- Regular comparisons of actual and forward projection of financial performance with planned/budgeted performance that are reported to the Integration Joint Board, NHS Ayrshire & Arran Health Board and North Ayrshire Council.

FINANCIAL MANAGEMENT AND PERFORMANCE

Responsibility of Integration Joint Board

6. The Integration Scheme sets out the detail of the integration arrangement agreed between NHS Ayrshire and Arran and North Ayrshire Council. In relation to financial management it specifies:

- The financial management arrangements including treatment of budget variances;
- Reporting arrangements between the Integration Joint Board, NHS Ayrshire and Arran, and North Ayrshire Council
- The method for determining the resources to be made available by NHS Ayrshire and Arran and North Ayrshire Council to the Integration Joint Board; and
- The functions which are delegated to the Integration Joint Board by NHS Ayrshire and Arran and North Ayrshire Council.

7. The Integration Joint Board will lead the preparation of the Strategic Plan with other stakeholders. This requires to include:

- The payment from North Ayrshire Council to the Integration Joint Board for delegated social care services
- The payment from NHS Ayrshire and Arran to the Integration Joint Board for delegated primary and community healthcare services and for those delegated hospital services managed by the Chief Officer
- The amount set aside by NHS Ayrshire and Arran for delegated services provided in large hospitals for the population of the Integration Joint Board.

Responsibility of Chief Officer

8. The Chief Officer is the accountable officer of the Integration Joint Board. The Chief Officer will discharge their duties in respect of the delegated resources by:

- ensuring that the strategic plan meets the requirement for economy, efficiency and effectiveness in the use of the Integration Joint Board resources; and
- giving directions to the NHS Ayrshire & Arran Health Board and North Ayrshire Council that are designed to ensure resources are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.

9. In their operational role within NHS Ayrshire and Arran and North Ayrshire Council, the Chief Officer has no "accountable officer" status but is:

- accountable to the Chief Executive of the Health Board for financial management of the operational budget; and
- accountable to the Chief Financial Officer (Section 95 Officer) of North Ayrshire Council for financial management of the operational budget; and
- accountable to the Chief Executive of the Local Authority and Chief Executive of the Health Board for the operational performance of the services managed by the Chief Officer.

Responsibility of the Integration Joint Board Chief Financial Officer

10. The Integration Joint Board will appoint an officer responsible for its financial administration.

11. The Chief Officer may be appointed to this role if the Integration Joint Board deems it to be appropriate. If in such circumstances the Chief Officer does not hold a recognised professional accounting qualification arrangements must be put in place to provide the post holder and the Integration Joint Board with financial advice from a qualified person.

12. In appointing the Chief Financial Officer the Integration Joint Board has regard to CIPFA guidance on the 'Role of the Chief Financial Officer in Local Government'.

13. The Integration Joint Board Chief Financial Officer and Chief Officer will discharge their duties in respect of the delegated resources by:

- Establishing financial governance systems for the proper use of the delegated resources; and
- Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's resources.

Responsibility of Health Board Accountable Officer; NHS Board Director of Finance & Council Section 95 Officer (Chief Financial Officer)

14. The Health Board Accountable officer and the Council's Section 95 Officer discharge their responsibility - as it relates to the resources that are delegated to the Integration Joint Board - by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect. (See paragraph 6)

15. The Health Board Director of Finance and the Chief Financial Officer (Section 95 Officer) of North Ayrshire Council will provide specific advice and professional support to the Chief Officer and Chief Financial Officer to support the production of the Strategic Plan and also to ensure that adequate systems of internal control are established by the Integration Joint Board.

FINANCIAL PLANNING

16. The Integration Joint Board is responsible for the production of a Strategic Plan – setting out the services for their population over the medium term (3 years). This should include a medium term financial plan for the resources within the scope of the strategic plan, incorporating:

- The Integrated Budget – aggregate of payments to the Integration Joint Board; plus
- The notional budget – the amount set aside by NHS Ayrshire and Arran for large hospital services used by the Integration Joint Board population

17. NHS Ayrshire and Arran and North Ayrshire Council will provide indicative three year rolling funding allocations to the Integration Joint Board to support the Strategic Plan and medium term financial planning process. Such indicative allocations will remain subject to annual approval by both organisations

18. It is the responsibility of the Chief Officer and the Integration Joint Board Chief Financial Officer to develop a business case for the Integrated Budget based on the Strategic Plan and to present this to NHS Ayrshire and Arran and North Ayrshire Council for consideration and agreement within each organisation's budget setting process. The business case should take account of such factors as:

- **Activity Changes**. The impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and for other planned activity changes;
- **Cost inflation**. Pay and supplies cost increases;
- **Efficiencies**. All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Integration Joint Board, North Ayrshire Council and NHS Ayrshire and Arran as part of the annual rolling financial planning process to ensure transparency;
- **Performance on outcomes**. The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the North Ayrshire Council and NHS Ayrshire and Arran
- **Legal requirements**. Legislation may entail expenditure commitments that should be considered in adjusting the payment;
- **Transfers to/from the notional budget for hospital services** set out in the Strategic Plan.
- **Adjustments to address equity**. North Ayrshire Council and NHS Ayrshire and Arran may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by ISD and ASD.

19. The method for the determination of contributions to the Integrated Budget has been stated in the Integration Scheme.

Limits On Expenditure

20. No expenditure will be incurred by the Integration Joint Board unless it has been included within the approved Integration Budget and Strategic Plan, except:

(i) Where additional funding has been approved by NHS Ayrshire and Arran Board and/or North Ayrshire Council and the integrated budget/strategic plan updated appropriately;

(ii) Where a supplementary budget has been approved by the Integration Joint Board;
(iii) In emergency situations in terms of any scheme of delegation;
(iv) As provided for in paragraph 29 below (Virement).

Virement

21. Virement is defined by CIPFA as "the transfer of an underspend on one budget head to finance additional spending on another budget head, in accordance with the Financial Regulations". In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service to another.

22. Virements require approval and they will be permitted subject to any Scheme of Delegation of the Integration Joint Board as follows:

(i) Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year. Where the virement involves the transfer of up to £100,000 between operational budget headings, and will not affect the execution of existing Integration Joint Board policy, the transfer will be approved jointly by the Chief Financial Officer and Chief Officer.

(ii) Where the amount is over £100,000 or where the transfer of any amount would affect the execution of existing Integration Joint Board policy, the prior approval of the Integration Joint Board will be required.

(iii) The Chief Officer will not be permitted to vire between the Integrated Budget and those budgets managed by the Chief Officer, but which are outside of the scope of the strategic plan, unless agreed by those bodies.

Budgetary Control

23. It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control matters, comparing projected outturn with the approved financial plan to the Integration Joint Board and other bodies as designated by NHS Ayrshire and Arran Board and North Ayrshire Council.

24. The Director of Finance (NHS Ayrshire and Arran) and the Chief Financial Officer (section 95) of North Ayrshire Council will, along with the Integration Joint Board Chief Financial Officer put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Integration Joint Board in aggregate.

25. It is the responsibility of the Integration Joint Board Chief Financial Officer, in consultation with the Director of Finance (NHS Ayrshire and Arran) and the Chief Financial Officer (section 95) of North Ayrshire Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information

Variances

26. The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from that appearing in the Financial Plan, it will be the duty of the Chief Officer and Integration Joint Board Chief Financial Officer, in conjunction with the NHS Board Director of Finance and Section 95 Officer of the Council, to report in accordance with the appropriate method established for that purpose by the Integration Joint Board, NHS Board and Council, the details of the variance and any remedial action required.

Reports to Integration Joint Board

27. All reports to the Integration Joint Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Integration Joint Board Chief Financial Officer prior to lodging of reports.

LEGALITY OF EXPENDITURE

28. It will be the duty of the Chief Officer to ensure that no expenditure is incurred, or included within the Strategic Financial Plan unless it is within the power of the Integration Joint Board. In cases of doubt the Chief Officer should consult the respective legal advisors of the NHS Board and Council before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

TREASURY MANAGEMENT

29. Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the Integration Joint Board to hold reserves, which should be accounted for in the financial accounts and records of the Integration Joint Board.

30. As any underspend will be held by the Council on behalf of the Integration Joint Board and only adjusted through subsequent allocations from the Integration Joint Board no interest will be credited to the Integration Joint Board for balances held.

VAT

31. HM Revenues and Customs have confirmed that there is no requirement for a separate VAT registration for the Integration Joint Board as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the Integration Joint Board Chief Financial Officer should the operational activities of the Board change and a need to register be established. HMRC guidance will apply to Scotland which will allow a VAT neutral outcome.

32. PROCUREMENT/COMMISSIONING OF SERVICES

33. Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the Integration Joint Board may enter into a contract with any other person in relation to the provision to the integration joint board of goods and services for the purpose of carrying out the functions conferred on it by the Act.

34. As a result of specific VAT and accounting issues associated with the Integration Joint Board contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Board Director of Finance, the Chief Financial Officer (section 95 officer) of the Council and the IJB Chief Financial Officer prior to any direct procurement exercise being undertaken,

ACCOUNTING

Accounting Procedures and Records

35. All accounting procedures and records of the Integration Joint Board/Health and Social Care Partnership will be determined by the Integration Joint Board Chief Financial Officer. These will also be subject to discussion with the Chief Financial Officer of the NHS Board/Council.

36. Legislation provides that the Integration Joint Board is subject to the audit and accounts provision of a body under section 106 of the Local Government (Scotland) Act 1973. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973. These will be proportionate to the limited number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.

37. North Ayrshire Council and NHS Ayrshire and Arran will include additional disclosures in their statutory accounts which reflect their formal relationship with the Integration Joint Board. The Integration Joint Board Chief Financial Officer will liaise with nominated contacts within each organisation to ensure that appropriate information is exchanged within agreed timescales.

Financial Statements of the Integration Joint Board

38. The reporting requirements for the Integration Joint Board will be as specified in applicable legislation and regulation. Financial statements will be prepared following the Code of Practice on Local Authority Accounting in the UK. Statements will be signed as specified in regulations made under section 105 of the Local Government (Scotland) Act 1973.

39. The financial statements must be completed to meet the audit and publication timetable specified in regulations made under section 105 of the Local Government (Scotland) Act 1973. It is the primary responsibility of the Integration Joint Board Chief Financial Officer to meet these targets and of the Chief Officer to provide any relevant information to ensure that NHS Ayrshire and Arran and North Ayrshire Council meet their respective statutory and publication requirements for the single entity and group accounts.

40. The Integration Joint Board Chief Financial Officer will agree the financial statements timetable with the external auditors of the Integration Joint Board, NHS Ayrshire and Arran and North Ayrshire Council.

INTERNAL AUDIT

Responsibility for Internal Audit

41. The Integration Joint Board will establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.

42. Internal Audit services will be provided by North Ayrshire Council. Such provision will be subject to agreement.

43. The operational delivery of internal audit services within NHS Ayrshire and Arran and North Ayrshire Council will be contained within their respective and established arrangements.

44. A Chief Internal Auditor will be appointed to act as Integration Joint Board Chief Internal Auditor in addition to their substantive post.

45. The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.

46. On or before the start of each financial year the Integration Joint Board Chief Internal Auditor will prepare and submit a strategic *risk based* audit plan to the Integration Joint Board for approval. It is recommended this is shared with the relevant committee of both NHS Ayrshire and Arran and North Ayrshire Council.

47. The Integration Joint Board Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the Integration Joint Board indicating the extent of audit cover achieved and providing a summary of audit activity during the year. As a minimum the annual audit report and Chief Internal Auditor's opinion will also be reported to the Audit Committees of the NHS Ayrshire & Arran Board and North Ayrshire Council.

Authority of Internal Audit

48. The person appointed by the Integration Joint Board to carry out the Internal Audit or their authorised representatives will have authority, on production of identification, to:

(i) Enter at all reasonable times and without notice any premises or land used or operated by the Integration Joint Board;

(ii) Have access to, and remove, all records (both paper and electronic), documents and correspondence within the possession or control of any officer, relating to any financial or other transaction of the Integration Joint Board;

(iii) Be provided with a separate log-in to any computer system used by the partners of the Integration Joint Board and have full access to any system, network, personal computer or other device including hardware owned by third party service providers;

(iv) Require and receive such explanations as are necessary concerning any matter under examination;

(v) Require any employee to produce cash, stores or any other assets under their control.

RISK MANAGEMENT AND INSURANCE

Responsibility for Insurance and Risk

49. The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.

50. The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all *normal insurable risks arising* from the activities of the Integration Joint Board and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of Members of the Integration Joint Board acting in a decision making capacity.

51. The NHS Board Director of Finance and the Chief Financial Officer (Section 95) of the Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

Risk Strategy and Risk Register

52. The Chief Officer will be responsible for establishing the Integration Joint Board's risk strategy and profile and developing the risk reporting arrangements; this will include arrangements for a risk register. The Risk Management Strategy will be approved by the Integration Joint Board.

53. The NHS Ayrshire & Arran Board and North Ayrshire Council will continue to identify and manage within their own risk management arrangements risks they have retained under the integration arrangements. The Health Board and Council will continue to report risk management to the existing committees, including the impact of the integration arrangements.

Notification of Insurance Claims

54. The Chief Officer and the Integration Joint Board Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the Integration Joint Board.

ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

55. The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Integration Joint Board. This will apply in respect of:

- the resources delegated to the Integration Joint Board by the partner Local Authority and Health Board; and
- the resources paid to the partner Local Authority and Health Board by the Integration Joint Board for use as directed and set out in the Strategic Plan.

56. The Integration Joint Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There will be a process of strategic planning which will have full Member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Joint Board provides Best Value.

57. The Chief Officer will be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

PARTNERSHIPS

58. The IJB will put in place appropriate governance arrangements to record all joint working arrangements entered into by the IJB.

OBSERVANCE OF FINANCIAL REGULATIONS

Responsibility of Chief Officer and the Integration Joint Board Chief Financial Officer

59. It will be the duty of the Chief Officer assisted by the Integration Joint Board Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.

Breach of Regulations

60. Any breach of these regulations should be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, NHS Board Chief Executive, Local Authority Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

Review of Financial Regulations

61. These Regulations will be the subject of regular review by the Integration Joint Board Chief Financial Officer in consultation with the NHS Board Director of Finance and the Council's Section 95 Officer, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board for approval.

Date of Review: 24/03/2015

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Integration Joint Board
2nd April 2015

Agenda Item No. 11

Subject:	**North Ayrshire Health & Social Care Partnership (HSCP) Due Diligence Process and 2015/16 to 2017/18 Budgets**
Purpose:	To advise the Board on the due diligence undertaken in respect of the proposed 2015/16 to 2017/18 budgets and seek Board approval for the 2015/16 budget and indicative 2016/17 and 2017/18 budgets.
Recommendation:	That the Board (a) notes the due diligence work undertaken as the basis for the 2015/16 to 2017/18 budgets (b) approves the 2015/16 budget and (c) notes the indicative 2016/17 and 2017/18 budgets.

1. Introduction

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal assent in April. It establishes the framework for the integration of health and social care in Scotland.

1.2 The Integration Joint Board is a legal entity in its own right, created by Parliamentary Order, following Ministerial approval of an Integration Scheme. The NHS Ayrshire and Arran Health Board and North Ayrshire Council have delegated functions to the Integration Joint Board which has responsibility for planning, resourcing and operational delivery of all integrated services.

