EAST AYRSHIRE

COUNCIL MEETING: 29 JANUARY 2015

PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

INTEGRATION SCHEME

Report by the Director of Health and Social Care

PURPOSE

1. The purpose of this report is to:

(i) provide an update on progress to date on the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014- Integration of Health and Social Care; and

(ii) to seek agreement of the Integration Scheme for submission to the Scottish Government.

BACKGROUND

2. In October 2014 the Council and NHS Ayrshire and Arran agreed to consult on the terms of the draft East Ayrshire Integration Scheme. The Integration Scheme sets out the terms and conditions of the Integration of Health and Social Care and the relationships between the Council and NHS Ayrshire and Arran.

3. The consultation period has now ended and the Council is asked to consider the consultation responses and approve the Integration Scheme attached at Appendix 1. Once the Integration Scheme is approved by the Council and NHS Ayrshire and Arran it can then be submitted for approval by Scottish Ministers by end of March 2015. Subject to approval of the scheme by Ministers and due parliamentary process it is expected that East Ayrshire Integration Joint Board will come into creation early in financial year 2015/16.

PROGRESS TO DATE

4. The Public Bodies (Joint Working) (Scotland) Act 2014 required Local Authorities and NHS Boards to integrate certain adult health and social care services. The legislation enabled these bodies to delegate other functions. In June 2013 the three Ayrshire Councils agreed to delegate all childcare, criminal justice social work, and adult services to the new partnership. In March 2014 NHS Ayrshire and Arran Health Board agreed to delegate a range of community based childrens health services, as detailed in Annex 1 Part 2 of the draft Integration Scheme, to the partnership in addition to those services which it is required to delegate. All these services will be delegated to an Integration Joint Board which is responsible for the financial and strategic oversight of the services.

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

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

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

8. All three Integration Schemes were subject to an initial consultation during November and December 2014, and thereafter subject to a second consultation closing on 6 January 2015. The consultation undertaken is detailed at section nine of Appendix 1.

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

10. The consultation responses received by the Council and NHS Ayrshire and Arran are set out in appendix 2. Council is asked to consider these responses prior to agreeing the terms of the Integration Scheme. In considering these responses it should be noted that only information which is prescribed in the act or the regulations can be included in the Integration Scheme. This is because Scottish Ministers cannot approve additional information. This limits the extent to which some otherwise useful comments can be included in the Integration Scheme.

11. The draft scheme was forwarded to the Scottish Government for comment at the end of December. Any further changes required as a result of Government comment will be reported either through a further supplementary report or verbally, depending on when the Government comments are received.

12. Local partners have delivered a timetable in anticipation that the Scottish Government will be able to constitute the Integration Joint Board on 1 April 2015 it is possible that due to parliamentary process that this event may take place later in 2015. Until then the Shadow Integration Board will continue to be responsible for those integrated services which will be delegated to the Integration Joint Board.

CURRENT POSITION

13. The draft Integration Scheme has been further developed during the consultation period, both as a result of documents published by the Scottish Government and as a result of consultation responses received.

14. Subject to receiving the comments of the Scottish Government on the draft scheme, the present Integration Scheme draft includes all information and conditions which will be required by the Scottish Government prior to approving an Integration Scheme. Recent feedback from the Scottish Government, as of 16 January 2015, has intimated that a new clause will require to be inserted following 10.2 stating: The Parties will invite the Integration Joint Board to ratify the Protocol.

15. The terms of the scheme have also been developed by pan-Ayrshire officer workstreams and the same draft Integration Scheme will be submitted for approval to all three Ayrshire Councils during January 2015, and to NHS Ayrshire and Arran on 2 February 2015.

16. It is not intended that any further changes are made to the present Integration Scheme as a result of consultation responses received. The Council are asked to agree the terms of the East Ayrshire Integration Scheme as attached as Appendix 1 with the noted amendments noted in paragraph 14. NHS Ayrshire and Arran will consider approval of the scheme on 2 February 2015. Subject to approval by NHS Ayrshire and Arran, the East Ayrshire Integration Scheme can then be submitted to the Scottish Ministers for their approval.

