EAST AYRSHIRE

SHADOW INTEGRATION BOARD: 20 OCTOBER 2014

PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT - DRAFT INTEGRATION SCHEME

Report by the Director of Health and Social Care

PURPOSE

1. The purpose of this report is to provide an update on progress to date on the implementation of the Public Bodies (Joint Working) (Scotland) Act - Integration of Health and Social Care and in particular to present the Draft Integration Scheme for consultation.

BACKGROUND

2. 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, known as the Integration Joint Board. The scheme sets out the formal agreement between the NHS Board and Council on a range of matters, as prescribed in the regulations in support of the Act, including the delegation of functions and services to the partnership.

3. The Integration Scheme must be approved by Scottish Ministers before the Integration Joint Board may form. Scottish Ministers will restrict their approval to those matters which are prescribed for inclusion in the scheme and any changes to the scheme will require the scheme to be resubmitted. Matters that are not prescribed but which will provide assurance that the necessary arrangements are in place for the partnerships to function effectively will be included in supporting local protocols and guidance.

4. The Act sets out that the NHS Board and Council must consult on the content of the Integration Scheme and the groups to be involved are set out in the regulations.

PROGRESS TO DATE

5. In June 2013 NHS Ayrshire and Arran and the three Ayrshire Councils agreed to adopt the body corporate model of integration to establish a separate legal entity called an Integration Joint Board for each partnership area. The Integration Joint Board will plan and deliver services delegated on behalf of the NHS Board and respective Council.

6. The four statutory partners agreed to work together to develop a draft Integration Scheme for the three Ayrshire partnerships. This allows the three schemes to be as consistent as possible, recognising that NHS Ayrshire and Arran has Ayrshire wide responsibilities, whilst having scope to reflect local variance. This approach also supports the three partnerships to meet the agreed target date of 1 April 2015 for the Ayrshire Integration Joint Boards to form.

7. The timeframe for Integration Scheme activity is:

	Action	Timescale
1	Set up programme workstreams and management arrangements to deliver the requirements of the Integration Schemes	Completed in 2013
2	Workstream leads draft relevant section(s) of Integration Schemes	Completed in August 2014
3	Strategic Alliance Integration Sub-Group considers drafts	Completed in August 2014
4	Legal workstream undertakes analytical review and checks for legal competence	Completed in September 2014
5	Draft Integration Schemes finalised	Completed in September 2014
6	Consult on draft Integration Schemes	Mid December 2014
7	Final draft of Integration Schemes completed	Mid January 2015
8	Shadow Integration Boards / Councils / Health Board approval of scheme(s) and submission to Scottish Government	January 2015
9	Scottish Government approval of Integration Schemes	End of March 2015

CURRENT POSITION

8. The draft Integration Scheme is based on the national Model Integration Scheme and reflects the draft regulations, as at 26 September 2014.

9. The regulations and guidance are not due to be finalised until December 2014. However, the four affirmative revised regulations that were published on 3 October 2014 identified additional areas which will require discussion and agreement, prior to inclusion in the scheme. These will be outlined to members and further information will be provided as it becomes available.

NEXT STEPS

10. The draft Integration Scheme requires to undergo a period of consultation with a prescribed list of consultees, as set out in the draft regulations. These comprise stakeholders represented in the Shadow Integration Boards and Strategic Planning Groups; Health Board staff; Council staff; and other Councils within NHS Ayrshire and Arran's area. It is proposed that the consultation is for a period of four weeks during November and December 2014.

11. Each statutory agency will undertake consultation with its own staff. It is proposed that joint consultation is undertaken with the wider prescribed stakeholders through the Shadow Integration Board/Strategic Planning Group arrangements.

12. Members are asked to note that the draft Integration Scheme will now be issued for consultation and are invited to make comment as part of the consultation exercise.

13. Following the consultation period, the revised Integration Scheme, will be brought back to the NHS Board and Council in January, prior to formal submission to the Scottish Government.

RECOMMENDATION

14. The Board is asked;

I. To note the draft Integration Scheme be released for consultation; and
II. To otherwise note the content of the report.

Eddie Fraser
Director of Health and Social Care
October 2014

Background papers

1. Draft Integration Scheme- consultation

DRAFT INTEGRATION SCHEME

Please note the detail of this document reflects the Draft Regulations and Guidance as at **26 September 2014** and will be subject to review and amendment as required following the publication of the Regulations and Guidance in support of the Public Bodies (Joint Working) (Scotland) Act 2014.

