

EAST AYRSHIRE COUNCIL

21 SEPTEMBER 2017

STRATEGIC PLANNING, COMMISSIONING AND DELIVERY OF HEALTH AND SOCIAL CARE SERVICES WITHIN EAST AYRSHIRE

Report by Chief Executive of East Ayrshire Council

PURPOSE

1. The purpose of this report is;
 - i. to provide an update on the review of arrangements for Planning, Commissioning and Delivery of Health and Social Care Services in East Ayrshire;
 - ii. to present the summary of findings from the a review of the Integration Scheme between East Ayrshire Council and NHS Ayrshire & Arran, and;
 - iii. to seek agreement for the next steps in addressing the findings of the review.

BACKGROUND

2. On 24 June 2017 East Ayrshire Council considered and approved a report with proposals to review the arrangements for Planning, Commissioning and Delivery of Health and Social Care Services through a review of the Integration Scheme between East Ayrshire Council and NHS Ayrshire & Arran.
3. NHS Ayrshire & Arran and North Ayrshire Council, respectively, considered similar reports approving a simultaneous review to be carried out of the North Ayrshire Integration Scheme. South Ayrshire Council confirmed at the NHS Ayrshire & Arran Board meeting on 26 June 2017 that they did not wish to participate in the review at this time.

INTEGRATION SCHEME

4. The Public Bodies (Joint Working) (Scotland) Act 2014 is the legislation that provides the framework for the integration of local authority social care services with community health services. An Integration Scheme is the Partnership agreement between the Council and NHS Board to establish an Integration Joint Board (IJB) for their local area.
5. The IJB are required to develop and publish a Strategic Plan. This requires to express the ambitions for Health and Social Care Services over the period of the plan and the commissioning arrangements to deliver within the available resources. All three Partnerships developed initial Strategic Plans that cover the first three years of operation, 2015/18. This was in recognition of the need to embed change and lay foundations for a more transformational agenda in the future.

6. Each Integration Scheme requires to be reviewed every five years, or earlier on the request of the local authority or the Health Board in terms of section 45(2) of the Act. It was agreed that a review of the Integration Scheme at this time alongside the Strategic Plan review aligns the governance and strategic planning arrangements.
7. The first stage requires the Local Authority and Health Board to jointly carry out a review of the scheme for the purpose of identifying whether any changes to the scheme are “necessary or desirable”. In terms of a system like Ayrshire where there is more than one Council in an NHS Board area this would require a separate review by each Local Authority with the Health Board area. It is for a second stage review to consider what changes may be required.
8. The provisions of Section 3-6 of the Act apply to any such review, which means that regard must be had to the integration planning principles and the national health and wellbeing outcomes. The same consultation provisions apply as to a new Integration Scheme. The standard consultees who must be consulted are health professionals, users of health care, carers of users of health care, non-commercial providers of health care, social care professionals, users of social care, carers of users of social care, commercial providers of social care, non-commercial providers of social care, staff of the health board and Local Authorities who are not health professionals or social care professionals, non-commercial providers of social housing and third sector bodies carrying out activities related to health or social care.
9. After taking account of any views of those consulted, the Local Authority and Health Board must decide whether any changes to the Scheme are necessary or desirable. Section 47 of the Act states that if the Council and Health Board, having carried out a Section 45 review, wish to change the Local Authority which prepares the Integration Scheme (e.g. move to a single pan-Ayrshire Integration Scheme) a new Integration Scheme must be prepared.
10. The report to Council and the NHS Ayrshire & Arran Board in June 2017 set out the option for future planning and delivery of Health and Social Care Services through the consolidation of IJBs to form a Single Body Corporate. Section 2(4) allows Local Authorities within a single Health Board area to prepare a Joint Integration Scheme. The new scheme is subject to all the same requirements, including consultation and the requirement for Ministerial approval, as the original Integration Scheme.
11. Section 48 provides that as part of approval of such a new Integration Scheme, Scottish Ministers can wind up an existing Joint Board and make appropriate provisions on transfer of staff, properties, rights, liabilities and obligations of such an IJB. Before making a scheme the Ministers must carry out further consultations. Scottish Ministers also require make a statutory instrument to disband the existing IJBs and create a new IJB.

REVIEW PROGRAMME FOR INTEGRATION SCHEME

12. The timetable associated with a review of the East and North Integration Schemes was jointly agreed and the progress is noted below.