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

18. It will be noted Annex 2 reaffirms Children and Families Social Work Services and Criminal Justice Social Work Services as local additions to Council Services to be delegated to the East Ayrshire Integration Joint Board. The inclusion of and accountability for the wider Children's Services agenda will be further developed in the first year through joint working arrangements which will include Partnership, wider Council Services and partners to include Vibrant Communities, Education Services, Health Services, Housing Services, Police Scotland, and the third sector.

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

Work Complaints Review Committees expected in 2016, that the minutes of this Committee should continue to be reported to Cabinet rather than the Integration Joint Board.

NEXT STEPS

20. As we now move towards completion of the Integration Scheme process in order for the Integration Joint Board (IJB) to be legally responsible for the delegated functions it will require that a Strategic Plan would also be approved by the Integration Joint Board. It is therefore our intention that the Strategic Plan will be submitted for approval to the first meeting of the IJB.

21. The Strategic Plan is being developed through a number of engagement events with an extended Strategic Planning Group. The draft was considered by the Ayrshire and Arran GP Sub-Committee on 16th December 2014. The final draft was released for an 8 week period of consultation with a wide range of stakeholders and partners at end December 2014, with a closing date of 23 February 2015.

22. The format of the consultation programme has included four joint face to face events led by the Director of Health and Social Care with NHS and Council employees, and two wider events with care providers from third and independent sector and additional events planned with GPs, pharmacists in localities during early February. In addition the Strategic Plan, with an attached questionnaire, is available online for individual feedback.

23. The Strategic Plan provides the opportunity to undertake a greater understanding of needs in our local communities and to use this information to shape services for the future. The final Strategic Plan will be produced and made available to Shadow Integration Board at their meeting on 26 March 2015, to Council by end March 2014/early April 2015 and will be submitted for approval at the first meeting of the IJB.

FINANCIAL IMPLICATIONS

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

25. The Council have agreed to delegate all Social Work services to the partnership. In 2014/15 the gross value of these services is £68.75m. For 2015/16. The Scottish Government has agreed an Integration Care Fund worth £100m at national level, with £2.46m allocation for East Ayrshire.

COMMUNITY PLANNING IMPLICATIONS

26. The Comprehensive Review of the Community Plan is underway with progress being made with the agreement that the East Ayrshire Health and Social Care Partnership will have the lead role for the delivery and co-ordination of the Wellbeing theme of the Community Plan.

TRADE UNION/LOCAL PARTNERSHIP INVOLVEMENT

27. Trade Unions representing Council Employees and NHS Ayrshire and Arran local partnership are represented and engaged as part of the Strategic Planning Group and the Shadow integration Board.

28. Relevant Trade Unions of the Local Authority and partnership representatives of NHS Ayrshire and Arran have had local partnership input to the development of the Integration Scheme.

POLICY AND LEGAL IMPLICATIONS

29. The proposals within this report will support the parent bodies deliver on the Public Bodies (Joint Working) Scotland Act 2014 and also maintain existing duties to deliver on policy and legislative requirements for the delivery of Community Health and Social Care Services.

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

HUMAN RESOURCE IMPLICATIONS

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

RISK IMPLICATIONS

32. The principal risk is in relation to;

- The detail of the Integration Scheme being unacceptable to either of the parties, and subsequent failure to agree the local approval of the Integration Scheme resulting in a delay in the submission of the Integration Scheme to the Scottish Government for Ministerial approval.
- This would further impact on the agreed timescale for the creation of the Integration Joint Board by 1 April 2015 and therefore failing to meet our local aspirations and the legislative requirements of the Public Bodies (Joint Working) (Scotland) Act.

EQUALITIES IMPLICATIONS

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

34. An Equalities Impact Assessment (EQIA) screening has been undertaken in relation to the Integration Scheme. It was agreed that no full Equality Impact Assessment was

required as the Integration Scheme is the legal and governance arrangements for the implementation of the Public Bodies (Joint Working) (Scotland) Act 2014 between NHS Ayrshire and Arran and East Ayrshire Council and as such is assessed as having a low level of impact. The Strategic Plan which will be the operational delivery and commissioning plan for the partnership and as such will be subject to a full EQIA.