The format of the document is in accordance with the Draft National Model Integration Scheme which sets out the key points to be addressed.

Integration Scheme

Introduction

Aims and Outcomes of the Integration Scheme

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, 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 service users.

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

6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

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

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

9. Resources are used effectively in the provision of health and social care services, without waste.

[As referenced in Draft Regulations]

NHS Ayrshire and Arran and East/North/South 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 partnership 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 use or carer. This is supported by the Integration Planning and Delivery Principles detailed in section 4 and section 31of 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 East/ North/ South Health and Social Care Partnership is:

- **SAP:** Working together for the best possible health and wellbeing of our communities
- **EAP:** Working together with all of our Communities to improve and sustain well-being, care and promote equity. DRAFT
- **NAP:** To improve the lives of North Ayrshire people and develop stronger communities

Model Integration Scheme

The parties:

East Ayrshire Council, a local authority established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at London Road, Kilmarnock, KA3 7BU (hereinafter referred to as "the Council").

Or

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").

Or

South Ayrshire Council, a local authority established under the Local Government etc. (Scotland) Act 1994 and having its principal offices at County Buildings, Wellington Square, Ayr, KA7 1DR, (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")

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 TBA) 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 East/North/South Ayrshire Partnership, 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.

1. Definitions and Interpretation

"The Act" means the Public Bodies (Joint Working) (Scotland) Act 2014;
"The Parties" means the [ ] Council and the NHS Board;
"The Scheme" means this Integration Scheme;
"The Board" means the Integration Joint Board to be established by Order under section 9 of the Act;
"Membership Regulations" means [add name and SSI number of the relevant regulations]
"Integration Joint Board" means Integration Authority.
"Health and Social Care Partnership" is the name given to the Parties' services whose functions have been delegated to the Integration Joint Board.
"Data Dictionary" means a resource which provides a list of measures and indicators for use within a partnership performance framework
"Chairperson" means the chairperson of the Integration Joint Board
"HEAT" means Health Improvement, Efficiency, Access, Treatment – NHS National Targets and Measures
"Appropriate person" means a member of the Board, but does not include any person who is both a member of the Health Board and a councillor.
"SOA" means Single Outcome Agreement
"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" are services hosted by one Integration Joint Board on behalf of other Integration Joint Boards within the NHS Board area.
"The Chief Officer" means the Chief Officer of the Integration Joint Board and is defined in Part 7 "Chief Officer";
"Chief Financial Officer" means the officer responsible for the administration of the Integration Joint Board's financial affairs. This may be the Chief Officer.
Integration Joint Board Financial officer has the same meaning as the Chief Financial officer.

2. Local Governance Arrangements

Remit and Constitution of Integration Joint Board
The remit of the Integration Joint Board is:

- To prepare and implement a Strategic Plan in relation to the provision of health and social care services to adults and children, and criminal justice in the area in accordance with sections 29 to 48 of the Act.

- To oversee the delivery of services delegated by the parties in pursuance of the Strategic Plan; and

- To allocate and manage the delegated budget in accordance with the strategic plan.

The regulation of the Integration Joint Board's procedure, business and meetings and that of any Committee of the Integration Joint Board will follow the Standing Orders which will be agreed and set out by the Integration Joint Board at its first meeting.

In respect of health services the governance arrangements for those functions and services delegated will be through the Integration Joint Board. The Healthcare Governance Committee and NHS Board will place reliance on these arrangements. Matters which have implications wider than the Integration Joint Board's authority require to be referred to the NHS Board's Healthcare Governance Committee by the Integration Joint Board. The Healthcare Governance Committee will oversee healthcare governance arrangements and ensure the relevant information is shared across the health system and provide professional guidance as required.

[Comparable arrangements are being drafted for Councils]

In respect of social care the governance arrangements for those functions and services delegated will be through the Integration Joint Board. The Council will place reliance on these arrangements. Matters which have implications wider than the Integration Joint Board's authority require to be referred to the Chief Executive of the Council by the Integration Joint Board and thereafter the Chief Executive will ensure the matter is considered by the appropriate officer, committee or council. In addition the Council will receive the Chief Social Work Officer's Annual Report and any other report of the Chief Social Work Officer.