1.3 The Board is required to allocate the resources it receives from the Health Board and Local Authority in line with the Strategic Plan. The Board is able to use its power to hold reserves so that in some years it may plan for an underspend to build up reserve balances and in others to break even or to use a contribution from reserves in line with the reserves policy. A Reserves Policy will be subject of a future report to this Board.

1.4 Due diligence work has been undertaken to consider the sufficiency of the budget provided for the Partnership as outlined in Appendices 1 to 5. The enclosed report at Appendix 6 details the due diligence processes that have been applied to the creation of the North Ayrshire Health & Social Care Partnership budgets for 2015/16 to 2017/18.

2. Current Position

2.1 The due diligence has been informed by an overview, for both Council and Health aspects, of the following:

- 2012/13 final expenditure
- 2013/14 final expenditure
- 2014/15 budget
- 2014/15 projected expenditure
- 2015/16 budget
- Baseline comparison of 2014/15 projected expenditure to 2015/16 budget

2.2 It has been agreed that the Set Aside budget for Acute Services will be managed by NHS Ayrshire & Arran with no in-year financial consequence on HSCPs, but would annually be reviewed as part of the Strategic Plan. Appendix 1 outlines the position in relation to the Set Aside budgets across the three Ayrshire partnerships. The table below shows the indicative direct costs of services used by Health and Social Care Partnerships for Accident & Emergency and in-patients and day cases in the specialties General Medicine, Geriatric Medicine, Respiratory Medicine, Infectious Diseases, Palliative Care and Rehabilitation Medicine based on historic use.

	£ m	%
East	20.0	31.6
North	21.6	34.2
South	21.6	34.2

The Integration Joint Board is asked to note the Set Aside budget reflecting the historic use of Acute Services.

2.3 The introduction of Health and Social Care Partnerships in Ayrshire will see a number of services currently provided by Health being managed by one HSCP for the entire Ayrshire population. It is proposed that the North HSCP will deliver Mental Health Services as the lead Partnership, with Primary Care (including Dental) Services being delivered by the East Ayrshire HSCP and Allied Health Professionals Services being delivered by South Ayrshire HSCP. Appendix 2 details the notional allocations and Lead Partnership budgets for 2015/16.

2.4 The Integration Joint Board is asked to approve the Lead Partnership budgets as detailed in Appendix A of the Lead Partnership paper attached. These have already been reflected in the individual partnership budgets. The due diligence process for North Ayrshire covers the elements for which North will be Lead Partner but does not consider the budgets which will come under the East or South partnerships.

2.5 North Ayrshire Council approved a 3 year budget for 2015/16 to 2017/18 on 9 December 2014. NHS Ayrshire and Arran Health Board is due to approve the 2015/16 budget on 30 March 2015, with indicative figures provided for 2016/17 and 2017/18.

2.6 The table below summarises the 2014/15 budget, 2014/15 projected outturn at Period 10 to 31 January 2015, and 2015/16 to 2017/18 proposed budgets for the Partnership. The contributions from NHS Ayrshire and Arran are indicative as these budgets have not yet been set.

Annual Contribution	2014/15 Annual Budget £m	2014/15 Projected Expenditure £m	2014/15 Variance (Fav)/Adv £m	2015/16 Annual Budget £m	2016/17 Budget £m	2017/18 Budget £m
North Ayrshire Council	81.125	83.883	2.758	84.478	83.095	81.816
NHS Ayrshire & Arran	116.451	119.289	2.838	120.340	116.738	116.637
Partnership Total	**197.576**	**203.172**	**5.596**	**204.818**	**199.833**	**198.453**

2.7 The proposed budget for 2015/16 is £204.818m. Appendices 3 and 4 show the detailed objective and subjective analysis for these budget years. The 2015/16 budget is £7.2m higher than the 2014/15 Approved Budget due to a number of factors including:

- Older People Services - £3.36m additional investment to address 2014/15 cost pressures and £0.8m to address further anticipated demand growth in 2015/16
- Integrated Care Fund - £2.89m new funding for 2015/16. The budget figures above do not assume any continuation of this funding beyond 2015/16. This is partially offset by the loss of Reshaping Care for Older People RCOP of £2m which was available in 2014/15 but not 2015/16 or beyond.
- Delayed Discharges - £0.867m new funding for 2015/16.
- Prescribing - £0.35m increase to address 2014/15 cost pressures. This budget will continue to be managed by Health. Health will be responsible for funding any further overspends in 2015/16.
- Mental Health Services - £0.48m increase due mainly to a one off increase in funding for Unplanned Admissions (UNPACs) for 2015/16 to address the heightened demand for these services in 2014/15.

2.8 The decrease from 2015/16 to 2016/17 of £4.98m mainly relates to:

- Older People Services - £1.08m reduction linked to planned savings in Care Home budgets to be delivered through improved re-ablement services reducing placement demand.
- Integrated Care Fund - The budget figures above do not assume any continuation of this funding beyond 2015/16.
- Mental Health Services - £0.93m reduction due to one off funding in 2015/16 not carrying forward to 2016/17 and anticipated Cash Releasing Efficiency Savings (CRES) targets for 2016/17.
- Children & Families - £0.37m reduction linked to planned savings around early intervention and prevention to reduce the number of children requiring external foster placements and residential school placements.
- General Overheads - £0.5m reduction due to anticipated CRES targets for 2016/17.

2.9 The decrease from 2016/17 to 2017/18 of £1.38m mainly relates to:

- Older People Services - £0.37m reduction linked to the full impact of planned savings in Care Home budgets to be delivered through improved re-ablement services reducing placement demand.
- Mental Health Services - £0.19m reduction due to anticipated CRES targets for 2017/18.
- Children & Families - £0.69m reduction linked to planned savings around early intervention and prevention to reduce the number of children requiring external foster placements, residential school placements and the reprovisioning of a childrens care home as a respite unit.

2.10 The savings agreed by the Council for 2015/16 total £2.217m, a detailed list is contained within Appendix 5. £1.809m of Cash Releasing Efficiency Savings (CRES) was originally set by Health for 2015/16, however this has been reduced to £0.6m which will be delivered mainly through a reduction in the number of beds at Cumbrae Nursing Lodge.

2.11 The Integration Scheme sets out the agreed process for in year variations where there is a forecast overspend against an element of the operational budget. In such cases a recovery plan to balance the overspending budget must be agreed between the officers of the Integration Joint Board and the appropriate finance officer from either Health or the Council.

2.12 These budgets will be subject to further due diligence for 2016/17 to provide an opportunity for each party to correct any base line budget errors in the second year of operation.

3. Due Diligence - Main Findings

3.1 **Investment**

For 2015/16 the Council has identified planned inflationary and budget pressure uplifts of £6.236m to address the 2014/15 overspends linked to increased demand for services as well as projected demand pressures for 2015/16.

3.2 For 2015/16 Health has identified £2.2m of planned inflationary and budget pressure uplifts, including £0.6m of one off funding for UNPACs and Daldorch. The Partnership will receive £2.89m from the Integrated Care Fund and £0.867m for Delayed Discharges for 2015/15, offset by the reduction of £2m in respect of Reshaping Care for Older People (RCOP) funding which does not continue to 2015/16.

3.3 For both the Council and Health contributions the final budget pressure uplift values will be dependent on confirmation of final values in relation to inflationary increases.

3.4 **Planned Efficiencies**

The Council budget assumes efficiency savings of £2.217m in 2015/16. The Health Cash Releasing Efficiency Savings (CRES) target was originally £1.809m, although this has been reduced to £0.6m for 2015/16. Action plans have been drawn up to deliver the planned savings, many of which will be delivered through the Change Programme. Progress will be monitored through the Change Programme Team and Senior Management Team with regular updates to the Integration Joint Board throughout 2015/16.

3.5 **Financial Risks**

A comparison of the 2014/15 projected outturns and 2015/16 budgets was carried out to establish key areas of financial risk for the Partnership. The budgets were adjusted for non-recurring items and planned savings to compare the underlying baseline position for each year.

3.6 The main financial risks identified are:

Efficiencies

- The Partnership budget is based on the delivery of £2.817m efficiency savings within 2015/16. Action plans have been drawn up to deliver these planned savings, many of which will be delivered through the Change Programme. Progress will be monitored through the Change Programme Team and Senior Management Team with regular updates to the Integration Joint Board throughout 2015/16.

3.7 Health

- Mental Health Adult Inpatients - £1.2m overspend for 2014/15 due to high level observations together with high sickness absence levels. The new hospital and improved absence management is expected to mitigate this risk in future years.
- Elderly inpatients - £0.2m – previously agreed but not achieved CRES target - plans are in place to close beds early 2015/16 to deliver this saving
- North Ayrshire Frail Elderly - £0.15m – high sickness absence and acuity of patients during 2014/15 – this will be closely monitored and managed during 2015/16 to bring this budget back in line.
- Substitute Prescribing - £0.4m – this is a new unfunded pressure anticipated for 2015/16. The service is currently under resourced which presents a real risk to the partnership. Other services have been asked to identify vacant posts they can release in order to fund additional in year investment in this area to ensure the partnership can deliver the programme safely through the introduction of an Advanced Nurse Practitioner and GP service.
- Unplanned Activity (UNPACs) - £0.8m overspend in 2014/15 against which Health has committed an additional £0.5m non recurring funding for 2015/16. Initial estimates for 2015/16 taking the additional funding into account suggest a potential overspend of £0.24m. The service has already begun work to reduce these costs and is confident that this can be brought back in line with budget during 2015/16.
- Prescribing - £0.75m overspend in 2014/15. It is not known what this will be for 2015/16. Work is ongoing to bring this budget in line, however, since Prescribing remains the responsibility of Health any overspend will be met by NHS Ayrshire & Arran.

3.8 Council

Children & Families Services – £0.6m overspend in 2014/15 due mainly to increased demand for residential placements and Children with Disabilities care packages. The anticipated full year impact of current demand in 2015/16 would be £0.77m. The Head of Service for Children and Families is overseeing the review of each of these packages and introducing new sign off arrangements to better manage the level of future admissions.

3.9 Further work will be required in respect of the allocation of Lead Partnership services across the Ayrshire partnerships in order to fairly and effectively monitor, manage and share risks. Relative usage levels will be monitored across the partnerships throughout the year as part of the Financial Monitoring reporting process to ensure the Integration Joint Board is kept informed of relevant movements and any associated financial risks to the partnership.

3.10 **Ongoing Monitoring and Review**

Projected outturn against annual budget will be subject to ongoing monitoring and review and will be reported to the Integrated Joint Board at regular intervals, in line with the agreed timetable, over the course of the financial year. This is a key component of financial governance as it ensures that the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and other planned and unplanned activity changes are monitored and reviewed on an ongoing basis and corrective action agreed to ensure need is met within delegated resources.

3.11 The requirement for ongoing monitoring of and reporting of progress against approved efficiency savings is a further key component of financial governance. Financial management reports to the North Ayrshire Shadow Integration Board during 2014/15 highlighted the approved efficiencies which are challenging in terms of delivery in 2014/15 and this will continue in 2015/16.

3.12 It is anticipated that Health & Social Care partnerships will be VAT neutral ie the VAT costs and recovery for the partners will be in line with current levels. This will need to be monitored throughout the year as part of the financial management reporting process.

3.13 **Assurance Statement**

It is the opinion of the Chief Financial Officer that the initial budget allocated to the Partnership is sufficient to deliver on the outcomes highlighted within the Strategic Plan, subject to effective risk mitigation and the successful delivery of efficiency initiatives as detailed in the report.

3.14 Given the needs led nature of Health and Social Care services, it is possible that there will be deviations from original plans over the course of the financial year. Robust budgetary control, monitoring and reporting procedures are in place and any budget variances arising during the financial year and remedial proposals will be brought to the attention of the Integration Joint Board at the earliest opportunity.

4. Implications

4.1 Financial Implications

The due diligence work has highlighted areas of financial risk for the Partnership Budgets for 2015/16. Ongoing monitoring of these areas will take place throughout the financial year.

4.2 Human Resource Implications

Any workforce implications arising from this budget will be dealt with in conjunction with the NHS and Council HR services as appropriate.

4.3 **Legal Implications**

The Board is required to set a balanced budget for 2015/16.

4.4 **Equality Implications**

None.

4.5 **Environmental Implications**

None.

4.6 **Implications for Key Priorities**

None.

5. Consultations

5.1 This report was prepared in conjunction with Health and Council colleagues and was agreed with the (NHS) Director of Finance and Section 95 Officer of North Ayrshire Council.

6. Recommendation

6.1 The Board is asked to (a) note the due diligence work undertaken as the basis for the 2015/16 to 2017/18 budgets (b) approve the 2015/16 budget and (c) note the indicative 2016/17 and 2017/18 budgets.

7. Conclusion

7.1 The processes detailed in the enclosed paper provide information on the financial management arrangements for the preparation of the Partnership budget in the Shadow Year and highlights the due diligence work undertaken in support of these budgets.

For further information please contact Lesley Aird, Head of Finance, 01294 324560 or lesleyaird@north-ayrshire.gcsx.gov.uk.

Appendix 1

Health and Social Care Partnership
Integration Joint Board
2 April 2015

Subject:	Acute Services – Set Aside budget

1. Situation

1.1 The Integration Joint Board is asked to consider the position of the Set Aside budget.

2. Background

2.1 The Integration Scheme identifies that amounts are to be made available by NHS Ayrshire and Arran to the Integration Joint Board in respect of Acute Services carried out in a hospital in the area of the NHS Ayrshire and Arran or provided to the partnership population by another NHS Board through cross boundary arrangements.

2.2 The initial Set Aside budget for each Integration Joint Board will be based on their historic use of Acute Services. Any redesign of service requires to be agreed across the three Integration Joint Boards and be reflected in the Strategic Plans.

2.3 NHS Ayrshire & Arran are committed to the revenue consequences of the Building for Better Care. The increased costs of the new provision and the associated increased property costs will be partially met from a reduction of existing beds within Crosshouse and Ayr hospitals. This existing commitment will limit the flexibility available to the Integration Joint Boards to close further beds.

2.4 The specialties which will form the Set Aside budget would be Accident & Emergency, General Medicine, Geriatric Medicine, Respiratory Medicine, Infectious Diseases and Rehabilitation Medicine. The budget will include the direct costs, in respect of in-patients and day cases, of the following:

- Medical Staff
- Nursing staff
- Pharmacy staff and direct supplies e.g. drugs
- Allied Health Professionals and associated supplies
- Theatre staff and supplies
- Laboratory recharges

Given, as with other Health and Social Care Partnership budgets, overheads are excluded the use of Direct Costs seems to be a reasonable basis.

No costs have been identified for palliative care.

3. Assessment

3.1 The Set Aside budget has been determined with reference to the direct costs incurred in providing the range of specialties identified in 2.4 above for in-patients and day cases and the use of Accident and Emergency services.

3.2 There is a requirement for all Health Boards to complete, by 31 July each year, an annual cost book return which seeks to match costs with activity. The annual cost book is reconciled to the statutory accounts of the Board in a prescribed manner. In completing the annual cost book return there is a significant volume of apportionment of costs especially as costs need to be matched with the various patient types e.g. in-patient; out-patient etc.

3.3 The data from the annual cost book is then further analysed matching, based on averages, cost to individual patients. This individual patient cost data is amalgamated at GP practice level and then to Health and Social Care Partnership. This exercise is carried out nationally for all Boards on an annual basis with the data published around March of the following year. (E.g. 2013/14 information available March 2015).

3.4 Extracting the data from the 2012/13 model gives the following direct cost of services used by Health and Social Care Partnership for Accident & Emergency and in-patients and day cases in the specialties General Medicine, Geriatric Medicine, Respiratory Medicine, Infectious Diseases, Palliative Care and Rehabilitation Medicine.