RECOMMENDATIONS

35. It is recommended Council:

(i) to consider the responses received during the consultation period attached at Appendix 2 ;
(ii) approve the Integration Scheme attached at Appendix 1 to be issued to Scottish Government for approval;
(iii) remit officers to amend the draft Integration Scheme if required following the feedback from Scottish Government ; and
(iv) otherwise note the content of the report.

Eddie Fraser
Director of Health and Social Care
9 January 2015

BACKGROUND PAPERS

1. Draft Integration Scheme
2. Consultation Responses

For more information on this report please contact Eddie Fraser, Director of Health and Social Care. Tel: 01563 576538

IMPLEMENTATION OFFICER
Eddie Fraser, Director of Health and Social Care

Health and Social Care Integration

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

14 January 2015

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Introduction

Aims and Outcomes of the Integration Scheme Regulations

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

In East Ayrshire integration is also intended to support the Community Planning Partnership in addressing the overall wellbeing agenda including tackling inequalities, and in particular health inequalities, as outlined below.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Partnership is:

- Working together with all of our Communities to improve and sustain well-being, care and promote equity

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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").

And

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

1. Definitions And Interpretation

1.1 **"The Act"** means the Public Bodies (Joint Working) (Scotland) Act 2014;

"Acute Services" means the following services of the NHS Board delivered within the acute hospitals at University Hospital Ayr and University Hospital Crosshouse for which the Director for Acute Services of the NHS Board has operational management responsibility, namely (accident and emergency; general medicine; geriatric medicine; rehabilitation medicine; respiratory medicine; and palliative care). These are the services in scope for the delegated acute functions and associated Set Aside budget;

"Appropriate Person" means a member of the NHS Board, but does not include any person who is both a member of the NHS Board and a councillor;

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

"Chairperson" means the Chairperson of the Integration Joint Board;

"The Chief Officer" means the Chief Officer of the Integration Joint Board

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and is defined in Part 7 "Chief Officer";

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

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

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

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

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

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

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

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

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

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

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

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“The Parties” means East Ayrshire Council and the NHS Board;

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

“Scheme” means this Integration Scheme;

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

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

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

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

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

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

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

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

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

2. Local Governance Arrangements

2.1 Voting Membership

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

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

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

2.2 Period of Office

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

2.3 Termination of membership

2.3.1 A voting member appointed by the Parties ceases to be a voting member of

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the Integration Joint Board if they cease to be either a Councillor or a non-executive Director of the NHS Board or an Appropriate Person in terms of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014, SSI no 285.

2.4 Appointment of Chair and Vice Chair

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

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

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

3. Delegation of Functions

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

3.2 The functions that are to be delegated by the Council to the Integration Joint

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Board are set out in Part 1 of Annex 2. The Services to which these functions relate, which are currently provided by the Council and which are to be integrated, are set out in Part 2 of Annex 2.

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

4. Local Operational Delivery Arrangements

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

4.1.1 The local operational arrangements agreed by the Parties are:

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

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

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

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

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management on behalf of all the Ayrshire Integration Joint Boards. Such Lead Partnership will be responsible for the strategic planning and operational budget of the Lead Partnership Services in Annex 3.

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

4.2 Corporate Support Services

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

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

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

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

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4.3 Support for the Strategic Plan

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

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

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

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

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

4.3.6 The Parties agree to use all reasonable endeavours to ensure that the other Ayrshire Integration Joint Boards and any other relevant Integration Authority

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will share the necessary activity and financial data for Services, facilities and resources that relate to the planned use by service users within the area of their Integration Authority.

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

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

4.4 Performance Targets, Improvement Measures and Reporting Arrangements

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

4.4.2 The Data Dictionary will also state where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement in respect of organisational accountability for a performance target for the NHS

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Board or the Council this will be taken into account by the Integration Joint Board when preparing the Strategic Plan.

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

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

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

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

5.0 Clinical and Care Governance

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

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

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5.1.2 The Parties will be responsible through commissioning and procurement arrangements for the quality and safety of services procured from the Third and Independent Sectors and to ensure that such Services are delivered in accordance with the Strategic Plan.

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

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

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

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

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

5.1.8 In relation to Integrated Services the Parties will, through their respective

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schemes of delegation, delegate all operational oversight of such Services either to the Integration Joint Board or the Chief Officer.