In accordance with good practice it is expected that the Integration Joint Board will establish an Audit Committee to support the overall governance and scrutiny arrangements.

Detailed protocols and reporting practices will be developed to facilitate the free exchange of information between the Parties and the Integration Joint Board to support the decision making of each body.

The Integration Joint Board will be a partner in the Community Planning Partnership.

3. Board Governance

Voting membership
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 number.

Locally, the Parties will each nominate four voting members or such other number as the Parties agree to the Integration Joint Board.

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

Period of office
The period of office of voting members will be three years [subject to confirmation of the Draft regulations]

Suspension
Voting members may be removed if either of the Parties which nominated the member provides one month's notice in writing to the member and the chairperson. If the member has not attended three consecutive meetings of the Integration Joint Board, and the absence was not due to illness or other reasonable cause, the Integration Joint Board may remove the member from office by providing the member with one month's notice in writing. If the member acts in a way which brings the Integration Joint Board into disrepute or in a way which is inconsistent with their membership of the board, the Integration Joint Board may remove the member from office. The Chief Officer, on behalf of the Integration Joint Board, will notify the Parties of the removal of the member.

Disqualification
A person is disqualified from being a member of the Integration Joint Board, if the person has been convicted in the United Kingdom, the Channel Islands, the Isle of Man or the Irish Republic of any offence in respect of which they have received a custodial sentence of not less than 3 months (without the option of a fine) within the period of 5 years immediately preceding the proposed date of appointment; or has been removed or dismissed , other than by reason of redundancy, from any paid employment or office with a Health Board or Council; or is insolvent; or has been removed from a register maintained by the registrar of a regulatory body, other than where the removal was voluntary. The Chief Officer, on behalf of the Integration Joint Board, will notify the Parties of the disqualification of the member.

Termination of membership
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 paragraph 3(5)(b) of the Public Bodies (Joint Working) (Proceedings, Membership and General Powers of Integration Joint Boards) (Scotland) Order 2014.

Appointment of chair and vice chair
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 NHS Board [in East and South Ayrshire]/ the Council [in North Ayrshire].

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

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

4. Delegation of Functions

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 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.

5. Local Operational Delivery Arrangements

Responsibilities of the Integration Joint Board on behalf of the Parties
The Integration Joint Board will provide assurance that systems, procedures and resources are in place to monitor, manage and deliver the functions and services delegated to it. This assurance will be based on regular performance reporting including the annual performance report which will be provided to the Parties, and through the strategic planning process.

Consideration of the Strategic Plan
The consultation process for the Strategic Plan will include other Integration Authorities likely to be affected by the Strategic Plan, and the Parties as consultees. Through this process the Integration Joint Board will assure itself that the Strategic Plan does not have a negative impact on the plans of the other Integration Authorities within the NHS Board area.

Consideration of all the Strategic Plans of the Integration Authorities within the NHS Board area will be by officers of the Parties reviewing the plans to provide assurance to the Parties that they do not prevent them from carrying out their functions appropriately or in a way which complies with the Integration Planning and Delivery Principles, and contributes to achieving the National Health and Wellbeing Outcomes.

Performance targets, improvement measures and reporting arrangements
Making use of an outcome focused approach, the Strategic Plan will provide direction for the performance framework, identifying local priorities and associated local outcomes. Performance targets and improvement measures will be linked to the local outcomes to assess the timeframe for change and the scope of change that is anticipated. These measures may already exist or may be developed to allow assessment at a local level.

A core set of indicators will be identified from publicly accountable and national indicators and targets that the Parties currently report against that relate to services which sit within the Integration Authorities. A Data Dictionary will be created to provide information on the data gathering and reporting requirements for each of these measures and targets. All indicators within the data dictionary will be mapped to the outcomes as detailed on pages 1&2 above in order to demonstrate progress in delivering these.

The Data Dictionary will also describe where responsibility for each measure lies, whether in part or in full. In addition, it will detail where there are common measures to all Integration Joint Boards or where these are unique to one.

For each measure, the Data Dictionary will detail where there is an ongoing requirement, in terms of organisational accountability, to report performance beyond the needs of the Integration Joint Board. For example, accountability for HEAT measures to the NHS Board or SOA reporting.