FIRST STAGE REVIEW PROCESS	
Agreement to review the Integration Schemes to identify whether any changes to the scheme are necessary or desirable (Councils/Health Board/IJBs) and agree consultation	June 2017 Completed
Confirm intent and timetable with Integration Joint Boards, Scottish Ministers and Civil Servants	June 2017 Completed
Consultation on review to identify whether any changes to the scheme are necessary or desirable, including the option to merge the existing Integration Schemes	July 2017 - August 2017 Completed
Outcome of the consultation submitted to Councils, Health Board and IJBs – to include any proposals to consult on a new Integration Scheme	September 2017 This report

Provision was also made to plan for the development of a new scheme if that was the outcome of the Stage 1 review.

SECOND STAGE REVIEW PROCESS	
Consultation on new Integration Scheme.	October - November 2017
Consultation on a new single Strategic Plan	October 2017 - February 2018
Draft scheme negotiated with Scottish Government	December 2017 - January 2018
Agreement to submit new Integration Scheme to Scottish Ministers	February 2018
Final sign-off and approval by Councils, Health Board and Scottish Government of a new Integration Scheme.	March 2018
New Single Strategic Plan signed off by single Integration Joint Board	April 2018

13. In summary, the legislation envisages a three stage process before a single pan-Ayrshire IJB could be created:
- Firstly, separate but simultaneous reviews of each Integration Scheme;
 - Following consideration of the consultation findings, a new Integration Scheme would be prepared for further consultation. This would be subject to the same extensive consultation process;
 - If the intention was still to move to a single IJB, Scottish Ministers would hold a final consultation.

FIRST STAGE CONSULTATION UPDATE

14. The first stage consultation programme was organised over a four week period in August 2017. The format of the consultation programme included face to face events led by the Director of Health and Social Care, Senior Managers with NHS and Council employees, partners, and stakeholders from third and independent sector. In addition consultations were organised with GP sub Committee, Area Optical Committee, Area Pharmacy Committee, Strategic Planning Group, Audit and Performance Committee, Integration Joint Board, Partnership Forum, East Ayrshire Council Corporate Management Team and NHS Ayrshire & Arran Board. (Appendices 1 and 2).
15. In addition, an online and hard copy questionnaire, was made available for individual feedback to employees, partners and stakeholders. In total 155 responses were received with 100 people attending the face to face events and an additional 55 people responding to the online questionnaire.
16. The questionnaire focused on considering whether there was a case for change to the Integration Scheme and in particular addressed all sections of the Scheme as detailed below. In addition, a specific question was included to assess whether respondents felt that the review was 'necessary or desirable' as detailed in section 44 of the Public Bodies (Joint Working) (Scotland) Act 24.
- Governance
 - Scope of Services- Lead Partnership
 - Strategic Commissioning Plans and Locality planning
 - Performance reporting and National Health and Wellbeing Outcomes
 - Health and Care Governance
 - Workforce
 - Finance
 - Participation and Engagement
 - Data Sharing

CONSULTATION RESULTS

17. The collated results from the online questionnaire and face to face meetings identified the following comments a full copy of the summarised findings are attached at Appendix 1;

Integration Scheme Section	Summary of Comments
Governance	<ul style="list-style-type: none"> • Arrangements are working reasonably well but can rely on existing relationships. • Concern on the impact of decisions made in one area have effects on other IJB areas. • Duplication of effort across Ayrshire
Scope of Services - Lead Partnership	<ul style="list-style-type: none"> • Complexity and confusing as different lead partnerships have different services. • Services between IJB's feel inequitable for service users. • Pan Ayrshire working and lead partnership arrangements and potential for overspends. • Services are working well however concern over decision making in one area impact on service delivery in another. • Operational delivery is working well and should represent "seamless" services for service users, there are underlying difficulties around these arrangements.
Strategic Commissioning Plans and Locality planning	<ul style="list-style-type: none"> • How to protect good practice at the local area. • Three areas have differing approaches and priorities can lead to differing and inequitable service, access and models. • Good engagement and involvement of localities and other stakeholders when developing the strategic plan • The IJB has made a good start to locality planning which has provided a solid foundation for the CPP to build on • Strategically there are clear links back to the Community Plan and the Health and Social Care partnership's strategic priorities reflect the local ambition set out by the CPP in relation to wellbeing.
Performance reporting and National Health and Wellbeing Outcomes	<ul style="list-style-type: none"> • Performance management and reputational damage as result of poor performance in other areas- e.g. GP Practice sustainability. Musculoskeletal and delayed discharge in other IJB areas • Three sets of people are reporting on the same outcomes; not an efficient use of scarce resources.