	£ m	%
East	20.0	31.6
North	21.6	34.2
South	21.6	34.2

4. Recommendations

4.1 The Integrated Joint Board is asked to note the Set Aside budget reflecting historic use of Acute Services.

Appendix 2

Health and Social Care Partnership
Integration Joint Board
2 April 2015

Subject:	Lead Partnership

1. Situation

1.1 The Integration Joint Board has agreed the services which will be managed by one Ayrshire Integration Joint Board on behalf of the other Ayrshire Integration Joint Boards.

2. Background

2.1 The principles applying to the Lead Partnership budgets are similar to those in the Set Aside budget. The range of these services is identified in Annex 3 to the Integration Scheme.

2.2 The due diligence process, comparing historical expenditure and current budgets, has been demonstrated for the totality of the service for the Lead Partner only.

2.3 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.

3. Assessment

3.1 The budgets for the services to be managed through the Lead partnership arrangements are detailed on the attached Appendix A. This paper reflects the proposed Lead Partner.

3.2 In the absence of detailed service usage, which would allow the establishment of the baseline resources used by each Health and Social Care Partnership, an apportionment, based on an amalgamation of National Resource Allocation Committee formulae, has been applied to existing budgets to derive a baseline share of the budget.

3.3 The National Resource Allocation Committee formula is the basis on which the Scottish Government allocates funding to Health Boards. This data is available as management information but is not available for public release.

4. Recommendations

4.1 The Integration Joint Board is asked to approve the Lead Partnership budgets as detailed in Appendix A.

AYRSHIRE INTEGRATION JOINT BOARDS **Appendix A**

LEAD PARTNERSHIP (HOSTED) SERVICES

		Notional Allocations 2015/16					Lead Partnership Budget 2015/16			
		Total	**East**	**North**	**South**	**Acute**	East	North	South	**Total**
		£000	£000	£000	£000	£000	£000	£000	£000	**£000**
							0			**0**
Primary Care	*	**55,783**	17,851	20,082	17,851		55,783			**55,783**
Public Dental Health		**4,489**	1,436	1,616	1,436		4,489			**4,489**
NHS Ayrshire Doctors on call		**4,997**	1,599	1,799	1,599		4,997			**4,997**
Area Wide Nursing Evening Service		**982**	314	354	314		982			**982**
Prison Service and Police Custody		**2,858**	915	1,029	915		2,858			**2,858**
Council Out of Hours Social Work Services		**699**	233	233	233		699			**699**
Mental Health Specialist Services		**35,461**	11,348	12,766	11,348			35,461		**35,461**
Learning Disabilities Assessment & Treatment Services		**2,450**	784	882	784			2,450		**2,450**
Child and Adolescent Mental Health Services		**1,532**	490	552	490			1,532		**1,532**
Psychology Services		**4,375**	1,400	1,575	1,400			4,375		**4,375**
Community Infant Feeding Service		**116**	37	42	37			116		**116**
Family Nurse Partnership	*	**472**	151	170	151			472		**472**
Child Health Administration Team		**198**	63	71	63			198		**198**
Immunisation Team		**157**	50	57	50			157		**157**
Allied Health professionals		**20,163**	4,033	4,537	4,033	7,561			20,163	**20,163**
Community Continence Team		**495**	158	178	158				495	**495**
Telehealth/ United for Health/ Smartcare European Programme	*	**657**	169	165	323				657	**657**
TOTAL		**135,885**	**41,032**	**46,107**	**41,186**	**7,561**	**69,808**	**44,762**	**21,315**	**135,885**

* denotes notional budget as amount not finanlised at this stage.

North Ayrshire Health & Social Care Partnership Budgets — **Appendix 3**

Due Diligence Process - Consolidated

Annual Budget to Final/Projected Outturn Comparison

Service	2014/15 Annual Budget £m	2014/15 Projected Expenditure £m	2014/15 Variance (Fav)/Adv £m	2015/16 Annual Budget £m	2016/17 Budget £m	2017/18 Budget £m
Level One Core						
Learning Disabilities	15.694	15.891	0.197	15.685	15.616	15.709
Older people	37.796	40.276	2.480	41.156	40.073	39.701
Physical Disabilities	4.129	4.213	0.084	4.285	4.090	3.698
Mental Health Community Teams	5.339	4.913	(0.426)	5.229	5.136	5.064
Addiction	2.449	2.404	(0.045)	2.510	2.515	2.521
Community Nursing	3.555	3.657	0.102	3.617	3.589	3.560
Prescribing	27.205	27.953	0.748	27.555	27.804	28.063
General Medical Services	16.750	16.860	0.110	16.834	16.918	17.003
Resource Transfer, Change Fund, Criminal Justice	1.596	1.544	(0.052)	4.103	2.135	2.188
Total Level One	**114.513**	**117.711**	**3.198**	**120.974**	**117.876**	**117.507**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	4.187	4.427	0.240	4.277	4.238	4.199
Arran War Memorial Hospital	1.500	1.552	0.052	1.534	1.522	1.509
Lady Margaret Hospital	0.554	0.558	0.004	0.572	0.567	0.563
Total Level Two	**6.241**	**6.537**	**0.296**	**6.383**	**6.327**	**6.271**
Level Three - Hosted Services						
Mental Health Services	43.149	44.897	1.748	43.624	42.689	42.502
Family Nurse partnership	0.628	0.619	(0.009)	0.634	0.626	0.621
Total Level Three	**43.777**	**45.516**	**1.739**	**44.258**	**43.315**	**43.123**

Service	2014/15			2015/16	2016/17	2017/18
	Annual Budget £m	Projected Expenditure £m	Variance (Fav)/Adv £m	Annual Budget £m	Budget £m	Budget £m
Level Four - Children's Services						
Community Paediatrics	0.452	0.482	0.030	0.462	0.459	0.455
C&F Social Work Services	23.829	24.500	0.671	23.981	23.608	22.913
Health Visiting	1.830	1.812	(0.018)	1.782	1.770	1.757
Total Level Four	**26.111**	**26.794**	**0.683**	**26.225**	**25.837**	**25.125**
Direct Overheads & Support Services	6.934	6.614	(0.320)	6.978	6.478	6.427
Partnership Total Expenditure	**197.576**	**203.172**	**5.596**	**204.818**	**199.833**	**198.453**
Contribution from North Ayrshire Council	81.125	83.883	2.758	84.478	83.095	81.816
Contribution from NHS Ayrshire & Arran	116.451	119.289	2.838	120.340	116.738	116.637
Partnership Total Income	**197.576**	**203.172**	**5.596**	**204.818**	**199.833**	**198.453**
Partnership Net Expenditure	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

Subjective Analysis - Consolidated **Appendix 4**

Service	2014/15 Annual Budget £m	2014/15 Projected Expenditure £m	2014/15 Variance (Fav)/Adv £m	2015/16 Annual Budget £m	2016/17 Budget £m	2017/18 Budget £m
Employee Costs	90.768	91.473	0.705	93.370	92.332	92.222
Property Costs	0.518	0.502	(0.016)	0.518	0.518	0.518
Supplies and Services	5.355	5.460	0.105	5.355	5.050	5.000
Prescribing Costs	27.205	27.953	0.748	27.555	27.804	28.063
Primary Medical Services	16.750	16.860	0.110	16.834	16.918	17.003
Transport and Plant	0.502	0.528	0.026	0.502	0.502	0.502
Admin Costs	4.399	4.351	(0.048)	4.399	4.299	4.249
Other Agencies & Bodies	59.095	63.131	4.036	61.227	58.311	57.027
Transfer Payments	10.639	11.036	0.397	12.854	12.120	12.120
Other Expenditure	0.300	0.087	(0.213)	0.300	0.300	0.300
Capital Expenditure	0.000	0.000	0.000	0.000	0.000	0.000
Income	(17.955)	(18.209)	(0.254)	(18.096)	(18.321)	(18.551)
Partnership Total	**197.576**	**203.172**	**5.596**	**204.818**	**199.833**	**198.453**

Appendix 5

North Ayrshire Council Budget 2015/16 to 2017/18

2015/16 Agreed Savings

Saving reference number	Summary Narrative	Proposed Saving £
		2015/16
SP15-HSC-08	Reduction in alternative family placement numbers, reducing the number of children requiring to be accommodated in this way by twenty over the next three years.	83,200
SP15-HSC-10	Older People -The support offered to individuals through their admission to Hospital and in the planning of their discharge back to community settings will be reviewed to improve the quality of support and ensure greater continuity. This will require a different approach and offer the opportunity for improved efficiency in how the available staffing resources are utilised.	40,000
SP15-HSC-22	Rationalisation of the Family Support services across North Ayrshire (Prevention and Early Intervention Spend)	50,000
SP15-HSC-13	Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	100,000
SP15-HSC-15	Increase the administrative charge for Criminal Justice Service to 8%	112,000
SP15-HSC-03	The Principal Manager - Business Support will conduct a review of all support functions transferred from NAC and NHSA&A to the Partnership and will identify opportunities for efficiency and rationalisation to support the savings programme. The proposed reduction represents a 10.6% saving.	50,000
SP15-HSC-04	The implementation of CM2000 will improve the recording of client contacts and interventions, generating a greater understanding of workload and more accurate payment information that will enable the delivery of more efficient services. This proposal would bring the overall saving from CM2000 to 15% in line with other local authorities.	200,000
SP15-HSC-07	Complex packages of care for individuals with a Learning Disability will be reviewed and services re-designed to offer more individualised support in community settings that will deliver greater efficiencies.	50,000
SP15-HSC-09	Children with Disabilities tender to be carried out during 2015/16 for provision of community supports to gain more competitive prices for current services.	25,000
SP15-HSC-11	Transfer of 12 external foster care placements to in-house carer provision, and a reduction of a further 4 external long term foster placements.	91,520
SP15-HSC-23	Historic trends indicate the service's payroll costs are less than current budget. As such an additional turnover amount of £298,000 will be applied. This equates to 4% within the service areas that incur turnover in employee costs. This is in line with projected variances at period 6.	298,000
SP15-HSC-24	Historic trends within Mental Health Care Packages have shown a recurring underspend	200,000
SP-SS-13-31	Redesign of Council LD Day Services	122,900
SP-SS-13-42	Review of high cost care packages	100,000
SP-SS-13-38	Review of purchased service contracts - including supported living	108,000
SP-SS-13-18	Efficiency savings which will accrue through the implementation of the CM2000 system.	200,000
SP-SS-13-09	Review information systems team	30,092
SP-SS-13-35	Rationalisation of Local Area Coordinator posts	45,875
SP-SS-13-04	Additional income from charges. The actual income received is greater than the amount budgeted and the budget is being amended to reflect the actual position	41,000
SP-SS-13-29	Review of block contracted services - including George Steven Centre	14,846
	Savings from Council Management Restructure	154,050
SP-SS-11-29	Review Assessment and Care Management staff within Older People	100,668
	TOTAL 2015/16 SAVINGS	**2,217,151**

Appendix 6

DUE DILIGENCE PROCESS FOR THE ESTABLISHMENT OF THE NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP BUDGET – 2 APRIL 2015

PURPOSE

1. The purpose of this report is to provide details of the due diligence applied to the creation of the overall North Ayrshire Health and Social Care Partnership budget for the 2015/16 financial year.

BACKGROUND

2. The Scottish Government established the Integrated Resources Advisory Group (IRAG) to consider the implications of integrating Health and Social Care and to help develop professional guidance. The due diligence process is required to ensure that resources delegated are sufficient for the Integrated Joint Board to carry out its functions. A key element of the due diligence process is the 2015/16 budget being assessed against actual expenditure for the most recent three financial years including analysis of non-recurring costs and agreed efficiencies.

3. The due diligence will be repeated as part of the 2016/17 budget setting process to ensure consistency in approach, allow the identification of continuing pressures, demands and associated risks and enable relevant and necessary management action to be taken, including any baseline funding adjustments.

4. It is important that a process of due diligence is undertaken to ensure that the budget provided for the Partnership is sufficient, identifies current and historical pressures and demands and allows the Partnership to proceed on a sound financial basis.

5. Due diligence has been informed by an overview, for both Council and Health aspects, of the following:
   - 2012/13 final expenditure
   - 2013/14 final expenditure
   - 2014/15 projected expenditure
   - 2014/15 budget
   - 2015/16 budget
   - Baseline comparison of 2014/15 projected expenditure to 2015/16 budget

Further work has been carried in respect of the allocation of Lead Partnership services across the partnerships and clarification of the value of set asides in respect of Hospital Services, as outlined in earlier papers.

6. Appendix 1 to this report provides an overview of the financial years from 2012/13 to 2015/16 on a consolidated basis with Appendices 2 and 3 providing a separate breakdown of services managed within North Ayrshire Council and NHS Ayrshire and Arran respectively.

7. The Integration Joint Board is responsible for the production of a Strategic Plan setting out the services for their population over the medium term (3 years). To support the medium term financial planning process, North Ayrshire Council and NHS Ayrshire and Arran are required to provide indicative three year rolling funding allocations to the Integration Joint Board. Such indicative allocations would remain subject to annual approval by both organisations. In future years it is the responsibility of the Chief Officer and the Integration Joint Board Chief Finance Officer to develop a business case for the integrated budget based upon the Strategic Plan and to present this business case for consideration and agreement within the budget-setting processes of North Ayrshire Council and NHS Ayrshire and Arran. The ultimate objective is to ensure that the Strategic Plan meets the requirement for economy, efficiency and effectiveness in the use of the Integration Joint Board's resources.

HEALTH & SOCIAL CARE PARTNERSHIP BUDGET

8. The budget for the Partnership will be derived from the funding allocated to the Integration Joint Board from North Ayrshire Council and NHS Ayrshire & Arran Health Board initially. In 2015/16 the funding will continue to be used as sourced but in future the Integration Joint Board may choose to use the funds to provide services in an alternative manner.

9. The Integration Scheme provides opportunity in 2016/17 to correct any baseline budget errors identified during the Shadow Year 2015/16.

DUE DILIGENCE PROCESS 2015/16 SOCIAL CARE BUDGETS

10. The projected final outturn position of the Social Care budgets which formed the Council's element of the North Ayrshire Health and Social Care Shadow Year budget is important in respect of due diligence as it enables scrutiny of the base budget prior to it becoming part of the Partnership.

11. The Council budgets on a three year rolling basis. At its meeting of 9 December 2014 the Council set a three year budget for financial years 2015/16 to 2017/18.

12. In developing the budgets a number of factors were included:

- Pay awards and increased superannuation contributions;
- Inflationary uplifts;
- Historic and demographic resource pressures;
- Assessment of funding available from the Scottish Government

13. As part of the budget exercise Finance services in partnership with service budget holders review all budget lines to identify current trends and known pressure areas such as demographic changes. These pressures are presented to Council for approval before the new financial year commences.

14. To enable the provision of a balanced budget, budget holders are also targeted with identifying savings. These are also presented to Council for approval.

15. All proposals are Equality Impact Assessed as part of the budget setting process. These assessments form part of the budget pack for Council approval.

16. Appendix 2 to this report highlights the projected overspend as at Period 10 to 31 January 2015, for the Social Work budget £2.758m for 2014/15. The Council agreed additional investment of £4.204m for 2015/16 to address the 2014/15 position and reflect the increasing demographic impact within Older People Services. Work has been undertaken to provide assurance that the base budget updated for the budget pressures which became the Council's budget for the 2015/16 Shadow year is reliable, adequate and compiled using sound financial methodologies. This work includes detailed examination of all budget headings with medium term financial forecasts and associated assumptions and risks being reviewed. This includes budget pressures and savings and efficiency targets.