The Parties have obligations to meet targets for functions which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integrated functions. Therefore, when preparing performance management information the effect on both integrated and non- integrated functions must be considered and details must be provided of any targets, measures and arrangements for the Integration Joint Board to take into account when preparing the Strategic Plan.

6. Clinical and Care Governance

Arrangements for clinical and care governance
The Parties have delegated strategic and operational decision making in relation to services delegated to the Integration Joint Board.

The Chief Officer is an Officer of, and advisor to the Integration Joint Board.

The Chief Officer manages the services and has overall responsibility, through the Parties' Chief Executives for the professional standards of staff employed in the Health and Social Care Partnership.

The Integration Joint Board will establish a professional governance group which will report to the Chief Officer. It will contain representatives from the Parties including the Senior Management Team, the Associate Medical Director, the Associate Nurse Director, Associate Director Allied Health Professions, and Chief Social Work Officer.

The group may invite other members from other sectors as determined by the group. Its role will be to consider at officer level matters relating to governance, standards, education, learning and continuous improvement. When clinical and care governance issues relating to lead partnership services are being considered the professional governance group for the lead partner will obtain input from the professional advisory groups from the other parties. The Chief Officer will provide advice on the basis of advice from the professional advisory group to the Integration Joint Board.

In addition the Integration Joint Board may take into consideration the professional views of the registered health professionals and Chief Social Work Officer membership.

Further assurance is provided through,

(a) The ability of the Chief Social Work Officer to report directly to the Council, and the Associate Medical Director, Associate Nurse Director and the Associate Director Allied Health Professions to report directly to the Medical Director and Nurse Director respectively who in return report to the NHS Board on professional matters.

And

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

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

The Council or the NHS Board Healthcare Governance Committee may report on issues through the Chief Officer to the Integration Joint Board for consideration.

7. Chief Officer

The arrangements in relation to the Chief Officer agreed by the Parties
The Chief Officer will be appointed by the Integration Joint Board and is employed by one of the Parties on behalf of both. 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.

The Chief Officer will 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 provide a strategic leadership role and be the point of joint accountability for the performance of services to the Integration Joint Board. The Chief Officer is responsible for the delivery of services on behalf of the Parties.

As a senior manager within the Parties, the Chief Officer will have a wider governance role.

Line management of the Chief Officer to ensure accountability.
The Chief Officer will report to the Chief Executives' of both Parties.

The Chief Officer will have regular performance, support and supervision meetings with both 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 postholder and these will be arranged on a regular scheduled basis.

8 Workforce

Appointment, supervision and management of jointly appointed posts
The Parties have agreed the process for jointly appointed senior posts, including joint recruitment and interview processes.

Supervision and management of Chief Officer posts is described in part 7.

Any other joint appointments, will report to one line manager for supervision and management.

Should the jointly appointed post holder also hold the post of the Chief Social Work Officer they will be accountable to the Chief Executive of the Council.

Where the joint appointment requires professional leadership, this will be provided by the relevant professional lead or Chief Social Work Officer, as appropriate.

Supervision and management of staff who report to a person employed by another organisation
Apart from the Chief Officer posts, all other appointments/staff will report to a single line manager, either NHS Board or Council, who will be responsible for all aspects of supervision and management of these postholders. A Scheme of Delegation will be in place which will clearly identify the level and type of managers across both parties able to make appropriate decisions relevant to an employee's employment.

Managers will promote best practice, cohesive working and provide guidance and development equitably, regardless of whether they are managing a team of NHS Board staff, Council staff or a combination of both.

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

Good people management principles will continue to be maintained in accordance with the organisational standards, policies and procedures of the employing authority.

Development of a joint Workforce Development and Support Plan
The Chief Officer, supported by a group comprising senior Human Resources and Organisational Development professionals, and working collaboratively with trades unions, will undertake further work needed to develop a joint workforce development and support plan.

The joint Workforce Development and Support Plan will form part of and be informed by the Strategic Plan.

Development of an Organisational Development strategy for integrated service teams
A Pan Ayrshire Health and Social Care Organisation Development Strategy ("the Strategy") sets out the approach to the joint provision of Organisational Development. While the Strategy recognises that each of the three Integration Joint Boards has differing needs and priorities in relation to delivery outcomes, the Strategy seeks to support effective partnership working through consistency of approach.

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.