	<ul style="list-style-type: none"> • The inconsistencies of information gathering, outdated systems and a vast locality held data basis. • The Annual Performance Report, supporting quarterly scorecards and the establishment of periodic reporting of Service Improvement Plans provides a good basis for performance monitoring.
Health and Care Governance	<ul style="list-style-type: none"> • The governance structure is complex, with lots of different groups feeling like they have a role in governance. • There is a good deal of support to ensure professional structures support governance. Requires to reflect greater strategic overview • This arrangement is now well embedded and is impacting positively on our ability to deliver health and care governance.
Workforce	<ul style="list-style-type: none"> • With two Organisational Development Departments across LA and NHS, this results in two ways of working, which can be confusing for staff. • There is still a difficulty in seeing the IJB / HSCP as a joint workforce. There is still an NHS workforce and Council workforce, with no significant progress in roles being "blurred" and crossing organisational divides.
Finance	<ul style="list-style-type: none"> • The reporting works well and good information is provided. • General agreement that financial reporting and control mechanisms are tight and efficient but concern over potential for real conflict on overspend or in lead partnership decision making, may require arbitration. • Fiscal pressures are now having a direct impact on the ability to provide safe sustainable and high quality services. • The budget setting process is very cumbersome and has recently not aligned in practical terms to the "spirit" of the integration scheme.
Participation and Engagement	<ul style="list-style-type: none"> • General comment that this has been successful within the partnership with IJB encouraged the approach of going beyond the normal consultation areas and processes. • In an East Ayrshire context it is evident at a strategic / planning level that stakeholder engagement is high and effective.
Data Sharing	<ul style="list-style-type: none"> • There was consensus that sharing of information was fundamental to successful integration, operationally not working, as systems incompatible • There are clear examples at frontline of practitioners integrating more and this is helping the sharing of relevant data at this level.

	<ul style="list-style-type: none"> • Cumbersome and difficult systems and it is difficult to share information across services due to the infrastructure not being robust.
Necessary or desirable	<ul style="list-style-type: none"> • Clear benefits in bringing together the two IJBs, the challenge will be to retain the strengths of the existing scheme which is working well overall in East Ayrshire. • The openness and transparency of the scheme needs to be improved however the scheme itself does not need to be changed. • The opportunity to join up across Ayrshire in respect of the Health and Social Care agenda has the potential to realise significant savings and also substantial benefits to individuals and communities • Integration on the ground is working well. Move to either pan Ayrshire or East/North Partnership. • Changes that are required and areas for improvement could be resolved with stronger operational management and leadership. • There are a number of areas where practical experience would indicate that revisions are required to reflect operational expediency. • There does appear to be duplication of effort at strategic level, however slightly concerned if the South Ayrshire Partnership does not engage as not sure how any decisions regarding funding etc for the area wide services hosted within the South could be taken.

18. Analysis of the responses suggests ;

- There is a strong consensus on the need to address the duplication and delay in governance arrangements in particular lead partnership arrangements.
- Lead partnership areas received a high response rate with concern over the inequity around decision making, performance outcomes and potential for conflict around overspends on budgets and impact across IJB areas.
- Strategic planning and locality working was overwhelming supported as working well with potential for emerging locality arrangements.
- Performance reporting although good effort has been made to align across Ayrshire, there was still high degrees of duplication of effort with inconsistencies and incompatibility of information gathering.
- Workforce planning is working although there are limitations of operating two differing workforce terms and conditions.
- Participation and engagement was overwhelmingly positive and felt to have been working well.
- Financial reporting arrangements are robust however the current fiscal pressures were beginning to impact on service delivery.
- Financial planning in respect of unscheduled care/set aside budgets has not been progressed as envisaged within the vision of the Act.
- Data sharing was difficult due to systems and infrastructure.