17. The movement in budget from 2014/15 to the draft budget for 2015/16 can be analysed as follows:

	£ million
Council budget 2014/15	81.125
Baseline adjustments 2015/16	0.074
Estimated pay uplift * final pay award not yet agreed. Value will vary depending on final settlement	0.823
Contractual Inflation uplift – variable	0.469
Fees and Charges / Income uplifts	-0.106
Additional funding - unavoidable demand pressures	4.204

Approved cash releasing efficiency savings	-2.111
Draft Council Budget 2015/16	84.478

18. Cash releasing efficiency savings totalling £2.217m (including Fees & Charges uplifts) have been approved for 2015/16. Appendix 5 to this report provides a breakdown of these approved savings. Work will be undertaken during the year to monitor and review the achievement of these savings over the course of the financial year against the agreed action plan. Progress will be highlighted in Financial Management Reports to the Integration Joint Board.

DUE DILIGENCE PROCESS 2015/16 HEALTH BUDGETS

19. In Health there is a requirement to submit to the Scottish Government an interim financial plan in February each year with the final plan being due in late March. The Health Board will approve the budget for 2015/16 at its meeting on 30 March.

20. Financial plans are created based on the current existing recurring Health budgets. The understanding of the current budget variances are assessed to determine if these are of a recurring or non-recurring nature and whether the cause of overspend is justifiable e.g. evidence of increased activity.

21. To arrive at the financial plan there is:

- A review of existing over-commitments to determine if there is a requirement for additional funding.
- An assessment of expected cost increases (e.g. pay uplifts, inflation, horizon scanning for the introduction of new drugs, implications of national agreements eg provision of tertiary paediatric beds).
- A need to address any commitments made during the year (eg a need to increase the ADOC rates of pay to maintain services).
- Consideration of the growth in demand e.g. volume increases for prescriptions in primary care are now at 2.5% although historically this has been 4%; an increase of 2.5% equates to a cost of almost £2 million. Other examples of growth are increased diagnostic tests, increased surgical procedures for cataracts or hip/knee replacement.
- A requirement to meet Scottish Government access targets (e.g. apply Demand, Capacity, Activity and Queue Analysis to determine if the orthopaedic staffing levels are sufficient to manage access targets).
- Determine shortfalls in existing staffing provision against tools such as the nursing workforce tool.
- Consideration of services where there could be patient safety or health and safety issues.

22. The cost pressures requiring funding in the following financial year are reviewed by a few multi-disciplinary groups to arrive at robust estimates to form the base of the financial plan:

- Medicine Resource Group focus on the cost and growth in drugs giving particular consideration to the emergence of new drugs.
- Pay and Supplies group considers prior commitments e.g. Building for Better Care, pay award liability, changes to National Insurance and Superannuation contributions, supplies and contractual inflation and other areas of existing commitment. Pay budgets are set at the pre-penultimate point on the salary scale.
- The Workforce Planning Group reviews the service requirements for additional staffing and determines a priority in which any available funding should be applied.

The outcomes of these groups are reviewed by the Corporate Management Team (CMT) who require to prioritise across these competing demands.

23. The requirement to meet Cash Releasing Efficiency Savings (CRES) is determined by the extent of the cost pressures and the level of increased allocation from the Scottish Government. Directors are expected to identify potential sources for these savings and the risks associated with these plans. Not all budgets will be subject to CRES e.g. the budget for primary medical services is a separate allocation to the Board which funds nationally negotiated payments and is therefore exempt from CRES.

24. The outcome of the CMT deliberations reflecting the agreed cost pressures to be funded and the source of CRES is provided for consideration by the Performance Governance Committee before being submitted to the NHS Board for approval.

25. Appendix 3 highlights the Health expenditure in 2012/13 and 2013/14 on “in-scope” budgets; the projected expenditure for 2014/15; the annual budget for 2014/15 and the indicative budget for 2015/16. The indicative budget, which is reflected in the indicative allocation for the strategic plan, is based on the current recurring budget, assumes 1% uplift on pay, and £600k planned efficiency savings. It should be noted that the 2014/15 budget and projected expenditure vary from the figures previously reported to the Shadow Integration Board due to further re-allocation of Partnership budgets as detailed in Appendix 4. This information shows:

- The Prescribing budget for 2015/16 is indicative pending allocation to a practice level. The full application of the current budget setting methodology reflects National Resource Allocation Formula, historic expenditure and achievement of certain prescribing indicators. The uplift assumes that there will be a fall in prices for those drugs where there have been issues with short supply.

- The budget for General Medical Services is largely ring fenced with uplifts negotiated nationally with subsequent adjustments to the budget.

- The increased budget in the Other – resource transfer line in 2015/16 is primarily for the Integrated Care Fund which has initially been provided for one year only.

- There is an overspend at Ayrshire Central due to high sickness absence levels and the increasing acuity of patients. Management action to reduce absence levels will reduce the use of supplementary staffing and the transfer of services to new hospital in Irvine should help to further improve the position.

- The Community Equipment budget has been under increasing pressure to facilitate early discharge. This budget may be supplemented from slippage in the Integrated Care Fund. In addition, there is potential for increased recycling with a corresponding reduction in costs.

- The lead mental health services are overspending primarily within adult inpatient services because of high absence levels and increasing numbers of constant observations. Management action is being taken to reduce absence levels and the transfer of services to the new hospital in 2016 should reduce the level of supplementary staffing required for constant observations.

- The Unplanned Activity (UNPACs) overspend is expected to reduce in 2015-16 as a result of the provision of non-recurring funding, a decrease in referrals to Ayr Clinic and negotiations to pay a discounted daily bed rate.

- The support services budget provides for community administrative staff and HSCP management posts. The budget for 2015/16 has been increased to reflect the funding available.

26. The movement in budget from 2014/15 to the draft budget for 2015/16 can be analysed as follows:

	£ million
Health budget 2014/15	116.451
Less items not reflected in Strategic Plan budget (see Appendix 4)	-0.556

Health budget 2014/15 as reported to SIB	**115.895**
Less non-recurring:	
- Management structure still to be agreed	-0.144
- Health visiting realignment between HSCPs	-0.117
- Psychology post	-0.047
- Dementia nurse	-0.035
- LDS inequalities funding	-0.022
- Reshaping Care for Older People (RCOP)	-2.012
Estimated pay uplift & Employer Superannuation	1.081
Additional funding for:	
- Integrated Care Fund	2.890
- Prescribing in Primary Care uplift (net of efficiency)	0.239
CRES on relevant budgets	-1.809
Draft Health Budget 2015/16 per Strategic Plan	**115.919**
Delayed Discharge funding allocation	0.867
Resource Transfer Uplift	0.170
Non-recurring funding for Low Secure UNPACs	0.500
Non-recurring funding for Daldorch income shortfall	0.100
Reduction in CRES target	1.209
Increase in Prescribing Uplift	0.111
Transfer of Budgets to/from Unallocated Pool and Other Partnerships as detailed in Appendix 4	1.464
Revised Health Budget 2015/16	**120.340**

The plans to achieve the revised £0.6m CRES consist of the following:

1. Reduced number of beds at Cumbrae Lodge nursing home.

27. In addition, there is the set aside budget for the large hospital budget. It has been agreed that this will be managed by NHS Ayrshire & Arran with no in-year financial consequence on HSCPs, but would be reviewed annually as part of the Strategic Plan.

28. The introduction of Health and Social Care Partnerships in Ayrshire will see a number of services currently provided by Health being managed by one

HSCP for the entire Ayrshire population. It is proposed that the North HSCP will deliver Mental Health Services as the lead Partnership, with Primary Care (including Dental) Services being delivered by the East Ayrshire HSCP and Allied Health Professionals Services being delivered by South Ayrshire HSCP.

29. Further reports have been prepared detailing the Lead Partnership and Set Aside budgets for large hospital services, showing the baseline usage for each partnership. This information will then be tracked throughout the year as part of the financial management reporting to ensure the Board are aware of actual vs planned usage of these services and of the potential financial impact of changes in usage to the Partnership.

AREAS OF FINANCIAL RISK

30. A comparison of the 2014/15 projected outturns and 2015/16 budgets was carried out to establish key areas of risk for the Partnership. The budgets were adjusted for non recurring items and agreed savings to show and compare the underlying baseline position for each year.

31. The table in Appendix 6 compares the baseline position, excluding any non recurring items, for the 2015/16 budget with the baseline 2014/15 projected outturn at period 10 to 31 January 2015, excluding any non recurring items. The column headed “Baseline Budget movement after agreed savings” shows the movement in the baseline figures less the £2.817m agreed efficiency savings.

32. The main financial risks identified are:
Efficiencies
- The Partnership budget is based on the delivery of £2.817m efficiency savings within 2015/16. Action plans have been drawn up to deliver these planned savings, many of which will be delivered through the Change Programme. Progress will be monitored through the Change Programme Team and Senior Management Team with regular updates to the Integration Joint Board throughout 2015/16.

33. Health
- Mental Health Adult Inpatients - £1.2m overspend for 2014/15 due to high level observations together with high sickness absence levels. The new hospital and improved absence management will mitigate this risk for future years.
- Elderly inpatients - £0.2m – previously agreed but not achieved CRES target - plans are in place to close beds early 2015/16 to deliver this saving

- North Ayrshire Frail Elderly - £0.15m – high sickness absence and acuity of patients during 2014/15 – this will be closely monitored and managed during 2015/16 to bring this budget back in line.
- Substitute Prescribing - £0.4m – this is a new unfunded pressure anticipated for 2015/16. The service is currently under resourced which presents a real risk to the partnership. Other services have been asked to identify vacant posts they can release in order to fund additional in year investment in this area to ensure the partnership can deliver the programme safely through the introduction of an Advanced Nurse Practitioner and GP service.
- Unplanned Activity (UNPACs) - £0.8m overspend in 2014/15 against which Health has committed an additional £0.5m non recurring funding for 2015/16. Initial estimates for 2015/16 taking the additional funding into account suggest a potential overspend of £0.24m. The service has already begun work to reduce these costs and is confident that this can be brought back in line with budget during 2015/16.
- Prescribing - £0.75m overspend in 2014/15. Additional funding of £0.35m for 2015/16. Work is ongoing to bring this budget in line, however, since Prescribing remains the responsibility of Health any overspend will be met by NHS Ayrshire & Arran.

34. Council
    - Children & Families Services – £0.6m overspend in 2014/15 due mainly to increased demand for residential placements and Children with Disabilities care packages. The anticipated full year impact of current demand in 2015/16 would be £0.77m. The Head of Service for Children and Families is overseeing the review of each of these packages and introducing new sign off arrangements to better manage the level of future admissions

35. The Partnership will actively work to mitigate and manage these financial risks during 2015/16 and will ensure that the Board is kept informed of progress and any further issues as they arise throughout the year.

ONGOING MONITORING AND REVIEW

36. Projected outturn against annual budget will be subject to ongoing monitoring and review and will be reported to the Integration Joint Board at regular intervals over the course of the financial year. This is a key component of financial governance as it ensures that the impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long term conditions) and other planned and unplanned activity changes are monitored and reviewed on an ongoing basis. The requirement for ongoing monitoring of and reporting of progress against approved efficiency savings is a further key component of sound financial management.

37. Financial Management Reports to the North Ayrshire Shadow Integration Board during 2014/15 highlighted the approved efficiencies which are challenging in terms of delivery in 2014/15 and this will continue in 2015/16.

38. Since the final draft of the Strategic Plan further work has been done to separate Health budgets across the three partnerships, Appendix 5 provides a reconciliation of the movements from the current budget to the Strategic Plan.

ASSURANCE STATEMENT

39. The processes detailed in this paper provide information on the financial management arrangements for the preparation of the North Ayrshire Partnership budget in the Shadow Year and going forward and highlight the procedures used to ensure that a financially sound and stable budget has been prepared.

40. It is the opinion of the Chief Financial Officer that the initial budget allocated to the Partnership is sufficient to deliver on the outcomes highlighted within the Strategic Plan, subject to effective risk mitigation and the successful delivery of efficiency initiatives as detailed in this report.

41. Given the needs led nature of Health and Social Care services, it is possible that there will be deviations from original plans over the course of the financial year. Robust budgetary control, monitoring and reporting procedures are in place and any budget variances arising during the financial year and remedial proposals will be reported to the Integration Joint Board at the earliest opportunity.

42. Section 28 highlights that the due diligence process will apply to Lead Partnership arrangements across the three Ayrshire Partnerships. It is important to consider that there is the potential for future financial implications arising from budgets managed under Lead Partnership arrangements. There is a requirement for any such financial implications to be brought to the attention of individual Integration joint boards at the earliest opportunity.

CONCLUSION

43. The processes detailed in this paper provide information on the financial management arrangements for the preparation of the Partnership budget in the Shadow Year and highlights the due diligence work undertaken in support of the 2015/16 budget.

North Ayrshire Health & Social Care Partnership Budgets **Appendix 1**

Due Diligence Process - Consolidated

Annual Budget to Final/Projected Outturn Comparison

Service	2012/13 Actual Expenditure £m	2013/14 Actual Expenditure £m	2014/15 Annual Budget £m	2014/15 Projected Expenditure £m	2014/15 Variance (Fav)/Adv £m	2015/16 Annual Budget £m
Level One Core						
Learning Disabilities	11.761	11.849	15.694	15.891	0.197	15.685
Older people	33.346	33.779	37.796	40.276	2.480	41.156
Physical Disabilities	4.746	4.748	4.129	4.213	0.084	4.285
Mental Health Community Teams	4.033	4.136	5.339	4.913	(0.426)	5.229
Addiction	1.826	1.573	2.449	2.404	(0.045)	2.510
Community Nursing	3.498	3.610	3.555	3.657	0.102	3.617
Prescribing	26.878	27.758	27.205	27.953	0.748	27.555
General Medical Services	16.278	16.750	16.750	16.860	0.110	16.834
Resource Transfer, Change Fund, Criminal Justice	11.895	13.215	1.596	1.544	(0.052)	4.103
Total Level One	**114.261**	**117.418**	**114.513**	**117.711**	**3.198**	**120.974**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3.730	4.102	4.187	4.427	0.240	4.277
Arran War Memorial Hospital	1.458	1.561	1.500	1.552	0.052	1.534
Lady Margaret Hospital	0.564	0.567	0.554	0.558	0.004	0.572
Total Level Two	**5.752**	**6.230**	**6.241**	**6.537**	**0.296**	**6.383**
Level Three - Hosted Services						
Mental Health Services	44.179	45.003	43.149	44.897	1.748	43.624
Family Nurse partnership	0.153	0.520	0.628	0.619	(0.009)	0.634
Total Level Three	**44.332**	**45.523**	**43.777**	**45.516**	**1.739**	**44.258**
Level Four - Children's Services						
Community Paediatrics	0.387	0.430	0.452	0.482	0.030	0.462
C&F Social Work Services	22.144	23.410	23.829	24.500	0.671	23.981
Health Visiting	1.855	1.897	1.830	1.812	(0.018)	1.782
Total Level Four	**24.386**	**25.737**	**26.111**	**26.794**	**0.683**	**26.225**
Direct Overheads & Support Services	6.454	6.443	6.934	6.614	(0.320)	6.978
Partnership Total Expenditure	**195.185**	**201.351**	**197.576**	**203.172**	**5.596**	**204.818**