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

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

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

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

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5.1.12 The Parties note that the Health and Care Governance Group may wish to invite appropriately qualified individuals from other sectors to join its membership as it determines, or as is required given the matter under consideration. This may include NHS Board professional committees, managed care networks and Adult and Child Protection Committees.

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

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

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

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

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5.1.17 Further assurance is provided through:

(a) the responsibility of the Chief Social Work Officer to report directly to the Council, and the responsibility of the Health Leads to report directly to the Medical Director and Nurse Director who in return report to the NHS Board on professional matters;

and

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

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

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

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

6 Chief Officer

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

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

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6.1.2 The Parties acknowledge and agree that the Chief Officer's role will be to provide a single senior point of overall strategic and operational advice to the Integration Joint Board and be a member of the senior management teams of the Parties.

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

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

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

6.2. Line Management of the Chief Officer to Ensure Accountability

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

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

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

7. Workforce

7.1 Development of a Joint Workforce Development and Support Plan

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

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

7.2 Development of an Organisational Development Strategy for Integrated Service Teams

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

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

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

8 Finance

8.1 Resources to be made available to the Integration Joint Board

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

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

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

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

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

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

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- Individual Party responsibility including:

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

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

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

- Efficiency targets will be set by each Party.

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

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

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

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

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

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

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

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

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

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future year contributions.

8.2 In-year Variations

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

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

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

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

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as part of the annual budget setting process.

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

8.3 Financial Management and Financial Reporting Arrangements

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

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

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

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

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

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

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

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

8.4 Arrangements for Asset Management and Capital

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

9 Participation and Engagement

9.1 During the development of the Scheme, the Council and NHS Board agreed to consult jointly through the Shadow Integration Board and Strategic Planning Group structure, the membership of which comprises the prescribed consultees. The means by which such consultation was undertaken was through consideration at regular meeting of these groups and through an electronic survey.

9.2 The Parties also consulted with their staff.

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9.3 The Council consulted with Trade Unions as part of the Joint Consultative Council, the Corporate Management Team, Elected Members of the Council through Member briefings and Staff through joint staff events and an electronic survey. Following the face to face meetings all of the consultees were invited to contribute their views.

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

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

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

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

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10 Information-Sharing and data handling

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

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

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

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

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

11 Complaints

11.1 Arrangements for Complaints

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

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

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

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

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

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

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

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12 Claims Handling, Liability & Indemnity

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

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

13 **Risk Management**

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

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

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

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14 **Dispute resolution mechanism**

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

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

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

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

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

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Annex 1

Part 1

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

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

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

	The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006; The National Health Service (Discipline Committees) (Scotland) Regulations 2006; The National Health Service (Appointment of Consultants) (Scotland) Regulations 2009; The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009; and The National Health Service (General Dental Services) (Scotland) Regulations 2010.

Disabled Persons (Services, Consultation and Representation) Act 1986(a)

Section 7
(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002(b)

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

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

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by section 22 (approved medical practitioners).

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

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

Public Health etc. (Scotland) Act 2008(e)

Section 2
(duty of Health Boards to protect public health)

Section 7
(joint public health protection plans)

Public Services Reform (Scotland) Act 2010(f)

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

Patient Rights (Scotland) Act 2011(g)

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

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

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

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

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7
(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

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

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

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

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

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

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

Public Services Reform (Scotland) Act 2010

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

Patient Rights (Scotland) Act 2011

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

Annex 1
Part 2

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

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

Such other services as may be agreed.

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Annex 2

Part 1

Functions delegated by the Local Authority to the Integration Joint Board

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

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certain functions.) Section 5 (Local authorities to perform their functions under the Act under the guidance of the Secretary of State.) Section 6B (Local authority inquiries into matters affecting children.)	
Section 8 (The conducting of, or assisting with research in connection with functions in relation to social welfare and the provision of financial assistance in connection with such research.)	So far as it is exercisable in relation to another integration 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 integration function.
Section 12 (The promotion of social welfare and the provision of advice and assistance.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (The assessment of needs for community care services, the making of decisions as to the provision of such services and the provision of emergency community care services.)	Except in so far as it is exercisable in relation to another integration function.
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.)	So far as it is exercisable in relation to another integration function.
Section 12AA (The compliance with a request for an assessment of a carer's ability to provide or to continue to provide care.)	