- In terms of a need for change as being necessary or desirable there was some support with expressed concern over the absence of South Ayrshire Council and the general consensus to consider a limited review at this stage.
- 19.** As this is the first review of an Integration Scheme carried out under the Act, a meeting was convened with Scottish Government Integration Directorate to seek advice on the interpretation of 'necessary or desirable' as contained in the Act and to confirm the process for review within the Scottish Government. From the discussion the Scottish Government emphasised the following points;
- The Public Bodies legislation primary focus is on improving outcomes for individuals and any change to the Integration Scheme would need to demonstrate this would be achieved.
 - Localisation and responding to needs of population is central to the legislation and any move to centralise decision making should not be detrimental.
 - The Public Bodies legislation emphasises the need to collaborate and consult with neighbouring partnerships to assess if any impact would arise from any decision making by one IJB on the others. Their observation was that there could have been greater regard for this in Ayrshire.
 - The Ayrshire Integration Schemes are strongly aligned and accordingly any change to one would impact on other and this is particularly the case in respect of the Lead Partnership areas. The consequence for Scottish Government is that any proposed changes to the East/North Scheme would have an impact on South and this would be problematic as the South Scheme has not been consulted on for change.
 - It was noted that there was scope within the Scheme for Dispute Mechanism in case of disagreement between Partners. This had not been utilised to date.
- 20.** The Integration Team recognise the issues arising from review, particularly Lead Partnership arrangements and have offered support and assistance to make progress on the issues identified. In order to disestablish, an IJB would require support of Ministers and having regard to all of the foregoing and advice of Scottish Government Officials, this is not likely to be achieved without both the involvement of South Ayrshire and further work locally within the current Integration Scheme to address challenges.
- 21.** The content of this report is also scheduled to be considered at NHS Ayrshire & Arran Board meeting on 9 October 2017. North Ayrshire Council meeting on 4 October 2017 will consider a report detailing the outcomes from the first stage review in North Ayrshire.

CONCLUSION

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

- **Collaboration across Ayrshire** has demonstrated strong alignment across all three Ayrshire Partnerships in developing the Integration Schemes and Lead partnership arrangements. The arrangements are however complex, human resource intensive and can be slow in decision making;
- **Decision making** being made by one IJB which impact on the other two IJB's without due regard or consultation with the other areas. This is particularly exacerbated in relation to lead partnerships;
- **Financial Governance** -The arrangements for financial accountability between IJB's in relation to Lead Partnership arrangements requires review, there is potential for conflict over budget setting, detrimental impact of decision by IJBs and overspends;
- **Performance Governance** - Legislation requires that decisions made by an IJB that have an impact on neighbouring IJB's require to be consulted upon. In the Ayrshire Lead Partnership model this is even more evident as decisions made by a Lead Partnership IJB have direct impact on services in other areas and on Acute. These issues are not limited to lead partnership arrangements and can include strategic service and finance decision of an IJB that impact adversely on residents of another area;
- **Financial Context** - On an annual basis the IJB's are required to agree that the finance available from NHS/Councils is sufficient to deliver on the Strategic Plan. With increasing demand and restrictions on public sector funding, this is increasingly difficult. This presents a risk to early intervention and preventative services.

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

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

FINANCIAL IMPLICATIONS

25. Strategic Planning for Health and Social Care requires to be delivered within the resources available and take cognisance of public sector funding limitations. The review will seek to support arrangements that match local and national aspirations for positive health and wellbeing within the delegated resource.

HUMAN RESOURCE IMPLICATIONS

26. The legislation provides for employees to be consulted as part of the review of the Integration Scheme, this has been complied with.

POLICY/LEGAL IMPLICATIONS

27. The review of the Integration Scheme is in compliance with the Public Bodies (Joint Working) (Scotland) Act 2014 and associated Regulations and Guidance.
28. The outcomes from the delivery of integrated Health and Social Care are central to the strategic objectives of the Scottish Government to create a Healthier Scotland and as an important contribution to make in relation to a wealthier and fairer Scotland also a safer and stronger Scotland.

COMMUNITY PLANNING

29. Wider community planning partners have a vital role in the health and wellbeing of our communities. The Strategic Planning Groups of the IJBs and Community Planning arrangements participated in the consultation on the review.

EQUALITY IMPLICATIONS

30. A core purpose of the Integration of Health and Social Care is to seek to address the impact of inequalities for individuals and communities.

RISK IMPLICATIONS

31. There is a risk that further steps within the current Integration Scheme to address the issues outlined in Paragraph 22 do not deliver improvements in outcomes for communities in East Ayrshire. Progress will be monitored and reported to IJB, Council and NHS Board.