North Ayrshire Health & Social Care Partnership Budgets **Appendix 2**

Due Diligence Process - Council

Annual Budget to Final/Projected Outturn Comparison

Objective Analysis

Service	2012/13 Actual Expenditure £m	2013/14 Actual Expenditure £m	2014/15 Annual Budget £m	2014/15 Projected Expenditure £m	2014/15 Variance (Fav)/Adv £m	2015/16 Annual Budget £m
Level One Core						
Learning Disabilities	11.338	11.395	15.203	15.424	0.221	15.183
Older people	33.346	33.779	37.796	40.276	2.480	41.156
Physical Disabilities	4.746	4.748	4.129	4.213	0.084	4.285
Mental Health Community Teams	2.050	2.120	3.219	2.872	(0.347)	3.061
Addiction	0.859	0.600	1.388	1.359	(0.029)	1.429
Community Nursing					0.000	
Prescribing					0.000	
General Medical Services					0.000	
Resource Transfer, Change Fund, Criminal Justice	(0.339)	0.908	(10.781)	(10.833)	(0.052)	(10.480)
Total Level One	**52.000**	**53.550**	**50.954**	**53.311**	**2.357**	**54.634**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care					0.000	
Arran War Memorial Hospital					0.000	
Lady Margaret Hospital					0.000	
Total Level Two	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**
Level Three - Hosted Services						
Mental Health Services					0.000	
Family Nurse partnership					0.000	
Total Level Three	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**
Level Four - Children's Services						
Community Paediatrics					0.000	0.000
C&F Social Work Services	22.144	23.410	23.829	24.500	0.671	23.981
Health Visiting					0.000	0.000
Total Level Four	**22.144**	**23.410**	**23.829**	**24.500**	**0.671**	**23.981**
Direct Overheads & Support Services	5.637	5.683	6.342	6.072	(0.270)	5.863
Partnership Total	**79.781**	**82.643**	**81.125**	**83.883**	**2.758**	**84.478**

North Ayrshire Health & Social Care Partnership Budgets **Appendix 3**

Due Diligence Process - Health

Annual Budget to Final/Projected Outturn Comparison

Service	2012/13 Actual Expenditure £m	2013/14 Actual Expenditure £m	2014/15 Annual Budget £m	2014/15 Projected Expenditure £m	2014/15 Variance (Fav)/Adv £m	2015/16 Annual Budget £m
Level One Core						
Learning Disabilities	0.423	0.454	0.491	0.467	(0.024)	0.502
Older people					0.000	
Physical Disabilities					0.000	
Mental Health	1.983	2.016	2.120	2.041	(0.079)	2.168
Addiction	0.967	0.973	1.061	1.045	(0.016)	1.081
Community Nursing	3.498	3.610	3.555	3.657	0.102	3.617
Prescribing	26.878	27.758	27.205	27.953	0.748	27.555
General Medical Services	16.278	16.750	16.750	16.860	0.110	16.834
Other - Resource Transfer, Joint Planning, Change Fun	12.234	12.307	12.377	12.377	0.000	14.583
Total Level One	**62.261**	**63.868**	**63.559**	**64.400**	**0.841**	**66.340**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3.730	4.102	4.187	4.427	0.240	4.277
Arran War Memorial Hospital	1.458	1.561	1.500	1.552	0.052	1.534
Lady Margaret Hospital	0.564	0.567	0.554	0.558	0.004	0.572
Total Level Two	**5.752**	**6.230**	**6.241**	**6.537**	**0.296**	**6.383**
Level Three - Hosted Services						
Mental Health Services	44.179	45.003	43.149	44.897	1.748	43.624
Family Nurse Partnership	0.153	0.520	0.628	0.619	(0.009)	0.634
Total Level Three	**44.332**	**45.523**	**43.777**	**45.516**	**1.739**	**44.258**
Level Four - Children's Services						
Community Paediatrics	0.387	0.430	0.452	0.482	0.030	0.462
C&F Social Work Services					0.000	
Health Visiting	1.855	1.897	1.830	1.812	(0.018)	1.782
Total Level Four	**2.242**	**2.327**	**2.282**	**2.294**	**0.012**	**2.244**
Direct Overheads and Support Services	0.817	0.760	0.592	0.542	(0.050)	1.115
Partnership Total	**115.404**	**118.708**	**116.451**	**119.289**	**2.838**	**120.340**

Appendix 4

Reconciliation to Strategic Plan	2012/13 Actual Expenditure £m	2013/14 Actual Expenditure £m	2014/15 Annual Budget £m	2014/15 Projected Expenditure £m	2014/15 Variance (Fav)/Adv £m	2015/16 Annual Budget £m
Partnership Total Budget	195.185	201.351	197.576	203.172	5.596	204.818
TOTALS per the Strategic Plan	193.761	200.029	197.020	202.686	5.666	200.397
Budget Increase /(Decrease) from Strategic Plan	**1.424**	**1.322**	**0.556**	**0.486**	**(0.070)**	**4.421**
Delayed Discharge funding allocation						0.867
Resource Transfer Uplift						0.170
Reduction in CRES target						1.209
Increase in Prescribing Uplift						0.111
Non-recurring funding for Low Secure UNPACs						0.500
Non-recurring funding for Daldorch income shortfall						0.100
Budget Allocations/Movements to/from Other Partnerships						
Immunisation Nursing	0.000	0.085	0.156	0.156	0.000	0.148
ACH Admin	0.203	0.218	0.213	0.216	0.003	0.217
Daldorch Income	-0.208	-0.160	-0.122	-0.126	(0.004)	-0.222
ICP	0.051	0.040	0.053	0.026	(0.027)	0.055
JPSF - Co-Ordinator	0.043	0.044	0.046	0.044	(0.002)	0.047
Sac-Aca (Core Funding)	0.053	0.040	0.053	0.033	(0.020)	0.053
Scottish Huntington'S Assoc	0.030	0.030	0.030	0.030	0.000	0.030
Subs. Prescribing	2.878	2.782	2.827	2.817	(0.010)	2.827
Health Visiting	0.165	0.165	0.185	0.185	0.000	0.220
Prison and Police Transfer to East HSCP	-1.791	-1.922	-2.885	-2.895	(0.010)	-2.858
Management Structure						0.647
Frail Elderly Resource Transfer						0.300
TOTAL BUDGET MOVEMENTS	**1.424**	**1.322**	**0.556**	**0.486**	**-0.070**	**1.464**
TOTAL	**1.424**	**1.322**	**0.556**	**0.486**	**(0.070)**	**4.421**

Appendix 5

North Ayrshire Council Budget 2015/16 to 2017/18

2015/16 Agreed Savings

Saving reference number	Summary Narrative	Proposed Saving £
		2015/16
SP15-HSC-08	Reduction in alternative family placement numbers, reducing the number of children requiring to be accommodated in this way by twenty over the next three years.	83,200
SP15-HSC-10	Older People -The support offered to individuals through their admission to Hospital and in the planning of their discharge back to community settings will be reviewed to improve the quality of support and ensure greater continuity. This will require a different approach and offer the opportunity for improved efficiency in how the available staffing resources are utilised.	40,000
SP15-HSC-22	Rationalisation of the Family Support services across North Ayrshire (Prevention and Early Intervention Spend)	50,000
SP15-HSC-13	Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	100,000
SP15-HSC-15	Increase the administrative charge for Criminal Justice Service to 8%	112,000
SP15-HSC-03	The Principal Manager - Business Support will conduct a review of all support functions transferred from NAC and NHSA&A to the Partnership and will identify opportunities for efficiency and rationalisation to support the savings programme. The proposed reduction represents a 10.6% saving.	50,000
SP15-HSC-04	The implementation of CM2000 will improve the recording of client contacts and interventions, generating a greater understanding of workload and more accurate payment information that will enable the delivery of more efficient services. This proposal would bring the overall saving from CM2000 to 15% in line with other local authorities.	200,000
SP15-HSC-07	Complex packages of care for individuals with a Learning Disability will be reviewed and services re-designed to offer more individualised support in community settings that will deliver greater efficiencies.	50,000
SP15-HSC-09	Children with Disabilities tender to be carried out during 2015/16 for provision of community supports to gain more competitive prices for current services.	25,000
SP15-HSC-11	Transfer of 12 external foster care placements to in-house carer provision, and a reduction of a further 4 external long term foster placements.	91,520
SP15-HSC-23	Historic trends indicate the service's payroll costs are less than current budget. As such an additional turnover amount of £298,000 will be applied. This equates to 4% within the service areas that incur turnover in employee costs. This is in line with projected variances at period 6.	298,000
SP15-HSC-24	Historic trends within Mental Health Care Packages have shown a recurring underspend	200,000
SP-SS-13-31	Redesign of Council LD Day Services	122,900
SP-SS-13-42	Review of high cost care packages	100,000
SP-SS-13-38	Review of purchased service contracts - including supported living	108,000
SP-SS-13-18	Efficiency savings which will accrue through the implementation of the CM2000 system.	200,000
SP-SS-13-09	Review information systems team	30,092
SP-SS-13-35	Rationalisation of Local Area Coordinator posts	45,875
SP-SS-13-04	Additional income from charges. The actual income received is greater than the amount budgeted and the budget is being amended to reflect the actual position	41,000
SP-SS-13-29	Review of block contracted services - including George Steven Centre	14,846
	Savings from Council Management Restructure	154,050
SP-SS-11-29	Review Assessment and Care Management staff within Older People	100,668
	TOTAL 2015/16 SAVINGS	**2,217,151**

North Ayrshire Health & Social Care Partnership Budgets **Appendix 6**

Due Diligence Process - Consolidated

Baseline Budget Pressures for 2015/16

Service	2014/15 Approved Budget £m	2014/15 Projected Expenditure £m	2014/15 Non Recurring Items £m	2014/15 Baseline Projected Spend £m	Agreed 2015/16 Savings £m	2015/16 Proposed Budget £m	2015/16 Non Recurring Items £m	2015/16 Baseline Budget £m	Baseline Budget Movement after agreed savings £m	Notes
Level One Core										
Learning Disabilities	15.694	15.891	0.000	15.891	(0.298)	15.685	0.000	15.685	0.092	Budget for 15/16 realigned to cover 14/15 pressures. Planned efficiency savings through restructure of the LD Day Service and review of care packages
Older people	37.796	40.276	0.777	39.499	(0.636)	41.156	0.000	41.156	2.293	Budget for 15/16 realigned to cover 14/15 pressures plus additional money for anticipated 15/16 demand growth and contract inflation. FY14/15 Non Recurring Funds for Delayed Discharge Funding and Older People Change Fund were received, £777K. New Funds are to be allocated next year for Integrated care fund, £942k to be allocated to Older People
Physical Disabilities	4.129	4.213	0.000	4.213	(0.012)	4.285	0.000	4.285	0.084	Budget for 15/16 realigned to cover 14/15 pressures plus additional money for anticipated 15/16 demand growth and contract inflation.
Mental Health Community Teams	5.339	4.913	0.000	4.913	(0.331)	5.229	0.000	5.229	0.647	Budget for 15/16 realigned to reflect current and prior year trends in demand.
Addiction	2.449	2.404	0.789	1.615	(0.001)	2.510	0.789	1.721	0.107	Budget for 15/16 increased in relation to payroll inflation. Non recurring Items - Alcohol and Drug Partnership Funding yearly allocation received from Scottish Government
Community Nursing	3.555	3.657	0.000	3.657	0.000	3.617	0.000	3.617	(0.040)	
Prescribing	27.205	27.953	0.000	27.953	0.000	27.555	0.000	27.555	(0.398)	Exceptionally high spend in 2014-15, risk will be managed by the NHS.
General Medical Services	16.750	16.860	0.000	16.860	0.000	16.834	0.000	16.834	(0.026)	
Resource Transfer and Health Joint Developments	(0.000)	0.000	0.000	0.000	0.000	(0.000)	0.000	(0.000)	(0.000)	Budget for 15/16 has been increased for inflation, £9.124m resource transfer and £1.58m Joint Developments
Change Fund and ADP	1.120	1.120	1.120	0.000	0.000	3.612	3.612	(0.000)	(0.000)	ADP and Health Change Fund are non recurring funds. The amounts allocated LA projects for 2015/16 was lower than in 2014/15. The Change Programme reflects this. All items are non-recurring allocations. Delayed discharge allocation until 17-18. ICF for 15-16 only but may be extended.ADP funding received each year in Scottish Government allocation.
Criminial Justice, Change and Changing Children Services Fund	0.476	0.424	0.000	0.424	(0.112)	0.491	0.000	0.491	0.179	
Total Level One	**114.513**	**117.711**	**2.686**	**115.025**	**(1.390)**	**120.974**	**4.401**	**116.572**	**2.937**	
Level Two - Non District General Hospitals										
Ayrshire Central Continuing Care	4.187	4.427	0.000	4.427	0.000	4.277	0.000	4.277	(0.150)	Cost pressure within service. Wards over-establishment due to high sickness levels and acuity of patients.
Arran War Memorial Hospital	1.500	1.552	0.000	1.552	0.000	1.534	0.000	1.534	(0.018)	
Lady Margaret Hospital	0.554	0.558	0.000	0.558	0.000	0.572	0.000	0.572	0.014	
Total Level Two	**6.241**	**6.537**	**0.000**	**6.537**	**0.000**	**6.383**	**0.000**	**6.383**	**(0.154)**	

Service	2014/15 Approved Budget £m	2014/15 Projected Expenditure £m	2014/15 Non Recurring Items £m	2014/15 Baseline Projected Spend £m	Agreed 2015/16 Savings £m	2015/16 Proposed Budget £m	2015/16 Non Recurring Items £m	2015/16 Baseline Budget £m	Baseline Budget Movement after agreed savings £m	Notes
Level Three - Hosted Services										
Mental Health Services	43.149	44.897	0.204	44.693	(0.600)	43.624	0.600	43.024	(1.069)	£100k non-recurrng funding for Daldorch until review completed of future service requirement. £500k non-recurring for low secure private sector until new hospital built. Non-recurring allocations for Dementia Nurse £35k in 14-15, to be funded from MH Act 15-16. £22k LDS Inequalities SG funded pilot in 14-15. Psychology post £47k funded by community in 14-15. £600k CRES for Cumbrae Lodge reduction in beds.
Family Nurse partnership	0.628	0.619	0.472	0.147	0.000	0.634	0.472	0.162	0.015	FNP funding negotiated each year with SG. Funding agreed for 15-16, still to be negotiated for following years
Total Level Three	**43.777**	**45.516**	**0.676**	**44.840**	**(0.600)**	**44.258**	**1.072**	**43.186**	**(1.054)**	
Level Four - Children's Services										
Community Paediatrics	0.452	0.482	0.000	0.482	0.000	0.462	0.000	0.462	(0.020)	
C&F Social Work Services	23.829	24.500	0.000	24.500	(0.299)	23.981	0.000	23.981	(0.220)	Budget for 15/16 increase in relation to payroll inflation netted off with anticipated efficiencies in realignment of foster care services and early intervention and prevention approaches
Health Visiting	1.830	1.812	0.117	1.695	0.000	1.782	0.000	1.782	0.087	Full-year effect of realignment of HV budgets between the 3 HSCPs.
Total Level Four	**26.111**	**26.794**	**0.117**	**26.677**	**(0.299)**	**26.225**	**0.000**	**26.225**	**(0.153)**	
Direct Overheads & Support Services	6.934	6.614	0.000	6.614	(0.528)	6.978	0.000	6.978	0.892	Budget for 15/16 realigned to cover efficiency savings in the new Council Structure, and staff turnover realigned to reflect prior year trends
Partnership Total	**197.577**	**203.173**	**3.479**	**199.693**	**(2.817)**	**204.818**	**5.473**	**199.344**	**2.468**	

Integration Joint Board
2nd April 2015

Agenda Item No.12

Subject:	**Clinical Negligence And Other Risks Indemnity Scheme (CNORIS)**
Purpose:	To seek approval from the Board to submit an application to become a member of the Clinical Negligence and Other Risks Scheme (CNORIS)
Recommendation:	That the Board agrees to apply to Scottish Ministers to join the CNORIS scheme.