Transfer of staff
Staff who are employed in services whose functions have been delegated to the Integration Joint Board will retain their current employment status with either Local Authority or NHS and continue with the terms and conditions of their current employer.

9. Finance

Resources to be made available to the Integration Joint Board
This section sets out the method of determining

(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) <u>Payment in the first year to the Integration Joint Board for delegated functions</u>
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 adjust to ensure any base line errors are corrected.

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

In subsequent years, the Chief Officer and the Integration Joint Board financial officer should develop a case 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 case should be evidence based with full transparency on its assumptions on the following:

- Individual Party responsibility including;
    - Pay awards
    - Contractual uplift
    - Prescribing – price changes including new drugs
    - Resource transfer
    - Ring fenced funds movements
- Integration Joint Board responsibility
    - On agreed percentage contribution based on net Board budget, by individual client group excluding ring fenced funds e.g. Family Health Services, General Medical Services, Alcohol and Drug funding etc.
    - Demographic shifts
    - Volume changes (including prescribing)

Efficiencies (to be agreed)

(b) amounts to be made available by the NHS Board to the Integration Joint Board in respect of all of the functions delegated by the NHS Board which are:
(i) carried out in a hospital in the area of the NHS Board and
(ii) provided for the areas of two or more Councils.

[To follow-under development by The Integrated Resources Advisory Group (IRAG) [Expected to be available following meeting in October]

In-year variations

The Chief Officer will deliver the outcomes within the total delegated resources 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 for Board

responsibilities with repayment in future years on the basis of the 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, mediation will require to take place in line with the pre agreed dispute resolution arrangements.

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.

> [To Follow: Process for the management of the variances for the amount set aside in hospital budgets is under development by IRAG]

Neither Party may reduce the payment in-year to the Integration Joint Board to meet exceptional unplanned costs within the Parties without the express consent of the Integration Joint Board and the other Party.

Financial management and financial reporting arrangements
Recording of all financial information in respect of the Integration Joint Board will be in the financial ledger of the Party which is delivering financial services on behalf of the Integration Joint Board.

Any transaction specific to the Integration Joint Board e.g. expenses, will be processed via the Council ledger, with specific funding being allocated by the Integration Joint Board to the Council for this.

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

The Chief Officer and Chief Finance Officer of the Integration Joint Board will be responsible for the preparation of the annual accounts, financial statement, and financial elements of strategic plan. The Integration Joint Board Chief Finance Officer will provide reports to the Chief Officer on the financial resources used for operational delivery.

Initial draft periodic financial monitoring reports will be issued to the Chief Officer/ budget holders within ten days of the period end.

In advance of each financial year a timetable of reporting will be submitted to the Integration Joint Board for approval. It is anticipated that reports will be submitted for the financial periods ending; July, September, November, January and March (final outturn) of each year.

The schedule of cash payments to be made in settlement of the payment due to the Integration Joint Board are noted below;

Resource Transfer, virement between Parties and the net difference between payments made to the Integration Joint Board and resources delegated by the Integration Joint Board will be transferred between agencies quarterly in arrears, with a final adjustment on closure of the Annual Accounts.

Arrangements for asset management and capital
Capital and assets and the associated running costs will continue to sit with the Parties. 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.

10. Participation and Engagement

[The proposed approach for consulting on the Integration Scheme is through the Shadow Integration Board which includes, in addition to voting members, non voting stakeholder members. The Strategic Planning Group as a sub-committee of the SIB will be included in this process. Separate arrangements will be put in place to ensure staff of the Parties also have the opportunity to comment – detail to be defined.]

11. Information Sharing and Confidentiality

The Parties agree to be bound by the Information Sharing Protocol set out in Annex 4 and may agree such amendments as are from time to time necessary. [Awaiting final sign off locally.]

12. Complaints

Arrangements for Complaints
The Parties agree the following arrangements in respect of complaints.

Complaints will continue to be made either to the Council or the NHS Board. 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 [Details for each partnership]. Complaints to the NHS Board are made to the Patient Relations and Complaints Department, NHS Ayrshire and Arran PO Box 13, Eglinton House, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB in writing, by telephoning 01292 513 620, or by emailing complaintsteam@aapct.scot.nhs.uk .

If the complaint relates to integration functions the complaints team/department of the Parties will forward this immediately to the Chief Officer who will acknowledge the complaint within 3 working days of their receipt of the complaint. Complaints can also be made in writing or by email direct to the Chief Officer. The Chief Officer will put in place a two stage complaints procedure which shall include response times.