RECOMMENDATIONS

32. East Ayrshire Council is asked:
 - i. To note and comment on the findings from the first stage review of the East Ayrshire Integration Scheme;
 - ii. To agree that issues outlined in Paragraph 22 require further consideration with Local Partners and Scottish Government;
 - iii. To support the Stage 1 conclusion that although stakeholders identified issues that require addressed and changes that would be desirable it is not evidenced that it is necessary to change the Scheme at this time.
 - iv. To agree that any consideration of a Change to the Integration Scheme is in abeyance until recommendation (ii) is complete;
 - v. To agree to receive a future report;
 - vi. To note a report detailing the outcomes from the first stage review in North Ayrshire will be considered at North Ayrshire Council meeting on 4 October 2017;
 - vii. To note the report will be considered at NHS Ayrshire & Arran Board meeting on 9 October 2017, and
 - viii. To otherwise note the content of the report.

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Chief Executive
12 September 2017

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East Ayrshire Integration Scheme Review – High Level Responses

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
EA HSCP Strategic Planning Group Survey	Current representation on the IJB and a suggestion to widen the membership to include, for example pharmacy and dental.	Governance	2. .1.1 Membership is prescribed for voting/non voting members, there is option to develop local agreements to widen membership	N
Ayrshire Public Health, Area Pharmacy Committee, EA HSCP Strategic Planning Group, AHP Lead Survey	The length of time and scrutiny to receive approval with regards to pan Ayrshire and in particular lead Partnership issues and duplication of effort across Ayrshire	Governance	4.1.5 This involves the Lead Partnership decision making to be carried out by a single IJB or alternatively to be agreed by all 3 IJB's which causes delay- can this be resolved outwith change to the scheme	Further investigation
Survey	Arrangements are working reasonably well but can rely on existing relationships Concern on the impact of decisions made in one area have knock on effects elsewhere (which have not always been fully considered / consulted on).	Governance	Refers to delay and impact decision-making has by single IJB on others both in terms of a review and in relation to strategic planning. Legislation and scheme requires impact of decision making to be considered. Change not required protocols or testing of current arrangements could assist.	N

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
EA HSCP Strategic Planning Group Partnership Forum	Concern over absence of SAC in the Review and implications for Lead Partnership arrangements	Governance	The impact of the actions of one IJB on others is explicit with interconnectedness of all 3. Legislation allows for single party to request review of Scheme and all 3 need to consider impact of single review on others.	Y
Survey GP Sub-Committee	Complexity and confusing as different lead partnerships have different services. Services between IJB's feel inequitable for service users. The committee believes that the Lead Partnership Model is flawed	Lead Partnership	Annex 3 in scheme allows for alteration of service specification, change to operational management and budget could require change or additional annex to be added	Further investigation
Area Optical Committee, Ayrshire Public Health Survey	Main issues around pan Ayrshire working and lead partnership arrangements and potential for overspends.	Lead Partnership	As above	Further investigation
Survey	The services themselves are working well however concern over decision making in one area impact on service delivery in another.	Lead Partnership	Refers to strategic decision-making across Ayrshire- as above	Further investigation
GP Sub-Committee	The committee is of the opinion that in order to provide true integration, the scope of services should include some aspects of acute care.	Scope of Services - Lead Partnership	4.1.4 within the Scheme details the responsibility for the planning of Acute services with Health Board having operational oversight of Acute services	Further investigation

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
EA HSCP Partnership Forum Area Pharmacy Committee, Public Health, EA HSCP Strategic Planning Group, Survey	Main concerns around how to protect good practice at the local area and recognise that it is working well.	Strategic Planning and locality arrangements	Locality planning within legislation requires a minimum of 2 localities, this may change should IJB change, however, local delivery arrangements could be maintained and not impact on local arrangements.	Further investigation
AHP Lead GP Sub-Committee	3 areas have differing approaches and priorities which can in some cases lead to differing and inequitable service, access and models. The Locality Planning is a good idea, but often the localities are possibly too small to have a significant impact on service design and delivery.	Strategic Planning and locality arrangements	4.3.6 reflects need to consider all parties and stakeholders Refers to strategic planning across a wider geographical area- could be impacted should IJB cover more than one area	Y
Survey	Good engagement and involvement of localities and other stakeholders when developing the strategic plan	Strategic Planning and locality arrangements	4.3.6 Refers to need to consider all parties and stakeholders which would be the case irrespective of the scale of IJB – the degree of engagement and representation could change should IJB scale change.	Y
EA HSCP Partnership	Performance management and reputational damage as result of poor performance in other areas- e.g. GP	Performance management	4.4.6 Parties will provide support to achieve monitoring of performance and targets. A number of shared national and local targets and	N