1. Introduction

1.1 CNORIS is a risk transfer and financing scheme which was established in 1999 for NHS organisations in Scotland, the primary objective of which is to provide a cost effective risk pooling and claims management arrangement for those organisations which it covers.

1.2 The scheme's basic objectives are:

- To provide advice on clinical and non-clinical scheme coverage to all parts of the NHS in Scotland.
- To support scheme members in an advisory capacity in order to reduce their risks.
- To indemnify scheme members against losses which qualify for scheme cover.
- To allocate equitable contributions amongst scheme members to fund their qualifying losses.
- To provide members with scheme financial updates throughout the year to help with financial management and planning.
- To help manage risk by providing members with clinical and non-clinical loss analysis throughout the year.

1.3 The Scottish Government Health and Social Care Directorate (SGHSCD) fund all large losses (those above the current scheme excess of £25,000) during each financial year. At the end of the financial year SGHSCD collect funds from members to pay back the deficit accrued in-year.

1.4 In order to share the cost fairly between members, clinical and non-clinical risk profiles are created which determine relative risks for each organisation. The total annual deficit is then shared between members according to their proportion of the overall risk.

2. Current Position

Legislation

2.1 The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Amendment Regulations 2015 amend the National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000 ("the principal Regulations").

2.2 The principal Regulations establish the Clinical Negligence and Other Risks Indemnity Scheme ("the Scheme") which makes provision for meeting liabilities and indemnity in respect of other financial loss by scheme members. By virtue of the principal Regulations, all Health Boards, other statutory health bodies and the Mental Welfare Commission must be members of the scheme.

2.3 The 2015 Regulations amend the provisions of the principal Regulations so that Integration Joint Boards and Local Authorities may apply to the Scottish Ministers to become members of the Scheme. This amendment will come into force on 3rd April 2015.

Cover Provided

2.4 CNORIS provides indemnity to member organisations in relation to Employer's Liability, Public / Product Liability and Professional Indemnity type risks (inter alia) no less wider than that generally available within the commercial insurance market. CNORIS also provides cover in relation to Clinical Negligence.

2.5 NHS Ayrshire and Arran (through CNORIS) and North Ayrshire Council (through Zurich Municipal) already has relevant insurance cover in place; this will remain in place to cover the staff who are employed by and the services which are delivered those organisations.

2.6 Any application by the IJB to join CNORIS will only require to provide cover for Board members at this stage.

3. Proposals

3.1 It is recommended that:

1. The Board agrees to seek membership of the CNORIS Scheme through application to the Scottish Ministers
2. Otherwise notes the content of the report

4. Implications

4.1 Financial Implications

In calculating the contribution that the Integration Joint Board will require to make to the scheme Scottish Ministers will take into account:

- their estimate of the total amount which will, (by virtue of regulation 9 (payments under the Scheme)), fall to be paid during that membership year in respect of all qualifying liabilities and financial losses under the Scheme;
- the nature of the member's relevant functions;

- the number of employees of the member who are engaged in its performance of a relevant function, or any part of such a function, and the qualifications and experience of those employees; and

- their assessment of–
  (i) the effectiveness of any steps being taken, or to be taken, by the member, with a view to reducing the incidence of qualifying liabilities and financial losses in connection with any relevant function; and
  (ii) the effectiveness of any such steps which may previously have been taken; and may have regard to any other factor concerning that or any other member or the Scheme which they consider to be material to their determination.

Indicative costs are expected to be less than £5,000 per annum given that there are no previous claims and that all employees continue to be employed by either the Health Board or the Council.

4.2 **Human Resource Implications**

None.

4.3 **Legal Implications**

None.

4.4 **Equality Implications**

None.

4.5 **Environmental Implications**

None.

4.6 **Implications for Key Priorities**

None.

5. Consultations

5.1 Consultation on CNORIS has taken place with the other Ayrshire Councils, NHS Ayrshire and Arran and through the Association of Local Authority Risk Managers (ALARM).

6. Conclusion

6.1 Membership of CNORIS would provide cover in respect of any claim made against the IJB itself in terms of Officers/Officials Indemnity, albeit the possibility of a claim is considered low given that operational service delivery remains with the Health Board and the Council following delegation.

For more information please contact Lesley Aird, Head of Finance on 01294 324560 or lesleyaird@north-ayrshire.gcsx.gov.uk.

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North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
2 April 2015

Agenda Item No. 13

Subject: **Information Sharing**

Purpose: To advise members of the Integration Joint Board of information sharing arrangements in Ayrshire and Arran.

Recommendation: That the Integration Joint Board:

(a) accepts the invitation to join the Ayrshire Data Sharing Partnership and become a party to the Ayrshire & Arran Protocol for Sharing Information;
(b) accepts the invitation from the Chief Executives of North Ayrshire Council and NHS Ayrshire & Arran to become a party to the Information Sharing Protocol between North Ayrshire Council and NHS Ayrshire and Arran
(c) authorises the Partnership Director to sign all relevant documentation

1.	**Introduction**
1.1	Appropriate, secure and legal sharing of information about people who use services is essential to provide better, more joined up care and achieve better outcomes for them. The Public Bodies (Joint Working)(Scotland) Act 2014 allows information sharing between a local authority, a Health Board and an integration joint board for the purposes of the carrying out of integration functions and the preparation of a strategic plan.
1.2	Local Data Sharing Partnerships based around Health Boards and involving Health Boards, local authorities, Police and Fire & Rescue services manage the local implementation of data sharing. The Ayrshire Data Sharing Partnership (DSP) is co-chaired by two senior officers, one from NHS Ayrshire & Arran and one from one of the local authorities. Members of the DSP represent Health, Social Work/ Social Care, Education, ICT and information governance services together with a representative from the Police and Fire & Rescue services. The DSP is responsible for maintaining the Ayrshire & Arran Protocol for Sharing Information between East Ayrshire Council, North Ayrshire Council, South Ayrshire Council, NHS Ayrshire & Arran, Police Scotland and Scottish Fire and Rescue Service.

2.	**Current Position**
2.1	In preparation for the integration of health and social care the DSP reviewed the Ayrshire & Arran Protocol for Sharing Information ("the Protocol") to ensure that it was fit for purpose. Only a minor amendment was required to reflect the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. It also prepared supplementary Information Sharing Protocols for each of the Health & Social Care Partnership areas. The Information Sharing Protocol between NHS Ayrshire and Arran and North Ayrshire Council ("the ISP") was agreed and signed by the Chief Executives.
2.2	The ISP defines the processes and procedures that apply to sharing information for any purpose connected with the preparation of an Integration Scheme, the preparation of a strategic plan or the carrying out of integration functions. The aim of the ISP is to facilitate the sharing of information between the parties and put in place a framework which will allow this information to be exchanged in ways which respect the rights of people about whom information is shared.
2.3	The Integration Scheme approved by Scottish Ministers contains a section on Information-Sharing and data handling (Section 10). This provides that within a month of the first meeting of the Integration Joint Board (IJB) the Parties (NHS Ayrshire & Arran and North Ayrshire Council) are to request that the DSP invites the IJB to become a member of the DSP and become a party to the Protocol. The IJB will have the opportunity to request reasonable adjustments to the Protocol and these will be considered by the DSP. Members of the IJB should note that the Principal Manager, Business now attends meetings of the DSP.
2.4	Further the Integration Scheme provides that within a month of the first meeting of the IJB, the IJB will be invited by NHS Ayrshire and Arran and North Ayrshire Council to review the ISP and become a party to it. The ISP will succeed in its aims only in so far as it is well understood and followed by staff. The DSP has agreed to produce a common framework for communicating with and training staff in the ISP.
2.5	Individual services within the Health & Social Care Partnership will be required to develop detailed operational information sharing procedures to ensure that information flows and the methods of sharing information are understood by practitioners and staff to support the care of people who use services and when it is necessary to protect children and adults from risk of harm. The ISP includes a template to support the development of these operational sharing procedures.
3.	**Proposals**
3.1	That the IJB becomes a member of the Data Sharing Partnership and that it subscribes to both the Ayrshire & Arran Information Protocol for Sharing Information and the Information Sharing Protocol between NHS Ayrshire & Arran and North Ayrshire Council.
3.2	That the Principal Manager, Business, will work with colleagues in the DSP to communicate and promote understanding of the ISP among practitioners and staff.
3.3	It is proposed that the Principal Manager, Business take forward the process of developing detailed operational information sharing procedures and to report to the IJB in due course.

4.	**Implications**
4.1	**Financial Implications**
	There are no financial implications arising directly from this report.
4.2	**Human Resource Implications**
	There are no human resource implications arising from this report.
4.3	**Legal Implications**
	The development and implementation of robust procedures for sharing information will ensure that the IJB complies with all legal requirements.
4.4	**Equality Implications**
	There are no equality implications arising from this report.
4.5	**Environmental Implications**
	There are no environmental implications arising from this report.
4.6	**Implications for Key Priorities**
	There are no implications for key priorities arising from this report.
5.	**Consultations**
5.1	There were no consultations required for the preparation of this report.
6.	**Conclusion**
6.1	The sharing of information between NHS Ayrshire and Arran, North Ayrshire Council and the IJB will be essential to planning and delivering integrated care. By becoming a party to the Protocol and ISP detailed in this report the necessary processes and procedures for sharing information will start to be established.

For more information please contact Janine Hunt, Principal Manager, Business on (01294) 317787 or email janinehunt@north-ayrshire.gcsx.gov.uk

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Integration Joint Board
2 April 2015

Agenda Item No. 14

Subject:	**Code of Conduct**
Purpose:	To advise the Integration Joint Board (IJB) members of the requirement to sign the Code of Conduct for Devolved Public Bodies.
Recommendation:	That members note the content of the report and arrange to sign the Code of Conduct.

1. Introduction

1.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 (the Act) provides for a Code of Conduct for members of Devolved Public Bodies and imposes on those bodies a duty to help their members comply with the relevant code. Accordingly, the Standing Orders for the Integration Joint Board (IJB) (Section 7.1) prescribe that Members of the IJB shall subscribe to and comply with the Standards in Public Life – Code of Conduct for Members of Devolved Public Bodies (Appendix 1).

2. Current Position

2.1 Members of the Board of NHS Ayrshire & Arran have already subscribed to the Code of Conduct for Members of Devolved Public Bodies. All other members are required to subscribe to the Code of Conduct for Members of Devolved Public Bodies. A copy of the code (Appendix 1) and the related guidance note (Appendix 2) are attached to this report.

2.2 The Code requires members to register their interests, financial and non-financial.

3. Proposals

3.1 All Members should sign the Code of Conduct for Members of Devolved Public Bodies to ensure equity and transparency.

3.2 All Members of the IJB must observe the rules of conduct in the Code which they have signed. They must comply with these and review regularly their personal circumstances, at least annually. They must not at any time advocate or encourage any action contrary to the Code.

3.3 Members should note that the Act sets out the provisions for dealing with alleged breaches of the Code and the sanctions that can be applied in the event of a breach. These are set out in Annex A to the Code which is appended to this report.

3.4 The Integration Joint Board will require to create a Register of Members Interests. A form and guidance will be provided to members to enable them to register relevant interests.

4. Implications

4.1 Financial Implications

There are no financial implications arising directly from this report.

4.2 Human Resource Implications

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

4.3 Legal Implications

The adoption by Members of the Board of the Code of Conduct for Members of Devolved Public Bodies will ensure that Members comply with their legal duties under the 2000 Act.

4.4 Equality Implications

There are no equality implications.

4.5 Environmental Implications

There are no environmental implications.

4.6 Implications for Key Priorities

There are no implications for key priorities arising directly from this report.

5. Consultations

5.1 The Pan-Ayrshire Legal Workstream was consulted on this report.

6. Conclusion

6.1 In signing the Code, Members are complying with the relevant legislation and the Standing Orders of the IJB. The Code offers Members clarity as to the standards of conduct that are expected of them in the important role which they exercise.

For more information please contact Andrew Fraser, Head of Democratic Services on: 01294 324125 or andrewfraser@north-ayrshire.gov.uk.

Appendix 1

Model Code of Conduct for Members of Devolved Public Bodies

February 2014

The Scottish Government
Riaghaltas na h-Alba

MODEL CODE OF CONDUCT FOR MEMBERS OF DEVOLVED PUBLIC BODIES

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SECTION 1: INTRODUCTION TO THE MODEL CODE OF CONDUCT

1.1 The Scottish public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. You must meet those expectations by ensuring that your conduct is above reproach.

1.2 The Ethical Standards in Public Life etc. (Scotland) Act 2000, "the Act", provides for Codes of Conduct for local authority councillors and members of relevant public bodies; imposes on councils and relevant public bodies a duty to help their members to comply with the relevant code; and establishes a Standards Commission for Scotland, "The Standards Commission" to oversee the new framework and deal with alleged breaches of the codes.

1.3 The Act requires the Scottish Ministers to lay before Parliament a Code of Conduct for Councillors and a Model Code for Members of Devolved Public Bodies. This Model Code for members was first introduced in 2002 and has now been revised following consultation and the approval of the Scottish Parliament. These revisions will make it consistent with the relevant parts of the Code of Conduct for Councillors, which was revised in 2010 following the approval of the Scottish Parliament.

1.4 As a member of a public body, it is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of this Model Code of Conduct.

Appointments to the Boards of Public Bodies

1.5 Public bodies in Scotland are required to deliver effective services to meet the needs of an increasingly diverse population. In addition, the Scottish Government's equality outcome on public appointments is to ensure that Ministerial appointments are more diverse than at present**.** In order to meet both of these aims, a board should ideally be drawn from varied backgrounds with a wide spectrum of characteristics, knowledge and experience. It is crucial to the success of public bodies that they attract the best people for the job and therefore it is essential that a board's appointments process should encourage as many suitable people to apply for positions and be free from unnecessary barriers. You should therefore be aware of the varied roles and functions of the public body on which you serve and of wider diversity and equality issues. You should also take steps to familiarise yourself with the appointment process that your board (if appropriate) will have agreed with the Scottish Government's Public Appointment Centre of Expertise.

1.6 You should also familiarise yourself with how the public body's policy operates in relation to succession planning, which should ensure public bodies have a strategy to make sure they have the staff in place with the skills, knowledge and experience necessary to fulfil their role economically, efficiently and effectively.

Guidance on the Model Code of Conduct

1.7 You must observe the rules of conduct contained in this Model Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Model Code of Conduct.

1.8 The Model Code has been developed in line with the key principles listed in Section 2 and provides additional information on how the principles should be interpreted and applied in practice. The Standards Commission may also issue guidance. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the public body. You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

1.9 You should familiarise yourself with the Scottish Government publication "On Board – a guide for board members of public bodies in Scotland". This publication will provide you with information to help you in your role as a member of a public body in Scotland and can be viewed on the Scottish Government website.