If the service user remains dissatisfied with the Chief Officer's decision in relation to Social Work the service user can, subject to the current statutory review, also request that Social Work Complaints Review Committee consider the matter. The request should be made within one month of receiving the Chief Officer's response.

If the service user remains dissatisfied with the way the complaint was handled they may send the matter to the Scottish Public Services Ombudsman to consider.

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

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. Details of advocates within the Partnership area can be provided by the Scottish Independent Advocacy Alliance.

Going forward the Partnership will work towards an integrated process for feedback and complaints.

13. Claims Handling, Liability & Indemnity

The Parties agree that the Parties will manage and settle claims arising from the exercise of integration functions in accordance with common law and statute.
[Holding response until National work complete]

14. Risk Management

The Integration Joint Board is under a duty to establish a risk management and reporting process including risk monitoring and reporting as will be set out in the framework developed by the Parties and the Integration Joint Board and to maintain the risk information and share strategic risk information with the Parties.

This will require the Parties and the Integration Joint Board to develop a shared risk management strategy that will identify, assess and prioritise risks related to the delivery of services under integration functions and in particular any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan.

In order to prepare this strategy the Parties will:

Identify the risk sources, providing a basis for systematically examining changing situations over time and focusing on circumstances that impact upon the ability to meet objectives;

Identify and agree parameters for evaluating, categorising and prioritising risk and thresholds to trigger management activities;

Demonstrate processes to identify and document risk in a Risk Register;

Demonstrate the process for monitoring corporate and operational risks including clear lines of accountability and responsibility, reporting lines , governance and frequency;

Develop a process for recording, management and learning from adverse events;

Develop and agree risk appetite and tolerance linked to corporate objectives; and

Ensure sufficient resources are in place to meet the above requirements.

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

A Risk Register is in place for the formation of the Integration Joint Board. The existing Risk Registers of the Parties in relation to delegated functions and services will transfer to the Integration Joint Board Risk Register.

15. Dispute resolution mechanism

Where either of the Parties fails to agree with the other or with the Integration Joint Board on any issue related to this Scheme, then they will follow the undernoted process:

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

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

(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.

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 delegated by the Health Board to the Integration Joint Board

(Subject to finalisation of Draft Regulations)

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, other than Section 2CB(1) and (2) (provision of a service outside Scotland); Section 17L(1) (power to enter into a general medical services contract); Section 47(1) (duty to make available such facilities as appear reasonably necessary for education and research).

Disabled Persons (Services, Consultation and Representation) Act 1986
Section 7 (making of arrangements for the assessments of the needs of a person who is 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 other than Section 22 (requirement to maintain a list of medical practitioners).

Education (Additional Support for Learning) (Scotland) Act 2004
Section 23 (co-operating with education authority).

Civil Contingencies Act 2004
All functions of health boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

National Health Service Reform (Scotland) Act 2004
All functions of health boards conferred by, or by virtue of, the National Health Service Reform (Scotland) Act 2003.

Public Health etc. (Scotland) Act 2008
All functions of health boards conferred by, or by virtue of, the Public Health etc. (Scotland) Act 2008 other than section 3 (designation of competent persons).

Certification of Death (Scotland) Act 2011
All functions of health boards conferred by, or by virtue of, the Certification of Death (Scotland) Act 2011.

Patient Rights (Scotland) Act 2011
All functions of health boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011.

Public Services Reform (Scotland) Act 2010
All functions of health boards conferred by, or by virtue of, the Public Services Reform (Scotland) Act 2010.

Part 2

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

(Subject to finalisation of Draft Regulations)

- Unplanned inpatients
  (Medical care for the treatment of urgent or emergency conditions that require an unplanned admission to hospital)

- Outpatient accident and emergency services
  (services provided within a hospital for the treatment of urgent or emergency conditions)

- Care of older people
  (medical care for older people when not covered by unplanned inpatients)

- District nursing

- Health visiting services

- Clinical psychology services

- Services provided by Community Mental Health Teams
  (services delivered in the community for those with mental health problems)

- Services provided by Community Learning Difficulties Teams
  (services delivered in the community for those with learning difficulties)

- Services for persons with addictions

- Women's health services
  (services providing the assessment, diagnosis care, planning and treatment of women's health, sexual health and contraception services)

- Services delivered by allied health professionals

- GP out-of-hours services

- Public Health Dental Service

- Continence services
  (Assessment, investigation, diagnosis and treatment of those with continence problems)

- Dialysis services delivered in the home

- Services designed to promote public health

- General Medical Services

- GP pharmaceutical services
  (prescribing and dispensing of medicine and therapeutic agents by GPs, nurse prescribers, and prescribing pharmacists working in GP practices.)