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
Management Team, Area Optical Committee	Practices. MSK and delayed discharge in other IJB areas		indicators across Ayrshire with divergent results. Additional protocols could be developed to address disparity across areas.	
Ayrshire Public Health Survey	Three sets of people are reporting on the same outcomes; not an efficient use of scarce resources.	Performance management	This is more about processes as collaboration to reduce this is already in place	N
Ayrshire Public Health Survey	Whole arrangement is burdensome and awkward, with two sets of everything that relates to staff and staff side issues- more national issues than local factors	Workforce Planning and Organisational Development	Legislation does provide for request of Body Corporate model IJB to employ additional staff – this is not possible within the Scheme	N
Survey GP Sub-Committee	With 2 Organisational Development Departments across LA and NHS, this results in 2 ways of working, which can be confusing for staff. The legislation asks for clear understanding of roles and integrated approach, but there is little evidence from the outside of this.	Workforce Planning and Organisational Development	As above although local arrangements and structures should mitigate	N
OD&HR collective response	In relation to workforce planning the Council have a very different strategy for making workforce savings. This may result in a diminished Council workforce that works in partnership with Health colleagues causing an	Workforce Planning and Organisational Development	Section 7 outlines the requirement to develop a workforce plan and joint Ayrshire strategy.	N

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
	imbalance of skills and knowledge and parity of FTEs.			
OD&HR collective response	Terms and Conditions of Employment, particularly around Grade and Pay continues to be source of tension and disgruntlement (and even a barrier to winning the hearts and minds of staff when reviewing organisational structures/ways of working).	Workforce Planning and Organisational Development	7.2.2 within the scheme recognises the requirement for parties to work collaboratively to address where possible the divergent workforce arrangements. There is no scope within the scheme to address the different workforce arrangements.	N
OD&HR collective response	The biggest challenge problem in terms of workforce planning and OD relates to the fact that we have 2 different workforces (within the Council and NHS) with entirely separate pay and grading arrangements and terms and conditions of employment.	Workforce Planning and Organisational Development	As above	N
Ayrshire Public Health EAHSCP Partnership Management Team, Area Optical Committee Survey	General agreement that financial reporting and control mechanisms are tight and efficient but concern over potential for real conflict on overspend or in lead partnership decision making, may require arbitration.	Financial management and/or reporting	4.1.5 Refer to Leap Partnership arrangements and the detail of services is contained Annex 3 – any change to operational budget will require a change to the scheme. 14. details the dispute management which has not been tested	Y

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
			Current financial climate and future allocation of delegated budgets will add to the challenges of managing across areas.	
GP Sub-Committee	The committee believes that this is also challenging given the current integration scheme set up with different lead agency responsibilities and slightly different strategic plans.	Financial management and/or reporting	4.1.5 Refer to Leap Partnership arrangements and the detail of services is contained Annex 3 – any change to operational budget will require a change to the scheme.	N
Ayrshire Public Health Survey	The governance structure is complex, with lots of different groups feeling like they have a role in governance.	Health and Care Governance	5.1.11 details the representation with further scope to include additional representation – no change to scheme required	N
AHP Lead, Area Optical Committee Survey	Recognised that there is a good deal of support to ensure professional structures support governance. Requires to reflect greater strategic overview	Health and Care Governance	5.1.13 and Annex 4 outline arrangements and with creation of local group with links across parties which can be complex may need to look at processes but no change required to the scheme	N
Ayrshire Public Health, AHP Lead, EAHSCP Strategic Planning Group Survey GP Sub-Committee	General comment that this has been a successful within the partnership with IJB encouraged the approach of going beyond the normal consultation areas and processes. The committee believes that a greater engagement of key stakeholders earlier in development would be more beneficial for the population.	Participation and engagement of stakeholders	9. Details requirement to consult and to develop a P&E strategy and outlines stakeholders to be involved. This requires updating as it refers to consultation on the scheme as opposed to principles of participation and engagement on matters of relevance to stakeholders but not a major change to the scheme but as an additional annex.	Further investigation