Enforcement

1.10 Part 2 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 sets out the provisions for dealing with alleged breaches of this Code of Conduct and where appropriate the sanctions that shall be applied if the Standards Commission finds that there has been a breach of the Code. Those sanctions are outlined in **Annex A**.

SECTION 2: KEY PRINCIPLES OF THE MODEL CODE OF CONDUCT

2.1 The general principles upon which this Model Code is based should be used for guidance and interpretation only. These general principles are:

Duty
You have a duty to uphold the law and act in accordance with the law and the public trust placed in you. You have a duty to act in the interests of the public body of which you are a member and in accordance with the core functions and duties of that body.

Selflessness
You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity
You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity
You must make decisions solely on merit and in a way that is consistent with the functions of the public body when carrying out public business including making appointments, awarding contracts or recommending individuals for rewards and benefits.

Accountability and Stewardship
You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

Openness
You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty
You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership
You have a duty to promote and support these principles by leadership and example, and to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

Respect
You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times. Similarly you must respect members of the public when performing duties as a member of your public body.

2.2 You should apply the principles of this Model Code to your dealings with fellow members of the public body, its employees and other stakeholders. Similarly you should also observe the principles of this Model Code in dealings with the public when performing duties as a member of a public body.

SECTION 3: GENERAL CONDUCT

3.1 The rules of good conduct in this section must be observed in all situations where you act as a member of a public body.

Conduct at Meetings

3.2 You must respect the chair, your colleagues and employees of the public body in meetings. You must comply with rulings from the chair in the conduct of the business of these meetings.

Relationship with Board Members and Employees of the Public Body (including those employed by contractors providing services)

3.3 You will treat your fellow board members and any staff employed by the body with courtesy and respect. It is expected that fellow board members and employees will show you the same consideration in return. It is good practice for employers to provide examples of what is unacceptable behaviour in their organisation. Public bodies should promote a safe, healthy and fair working environment for all. As a board member you should be familiar with the policies of the public body in relation to bullying and harassment in the workplace and also lead by exemplar behaviour.

Remuneration, Allowances and Expenses

3.4 You must comply with any rules of the public body regarding remuneration, allowances and expenses.

Gifts and Hospitality

3.5 You must not accept any offer by way of gift or hospitality which could give rise to real or substantive personal gain or a reasonable suspicion of influence on your part to show favour, or disadvantage, to any individual or organisation. You should also consider whether there may be any reasonable perception that any gift received by your spouse or cohabitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term “gift” includes benefits such as relief from indebtedness, loan concessions or provision of services at a cost below that generally charged to members of the public.

3.6 You must never ask for gifts or hospitality.

3.7 You are personally responsible for all decisions connected with the offer or acceptance of gifts or hospitality offered to you and for avoiding the risk of damage to public confidence in your public body. As a general guide, it is usually appropriate to refuse offers except:

(a) isolated gifts of a trivial character, the value of which must not exceed £50;

(b) normal hospitality associated with your duties and which would reasonably be regarded as appropriate; or

(c) gifts received on behalf of the public body.

3.8 You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision your body may be involved in determining, or who is seeking to do business with your organisation, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visit in your capacity as a member of your public body then, as a general rule, you should ensure that your body pays for the cost of the visit.

3.9 You must not accept repeated hospitality or repeated gifts from the same source.

3.10 Members of devolved public bodies should familiarise themselves with the terms of the Bribery Act 2010 which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality Requirements

3.11 There may be times when you will be required to treat discussions, documents or other information relating to the work of the body in a confidential manner. You will often receive information of a private nature which is not yet public, or which perhaps would not be intended to be public. You must always respect the confidential nature of such information and comply with the requirement to keep such information private.

3.12 It is unacceptable to disclose any information to which you have privileged access, for example derived from a confidential document, either orally or in writing. In the case of other documents and information, you are requested to exercise your judgement as to what should or should not be made available to outside bodies or individuals. In any event, such information should never be used for the purposes of personal or financial gain, or for political purposes or used in such a way as to bring the public body into disrepute.

Use of Public Body Facilities

3.13 Members of public bodies must not misuse facilities, equipment, stationery, telephony, computer, information technology equipment and services, or use them for party political or campaigning activities. Use of such equipment and services etc. must be in accordance with the public body's policy and rules on their usage. Care must also be exercised when using social media networks not to compromise your position as a member of the public body.

Appointment to Partner Organisations

3.14 You may be appointed, or nominated by your public body, as a member of another body or organisation. If so, you are bound by the rules of conduct of these organisations and should observe the rules of this Model Code in carrying out the duties of that body.

3.15 Members who become directors of companies as nominees of their public body will assume personal responsibilities under the Companies Acts. It is possible that conflicts of interest can arise for such members between the company and the public body. It is your responsibility to take advice on your responsibilities to the public body and to the company. This will include questions of declarations of interest.

SECTION 4: REGISTRATION OF INTERESTS

4.1 The following paragraphs set out the kinds of interests, financial and otherwise which you have to register. These are called "Registerable Interests". You must, at all times, ensure that these interests are registered, when you are appointed and whenever your circumstances change in such a way as to require change or an addition to your entry in the body's Register. It is your duty to ensure any changes in circumstances are reported within one month of them changing.

4.2 The Regulations[1] as amended describe the detail and timescale for registering interests. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. **Annex B** contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse or cohabitee.

Category One: Remuneration

4.3 You have a Registerable Interest where you receive remuneration by virtue of being:

- employed;
- self-employed;
- the holder of an office;
- a director of an undertaking;
- a partner in a firm; or
- undertaking a trade, profession or vocation or any other work.

4.4 In relation to 4.3 above, the amount of remuneration does not require to be registered and remuneration received as a member does not have to be registered.

4.5 If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two, "Related Undertakings".

4.6 If you receive any allowances in relation to membership of any organisation, the fact that you receive such an allowance must be registered.

[1] SSI - The Ethical Standards in Public Life etc. (Scotland) Act 2000 (Register of Interests) Regulations 2003 Number 135, as amended.

4.7 When registering employment, you must give the name of the employer, the nature of its business, and the nature of the post held in the organisation.

4.8 When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.

4.9 Where you undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication, and the frequency of articles for which you are paid.

4.10 When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and the nature of its business.

4.11 Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

4.12 You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.

4.13 You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.

4.14 The situations to which the above paragraphs apply are as follows:

- you are a director of a board of an undertaking and receive remuneration declared under category one – and
- you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

4.15 You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 4.19 below) have made a contract with the public body of which you are a member:

(i) under which goods or services are to be provided, or works are to be executed; and

(ii) which has not been fully discharged.

4.16 You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

4.17 You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed.

4.18 The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision making.

Category Five: Interest in Shares and Securities

4.19 You have a registerable interest where you have an interest in shares comprised in the share capital of a company or other body which may be significant to, of relevance to, or bear upon, the work and operation of (a) the body to which you are appointed and (b) the **nominal value** of the shares is:

(i) greater than 1% of the issued share capital of the company or other body; or

(ii) greater than £25,000.

Where you are required to register the interest, you should provide the registered name of the company in which you hold shares; the amount or value of the shares does not have to be registered.

Category Six: Gifts and Hospitality

4.20 You must register the details of any gifts or hospitality received within your current term of office. This record will be available for public inspection. It is not however necessary to record any gifts or hospitality as described in paragraph 3.7 (a) to (c) of this Model Code.

Category Seven: Non–Financial Interests

4.21 You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the body to which you are appointed. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.

4.22 In the context of non-financial interests, the test to be applied when considering appropriateness of registration is to ask whether a member of the public might reasonably think that any non-financial interest could potentially affect your responsibilities to the organisation to which you are appointed and to the public, or could influence your actions, speeches or decision-making.

SECTION 5: DECLARATION OF INTERESTS

General

5.1 The key principles of the Model Code, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the public body. Together with the rules on registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

5.2 Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Model Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the public body and its members depends on it being clearly understood that decisions are taken in the public interest and not for any other reason.

5.3 In considering whether to make a declaration in any proceedings, you must consider not only whether you will be influenced but whether anybody else would think that you might be influenced by the interest. You must, however, always comply with the objective test ("the objective test") which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your discussion or decision making in your role as a member of a public body.

5.4 If you feel that, in the context of the matter being considered, your involvement is neither capable of being viewed as more significant than that of an ordinary member of the public, nor likely to be perceived by the public as wrong, you may continue to attend the meeting and participate in both discussion and voting. The relevant interest must however be declared. It is your responsibility to judge whether an interest is sufficiently relevant to particular proceedings to require a declaration and you are advised to err on the side of caution. If a board member is unsure as to whether a conflict of interest exits, they should seek advice from the board chair.

5.5 As a member of a public body you might serve on other bodies. In relation to service on the boards and management committees of limited liability companies, public bodies, societies and other organisations, you must decide, in the particular circumstances surrounding any matter, whether to declare an interest. Only if you believe that, in the particular circumstances, the nature of the interest is so remote or without significance, should it not be declared. You must always remember the public interest points towards transparency and, in particular, a possible divergence of interest between your

public body and another body. Keep particularly in mind the advice in paragraph 3.15 of this Model Code about your legal responsibilities to any limited company of which you are a director.

Interests which Require Declaration

5.6 Interests which require to be declared, if known to you may be financial or non-financial. They may or may not cover interests which are registerable under the terms of this Model Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration. The paragraphs which follow deal with (a) your financial interests (b) your non-financial interests and (c) the interests, financial and non-financial, of other persons.

5.7 You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role as a member of a public body. In the context of any particular matter you will need to decide whether to declare an interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is too remote or without significance. In reaching a view on whether the objective test applies to the interest, you should consider whether your interest (whether taking the form of association or the holding of office) would be seen by a member of the public acting reasonably in a different light because it is the interest of a person who is a member of a public body as opposed to the interest of an ordinary member of the public.

Your Financial Interests

5.8 You must declare, if it is known to you, any financial interest (including any financial interest which is registerable under any of the categories prescribed in Section 4 of this Model Code).

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

Your Non-Financial Interests

5.9 You must declare, if it is known to you, any non-financial interest if:

(i) that interest has been registered under category seven (Non Financial Interests) of Section 4 of the Model Code; or

(ii) that interest would fall within the terms of the objective test.

There is no need to declare an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

The Financial Interests of Other Persons

5.10 The Model Code requires only your financial interests to be registered. You also, however, have to consider whether you should declare any financial interest of certain other persons.

You must declare if it is known to you any financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable expenses.

There is no need to declare an interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

You must withdraw from the meeting room until discussion of and voting on the relevant item where you have a declarable interest is concluded. There is no need to withdraw in the case of an interest which is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

5.11 This Model Code does not attempt the task of defining “relative” or “friend” or “associate”. Not only is such a task fraught with difficulty but is also unlikely that such definitions would reflect the intention of this part of the Model Code. The key principle is the need for transparency in regard to any interest which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities as a member of a public body and, as such, would be covered by the objective test.

The Non-Financial Interests of Other Persons

5.12 You must declare if it is known to you any non-financial interest of:-

(i) a spouse, a civil partner or a co-habitee;
(ii) a close relative, close friend or close associate;
(iii) an employer or a partner in a firm;
(iv) a body (or subsidiary or parent of a body) of which you are a remunerated member or director;
(v) a person from whom you have received a registerable gift or registerable hospitality;
(vi) a person from whom you have received registerable election expenses.

There is no need to declare the interest if it is so remote or insignificant that it could not reasonably be taken to fall within the objective test.

There is only a need to withdraw from the meeting if the interest is clear and substantial.

Making a Declaration

5.13 You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether agendas for meetings raise any issue of declaration of interest. Your declaration of interest must be made as soon as practicable at a meeting where that interest arises. If you do identify the need for a declaration of interest only when a particular matter is being discussed you must declare the interest as soon as you realise it is necessary.

5.14 The oral statement of declaration of interest should identify the item or items of business to which it relates. The statement should begin with the words “I declare an interest”. The statement must be sufficiently informative to enable those at the meeting to understand the nature of your interest but need not give a detailed description of the interest.

Frequent Declarations of Interest

5.15 Public confidence in a public body is damaged by perception that decisions taken by that body are substantially influenced by factors other than the public interest. If you would have to declare interests frequently at meetings in respect of your role as a board member you should not accept a role or appointment with that attendant consequence. If members are frequently declaring interests at meetings then they should consider whether they can carry out their role effectively and discuss with their chair. Similarly, if any appointment or nomination to another body would give rise to objective concern because of your existing personal involvement or affiliations, you should not accept the appointment or nomination.

Dispensations

5.16 In some very limited circumstances dispensations can be granted by the Standards Commission in relation to the existence of financial and non-financial interests which would otherwise prohibit you from taking part and voting on matters coming before your public body and its committees.

5.17 Applications for dispensations will be considered by the Standards Commission and should be made as soon as possible in order to allow proper consideration of the application in advance of meetings where dispensation is sought. You should not take part in the consideration of the matter in question until the application has been granted.

SECTION 6: LOBBYING AND ACCESS TO MEMBERS OF PUBLIC BODIES

Introduction

6.1 In order for the public body to fulfil its commitment to being open and accessible, it needs to encourage participation by organisations and individuals in the decision-making process. Clearly however, the desire to involve the public and other interest groups in the decision-making process must take account of the need to ensure transparency and probity in the way in which the public body conducts its business.

6.2 You will need to be able to consider evidence and arguments advanced by a wide range of organisations and individuals in order to perform your duties effectively. Some of these organisations and individuals will make their views known directly to individual members. The rules in this Model Code set out how you should conduct yourself in your contacts with those who would seek to influence you. They are designed to encourage proper interaction between members of public bodies, those they represent and interest groups.

Rules and Guidance

6.3 You must not, in relation to contact with any person or organisation that lobbies do anything which contravenes this Model Code or any other relevant rule of the public body or any statutory provision.

6.4 You must not, in relation to contact with any person or organisation who lobbies, act in any way which could bring discredit upon the public body.

6.5 The public must be assured that no person or organisation will gain better access to or treatment by, you as a result of employing a company or individual to lobby on a fee basis on their behalf. You must not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which you accord any other person or organisation who lobbies or approaches you. Nor should those lobbying on a fee basis on behalf of clients be given to understand that

preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming from another member of the public body.

6.6 Before taking any action as a result of being lobbied, you should seek to satisfy yourself about the identity of the person or organisation that is lobbying and the motive for lobbying. You may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that you know the basis on which you are being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Model Code.

6.7 You should not accept any paid work:-

(a) which would involve you lobbying on behalf of any person or organisation or any clients of a person or organisation.

(b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence the public body and its members. This does not prohibit you from being remunerated for activity which may arise because of, or relate to, membership of the public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

6.8 If you have concerns about the approach or methods used by any person or organisation in their contacts with you, you must seek the guidance of the public body.

ANNEX A

SANCTIONS AVAILABLE TO THE STANDARDS COMMISSION FOR BREACH OF THE CODE

(a) Censure – the Commission may reprimand the member but otherwise take no action against them;

(b) Suspension – of the member for a maximum period of one year from attending one or more, but not all, of the following:

i) all meetings of the public body;

ii) all meetings of one or more committees or sub-committees of the public body;

(iii) all meetings of any other public body on which that member is a representative or nominee of the public body of which they are a member.

(c) Suspension – for a period not exceeding one year, of the member's entitlement to attend all of the meetings referred to in (b) above;

(d) Disqualification – removing the member from membership of that public body for a period of no more than five years.