Local Addition

- Community Children's services (School Nursing, Health Visiting, Looked after Children's Service) [non medical]

Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

(Subject to finalisation of Draft Regulations)

Column A *Enactment conferring function*	*Column B* *Limitation*
National Assistance Act 1948 Section 22 (The fixing of a standard rate to be paid for accommodation provided under Part III of that Act or accommodation regarded as provided under that Part(**a**),the assessment of a person's ability to pay that rate and the determination of a lower rate to be paid for such accommodation.) Section 26 (The inclusion in arrangements for accommodation of provision for payment in respect of the accommodation, the determination of the rate of payment, and the recovery of amounts from the persons for whom accommodation is provided.) 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.)	
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) Act1968.)	So far as it is exercisable in relation to another delegated function.

(**a**) By virtue of section 87(3) of the Social Work (Scotland) Act 1968, accommodation provided under that Act or under section 25 of the Mental Health (Care and Treatment) (Scotland) Act 2003 is regarded as accommodation provided under

Column A *Enactment conferring function*	*Column B* *Limitation*
Section 4 (The making of arrangements with voluntary organisations or other persons for assistance with the performance of certain functions.)	So far as it is exercisable in relation to another delegated function.
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.)	So far as it is exercisable in relation to another delegated function.
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.)	So far as it is exercisable in relation to another delegated function.
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.)	
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 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 another delegated function
Section 29 (The making of payments to parents or relatives of, or persons connected with,	So far as it is exercisable in relation to another delegated function

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 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.) Section 87 (The recovery of charges for services and accommodation provided by a local authority.)	So far as it is exercisable in relation to another delegated function
The Local Government and Planning (Scotland) Act 1982 Section 24 (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.)	
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 have been delegated. In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 which have been delegated.

The Housing (Scotland) Act 1987 Section 5 (The provision of facilities for obtaining meals and laundry facilities and services in connection with the provision of accommodation by a local authority under section 2 of the Housing (Scotland) Act 1987).)	
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 and 41-45 (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 delegated functions.
The Housing (Scotland) Act 2001 Section 92 (The promotion of the formation or development of registered social landlords and the provision of assistance to a registered social landlord or any other person concerned with housing matters.)	
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 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) 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.)	

The Housing (Scotland) Act 2006 Section 71 (The provision of assistance in connection with the acquisition or sale of property or work on land or in premises for the purposes mentioned in section 71(2).)	
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 11 (The making of an application for an assessment order.) Section 14 (The making of an application for 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.)	
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 9 (The provision of information.) 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.)	Only in relation to a choice under section 5 or 7of the Act.

Section 19 (Promotion of the options for self-directed support.)	

Part 2

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

[Subject to finalisation of Draft Regulations]

The draft Regulations include those functions listed in the Schedule of the Act as they relate to the following services for adults:

- 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;
- Housing support services, aids and adaptions;
- 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 Partnership:

Health:

- Primary Care (General Medical Services; General Dental Services, General Ophthalmic Services, Community Pharmacy)
- Public Dental Services
- NHS ADOC
- Area Wide Evening Service (Nursing)

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 Partnership:

Health:

- All Mental Health Inpatients Services 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 – to be confirmed.
- Child and Adolescent Mental Health Services to be confirmed as to whether it is best sited in Mental Health or in Children's Services
- Psychology services – to be confirmed
- Prison Service and Policy Custody services – to be confirmed
- Community Infant Feeding Service
- Family Nurse Partnership
- Child Health Administration Team

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

Health:

- Allied Health Professionals (detailed arrangements to be confirmed)
- Community Continence Team

Keep in View: Services which are under review for inclusion in a partnership, management arrangements to be determined:

- Child Protection and Vulnerable Children's Administration Team and Multi-agency, Public Protection Arrangements (MAPPA)
- Sexual Health
- Rainbow House