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
OD&HR collective response	Arrangements for workforce participation and engagement appear to be reasonably effective, although there are marked differences between the established approach and culture within the Council and NHS, which are likely to remain as long as there are two distinct and discrete workforces.	Participation and engagement of stakeholders	9.2 Details the requirement to consult with staff and staff representatives, using a range of methods and mediums.	N
EAHSCP Strategic Planning Group, Ayrshire Public Health Survey GP Sub-Committee	There was consensus that sharing of information was fundamental to successful integration, operationally not working, as systems incompatible. This area is in some ways out with the control of the Integration Scheme as some of it is determined by existing legislation.	Data sharing and information management	10. Information sharing protocols in place – fundamental challenges are with infrastructure an incompatibility. this is not a change to the scheme but an issue of developing new system and investment	N
Survey	Clear benefits in bringing together the 2 IJBs, the challenge will be to retain the strengths of the existing scheme which is working well overall in East Ayrshire. The scale of the challenges means need to review and challenge existing arrangements - the process of reviewing the current integration scheme will therefore be of value, whatever the outcome.	Necessary or desirable?	Section 45 of the Act allows for either party to undertake or request a review. A review of the scheme may not result in creation of larger IJB. A unilateral review may not be in the spirit of the legislation which encourages collaboration across parties and IJB's.	Further investigation

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
GP Sub-Committee	The committee is very supportive of a review of the Integration Schemes and looks forward to being involved in the second stage if a review is also felt to be appropriate following consultation.	Necessary or desirable?	Section 45 of the Act allows for either party to undertake or request a review. A review of the scheme may not result in creation of larger IJB butt could alter sections of the Scheme.	Y
Survey	The openness and transparency of the scheme needs to be improved however the scheme itself does not need to be changed. Staff have had enough change and the IJB needs time to be embedded.	Necessary or desirable?	Utilising the powers the scheme has and to test new ways of working.	N
Survey	As a manager delivering a pan Ayrshire service the complexities of delivering effective and sustainable health care are increasing. A streamlined approach to deliver consistent and less bureaucratic health care to the patients of Ayrshire will be of benefit	Necessary or desirable?	Refers to Lead partnership arrangements and reducing bureaucracy as part of operational management arrangements – can be addressed without impacting on the Scheme.	N
Survey	The opportunity to join up across Ayrshire in respect of the Health and Social Care agenda has the potential to realise significant savings and also substantial benefits to individuals and communities. In this case the Integration scheme would need to be realigned.	Necessary or desirable?	This implies a fundamental review to bring IJB's together to effect efficiencies. This would need to be explored in relation to any change in structure as a result of change in the scale of the IJB's.	Y

Stakeholder/s	Comments	Element of Scheme	Response	Amendment to Scheme (Y/N)
Survey	Integration on the ground is working well. Move to either pan Ayrshire or east/north partnership. Reduce performance reporting. Value employees	Necessary or desirable?	This implies a fundamental review to bring IJB's together which would reduce reporting at a strategic level but may not impact on requirement to report at a locality or local authority level if this was the delivery arm of the IJB.	Y

East Ayrshire - Integration Scheme Review Stage One – August 2017	
Board/Meeting	Audience
Integration Joint Board	IJB and professional representatives
Audit and Performance Committee	Professional Leads and representatives
Strategic Planning Group	IJB and stakeholder representatives
Partnership Management Team	Leadership team
Health and Care Governance Group	Health and social care professional advisors
Face to face meetings with key partners	Third Sector
Face to face meetings with key partners	Independent Sector
NHS Board Meeting	Board and professional representatives
Patient and Carers representatives	Stakeholder Meeting – Third Sector representatives
Area Clinical Forum	Professional advisors
Partnership Forum	Employee representatives
GP Committee	Pan Ayrshire
GP Locality Forum	General Practitioners
Optical Forum	Optometrists
Area Pharmacy Committee	Pan Ayrshire Pharmacy leads
Finance Leads	CFO and finance Mangers
Public Health	Pan Ayrshire leads
Human Resources Lead	HR and OD leads Pan Ayrshire
Planning and Performance Leads	Performance leads Pan Ayrshire
Scottish Government Integration Team	National Integration Leads
Acute Leadership Team	Acute Managers
Unscheduled Care Programme Board	Acute and HSCP representatives
Models of Care Programme Board	Acute and HSCP representatives
Primary care programme Board	Primary Care and HSCP representatives
Strategic Planning and Operational Group	Chief Officers, NHS Planning and Performance Manager and Acute Services
Scottish Health Council	NHS Consultation Advisors
PPF/Partnership Network	Patient Representative Group