Where a member has been suspended, the Standards Commission may direct that any remuneration or allowance received from membership of that public body be reduced, or not paid.

Where the Standards Commission disqualifies a member of a public body, it may go on to impose the following further sanctions:

(a) Where the member of a public body is also a councillor, the Standards Commission may disqualify that member (for a period of no more than five years) from being nominated for election as, or from being elected, a councillor. Disqualification of a councillor has the effect of disqualifying that member from their public body and terminating membership of any committee, sub-committee, joint committee, joint board or any other body on which that member sits as a representative of their local authority.

(b) Direct that the member be removed from membership, and disqualified in respect of membership, of any other devolved public body (provided the members' code applicable to that body is then in force) and may disqualify that person from office as the Water Industry Commissioner.

In some cases the Standards Commission do not have the legislative powers to deal with sanctions, for example if the respondent is an executive member of the board or appointed by the Queen. Sections 23 and 24 of the Ethical Standards in Public Life etc. (Scotland) Act 2000 refer.

Full details of the sanctions are set out in Section 19 of the Act.

ANNEX B

DEFINITIONS

"Chair" includes Board Convener or any person discharging similar functions under alternative decision making structures.

"Code" code of conduct for members of devolved public bodies

"Cohabitee" includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

"Group of companies" has the same meaning as "group" in section 262(1) of the Companies Act 1985. A "group", within s262 (1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

"Parent Undertaking" is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the rights in the undertaking**.**

"A person" means a single individual or legal person and includes a group of companies.

"Any person" includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

"**Public body"** means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000, as amended.

"Related Undertaking" is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

"Remuneration" includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

"Spouse" does not include a former spouse or a spouse who is living separately and apart from you.

"Undertaking" means:
a) a body corporate or partnership; or
b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

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Appendix 2

GUIDANCE ON THE MODEL CODE OF CONDUCT for MEMBERS of DEVOLVED PUBLIC BODIES

INTEGRITY IN PUBLIC LIFE

Standards matter: A review of best practice in promoting good behaviour in public life. Extracts from the 2013 report by the Committee on Standards in Public Life

"Codes do not have an impact simply by existing. Principles and rules are necessary but not sufficient to created high standards. Organisations also need the right culture, effective monitoring and strong leadership."

"Many of the requirements for high standards require action at organisational level. But high standards also require individuals to take personal responsibility – by observing high standards themselves, by demonstrating high standards to others through their own behaviour and by challenging inadequate standards when they see them. Mindlessly following rules and processes is not enough if people do not also engage their judgement about what is important. An individual who has internalised sound ethical principles and the reasons they are important is better able to make appropriate decisions than someone simply following a set of rules"

"Practice what you preach – hypocrisy is very damaging to trust.

Introduction

The public rightly expects exemplary standards of behaviour from those serving on the boards of public bodies when undertaking their duties. It is your personal responsibility to comply with the requirements of the Model Code of Conduct as adopted by your public body and your actions should be part and parcel of winning the public's respect and trust in the work you do.

There is a statutory framework governing behaviour in public life, comprising:

- Codes of Conduct which members of devolved public bodies must comply with when carrying out their duties;
- A set of arrangements for dealing with complaints that a member of a public body has acted inappropriately and has contravened the Code of Conduct.

Each public body has a Code of Conduct, based on the Model Code, and each will also have its own internal policies which apply the Code in the context of the body's work.

It is essential to note that as a member of a public body
it is your personal responsibility
to make sure you are familiar with the Code of Conduct and internal policies for your public body and that your actions accord with these.

In other words, simply ticking boxes is not enough; you have to understand the reasons behind good ethical behaviour and apply these thoughtfully on a case by case basis.

This note offers a brief guide on what the Code means for you as a Member of a public body but it is not a substitute for the Code itself, which contains more detail. As a Board Member you must read and abide by the Code.

Section 2: Key principles of the Model Code of Conduct

Exemplary standards of behaviour mean behaving and, importantly, being seen to behave in accordance with nine key principles of public life which you as a Board Member are expected to uphold in carrying your duties. More detail about each principle is provided in the Code. In brief they are:

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

The Code of Conduct is there to help you interpret and to apply these principles. However it is your responsibility to do the thinking and make sure you are meeting the provisions of the Code. In working through this process you may need to exercise your judgement. Sometimes making that judgement is difficult but there are two crucial points: you must exercise it objectively; and

you should bear in mind that perception by informed members of the general public, who know the facts, is an important factor.

This is not the same thing as members of the public not *liking* a decision made or opinion expressed legitimately in the course of your work; it is more about whether you have acted properly.

The Code of Conduct applies to your actions as a member of a public body. However, bear in mind that opinions you express in a personal capacity will attach to you in all your walks of life. It is very difficult to persuade people that you can take a different view, or even have an open mind, in your capacity as a Member of a Devolved Public Body from a view you may have expressed in your personal capacity. This is particularly pertinent in respect of using social media where the separation of public and private comments can be very unclear to someone reading them.

If you need advice, the following sources may help:

- The Code of Conduct;
- Your public body's Standards Officer;
- Your public body's own internal policies (e.g. on use of facilities; gifts; etc.);
- The "On Board" manual published by the Scottish Government.
- Information published on the websites of the Standards Commission for Scotland and the Commissioner for Ethical Standards

You should always think ahead. If you have any concerns about a possible problem, speak to your Standards Officer, Chief Executive or Chair so that action can be taken before a situation becomes a serious problem or a complaint is made against you.

The following information provides a brief guide to the sections in the Code of Conduct – for more details about each section it is important to read the Code of Conduct:

Section 3: General Conduct

You must treat everyone you come into contact with in the course of your work for your public body with courtesy and respect, even if you disagree with their views. A board functions most effectively when diverse views are debated openly and respectfully, and the decisions reached collectively are likewise respected. It also functions most effectively when everyone understands and respects the different and complementary roles of the executive (staff) and non-executive (board members).

Gifts and hospitality

The general rule is that you should not, in your role as a Board Member, accept gifts or hospitality. If you do, there is always the risk it could be interpreted as you being given or invited to something which you wouldn't normally attend, and therefore you may potentially be influenced to show favour towards whoever offers you these gifts and hospitality. Even if this is not the case, there is a risk that your actions could be interpreted that way.

Clearly judgements have to be proportionate. The Code sets out some guidelines to help you decide what action you should take. Your public body should also have an internal policy on the acceptance of gifts/hospitality which will set the Code's guidelines in the context of your particular organisation's work.

Confidentiality

Although Freedom of Information legislation provides widespread public access to information, it is legitimate in some circumstances for a public body to require information and documents to be treated in a confidential manner. Sometimes it is a matter of timing – information that may eventually be released but for the moment it must be kept confidential. You must respect the requirement for confidentiality, even if you do not agree with this requirement.

A related point is that it is not acceptable to disclose information (even if not explicitly confidential) to which you have privileged access as a result of your position if this disclosure leads to personal or financial gain, or is used for political purposes, or would result in damage to the reputation of your public body.

Using Public Body Facilities

The equipment and assets (IT, telephones, photocopiers, meeting rooms, offices etc.) of a public body are paid for by taxpayers – you should only use them in accordance with the organisation's policies. Generally this means only using them in connection with legitimate business of the organisation.

Social Media

When using social media the distinction between work and private life can get blurred, and hastily made comments can get misconstrued. You should be mindful of your role and take care not to compromise your position as a member of a public body by publicly undermining (or appearing to undermine) the actions of the organisation, staff or colleagues. This applies whether you are using your own or the organisation's equipment to access and post comments on social media.

Appointment to Partner Organisations

If you become a director or board member of a company as a nominee of a public body, you need to be conscious of potential conflicts of interest between your two positions. The main point to bear in mind is that if you are nominated in order to represent your public body's interests, then you are still bound by the Code but you may also be required to abide by the rules of the board you have been appointed to. More is said about this in the section on declaration of interests.

Sections 4 & 5: Interests

To ensure complete transparency of decision making by public bodies, and to avoid accusations that members are being inappropriately influenced, the Code requires that you make open to public view all your relevant interests. "Relevant Interests" are all the circumstances that might be considered to affect your judgement during the course of your work for a public body. There are two elements to this – registration of interests and declaration of interests:

Section 4: Registration of Interests

Your public body has a statutory duty to keep a register of the interests of its Members, and this information must be available for public view. It is your responsibility to keep your entries in the register up to date. **You must read the relevant section of the Code for more information.**

Details about two of the categories, namely Category 1 – Remuneration; and Category 2 – Related Undertakings; are considered so important this information must be registered whether or not it is relevant to your role in the public body.

Information about the registration of other interests in relation to the remaining categories is detailed within the Code of Conduct.
Category 3 – Contracts;
Category 4 – Houses, Land and Buildings;
Category 5 – Interests in Shares and Securities;
Category 6 – Gifts and Hospitality;
Category 7 – Non Financial Interests;

Under these categories, you may need to make the judgement on whether the interest could be considered relevant to the work of the public body and whether someone looking in from the outside might consider that your vote or support for a decision could be biased as a result of your interest. If you are in any doubt you should register the interest.

There is no requirement to *register* the interests of those connected to you; however, there **may be** a requirement to *declare* such an interest.

When deciding whether to register gifts or hospitality, remember that they could be offered from any source and not only when you are taking part in official business. The important point to think about is whether these could, or the perception is that these may, influence you in your role as a board member of your public body.

Section 5: Declaration of Interests

This is an area of the Code which comes under particular public scrutiny. It is important that the public and other interested parties have confidence that decisions are being made in accord with the public interest and not for any other reason. So in addition to your entries in the Register of Interests, you may need to declare an interest at a Board or Committee meeting of

your public body prior to a particular item being discussed. Any interest you declare may or may not already be on the Register

You need to consider the objective test:
whether an ordinary member of the public with knowledge of the relevant facts, would reasonably regard the interest as so significant that it is likely to prejudice your decision making.

- If you consider the objective test is met, you should declare your interest and leave the meeting for the duration of the item under discussion/decision.
- If you consider the objective test is not met you do not need to make a declaration and you can take part in the discussion/decision.
- Occasionally, in the interests of transparency you may wish to explain to the meeting that you have considered the matter in question and reached the conclusion that there is no conflict of interest and the objective test is not met, so you will take part in the item under discussion/decision.

The Code goes into more detail about interests which require declaration – **this is an important area, and it is your responsibility to ensure you are aware of the requirements detailed in section 5 of the Code.**

Remember that the Code only requires registration of ***your*** interests but you must consider whether at a Board meeting for a particular item scheduled to be discussed you should declare any financial or non-financial interests of people or organisations you are connected with. The same principle of the objective test applies.

Membership of More than One Public Body:

Sometimes members may sit on the boards of more than one public body. It is also possible that a member of staff of one public body may be a member of another. This can bring considerable benefits of experience and expertise to each board. Being a member of more than one public body is unlikely, by itself, to result in a conflict of interest, but there can be instances where this will occur. Examples which may cause an issue include:

- When you are a member of more than one body, the duty of collective responsibility applies to each of them. If you find yourself being required to take a decision on something which you have already taken a view on as part of another board or its organisation has stated a clear position on a matter, you will probably need to declare an interest and withdraw.
- In issues involving approval of funding from one body to another, there can be no dubiety; you must declare an interest and withdraw if you are a member of the body potentially receiving the funding.
- Similarly in respect of any quasi-judicial decisions – you cannot be involved in the decision making if you are a member of another body which plays a part in, or is the subject of, that decision.
- In any situation where there is a potential conflict between your differing roles, a sense of proportion is needed, but ultimately you will need to make a judgement based on the objective test.

Directly Elected Members:
Direct elections: if you sit on a public body as a result of a direct election (separate from Council elections) you do not automatically have a conflict of interest (and need to declare) just by virtue of being directly elected; but you still need to apply the objective test on a case by case basis.

Dispensations
The Code does allow for dispensations and these may be granted by the Standards Commission. In the vast majority of cases, however, applying clear reasoning to the objective test should be the guide.

Section 6: Lobbying and Access to Members of Public Bodies

Public bodies aim to be open and accessible to the views and opinions of others, and to make their decisions based on the widest possible evidence and arguments. As a Member you will probably be approached by those wishing to make their views known. This is perfectly legitimate but care is needed, and in these situations you should **be guided by the Code**, in particular:

- Do not do or say, anything that could be construed as your being improperly influenced to take a particular stance on an issue;
- You must not give or be perceived to give preferential access to any one side of an argument
- You must not accept any paid work in which you give advice on how to influence the public body and its members.

Roles, Responsibilities and Sources of Information:

The Chair of the Board
The Chair has additional responsibilities over and above those of Board Members. The Chair should ensure that all Board Members have a proper knowledge and understanding of their corporate roles and responsibilities which should include strategic leadership and the conduct of the Board business. You should seek the advice of your Chair if you are unsure about how to handle an issue.

Scottish Government Sponsor Team
Sponsor teams are responsible, on behalf of Ministers, for the bodies they sponsor. They are the day to day link between the body and the Minister and should ensure, amongst other things, that the public body has in place a Code of Conduct for Board Members approved by Scottish Ministers.

Duties of Public Bodies covered by this framework:
- Promote the observance by its Board Members of high standards of conduct and assist Members in observing the Code of Conduct for Members. This could include offering training for new Members, or refresher courses from time to time;

- Must have a designated Standards Officer to assist board Members observe the requirements detailed in the Code of Conduct and to ensure that the organisation keeps the Register of Members' Interests available, up to date and open to public view

The Commissioner for Ethical Standards in Public Life in Scotland (Commissioner for Ethical Standards)

- Is independent of Government, Scottish Parliament and the Standards Commission for Scotland when investigating alleged contraventions of the Code;
- Receives complaints about the conduct of Members. Complaints can be made by anyone, including members of the public, or staff and Members of the public body you work with.
- If the Commissioner for Ethical Standards considers that there has been a breach of the Code a report about the investigation and the outcome from that process will be issued to the Standards Commission.

The Standards Commission Scotland (Standards Commission)

- Is independent of Government, Scottish Parliament and the Commissioner for Ethical Standards when considering alleged contraventions of the Code of Conduct;
- When a report is passed to it by the Commissioner for Ethical Standards, the Standards Commission determines what action will be taken following consideration of the case.
- Should the Standards Commission hold a Hearing and a breach of Code is determined it will thereafter apply one of the sanctions available to it as detailed in the Ethical Standards Act;
- Provides guidance to public bodies on;
  - the promotion and observance of high standards of conduct by members of devolved public bodies and assist them with that task.
  - the registers of interests for members of devolved public bodies.

Last Word

This guide is designed to help you abide by the Code of Conduct and meet the expectations that bear on those who serve in public life. If in doubt, and before you act, you should seek advice from your Chair, Chief Executive or Standards Officer.

Useful Addresses

Standards Commission for Scotland	www.standardscommissionscotland.org.uk
Commissioner for Ethical Standards	www.ethicalstandards.org.uk
Scottish Government – On Board Guide	www.scotland.gov.uk/Publications/2006/07/11153800/0
Scottish Government – Model Code of Conduct	Http://www.scotland.gov.uk/Resource/0000/00442087.pdf
Scottish Government – Ethical Standards	http://scotland.gov.uk/governance/ethical-standards
Audit Scotland	http://www.audit-scotland.gov.uk
Ethical Standards in Public Life etc. (Scotland) Act 2000	http://www.legislation.gov.uk/asp/2000/7/contents

STANDARDS COMMISSION
SCOTLAND

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INTEGRITY IN PUBLIC LIFE