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

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

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

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

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

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

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

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

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

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

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

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

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Annex 2

Part 2

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

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

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

Such other services as may be agreed

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Annex 3

Lead Partnership (Hosted) Services

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

Health:

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

Council:
Out of Hours Social Work Services

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

Health:

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

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

Health:

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

Such other services as may be agreed

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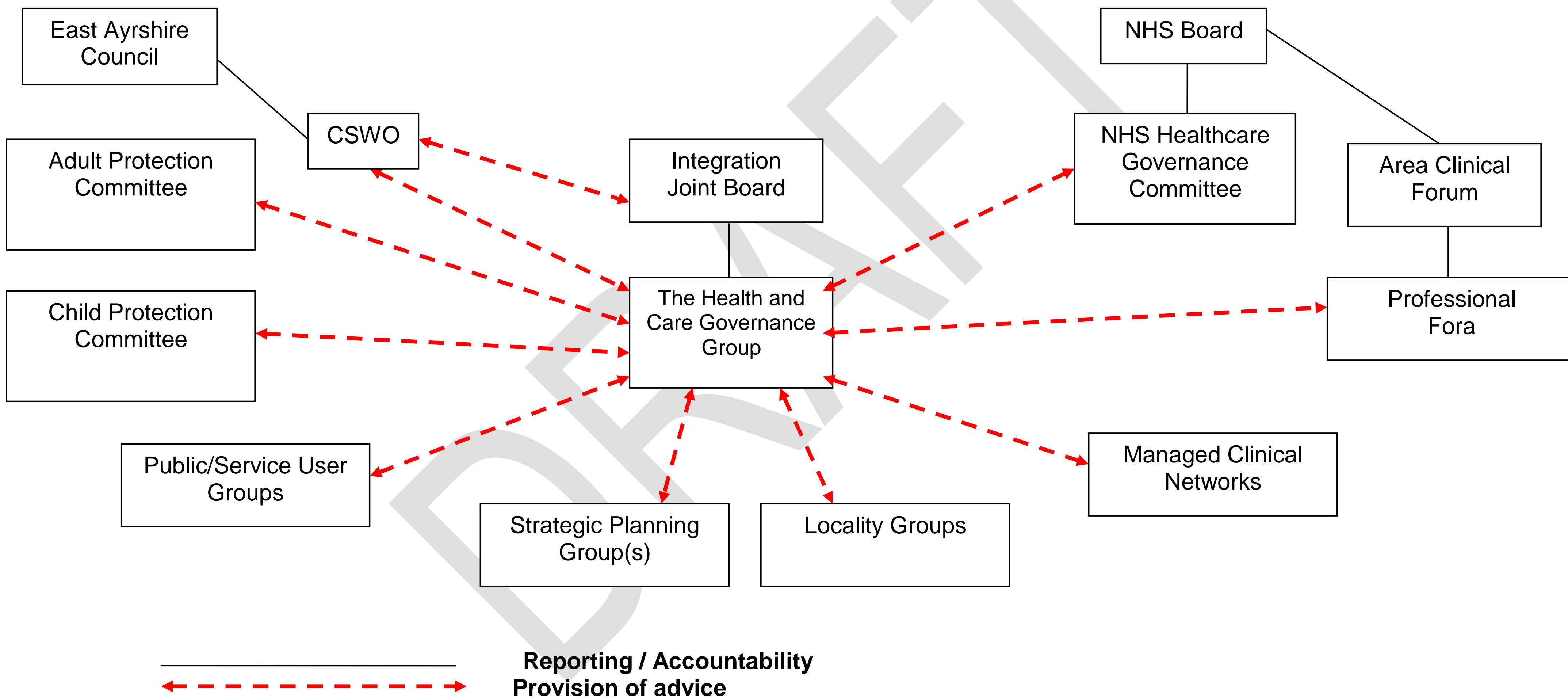
Annex 4

Health and Social Care Partnership Clinical and Care Governance Structure



Reporting / Accountability
Provision of advice

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

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

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

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

1. Partnerships

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

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

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

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

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

(including emails relating to the survey)

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

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

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

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

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

3. Local Authorities - staff consultation

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

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

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

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