

Appendix Two: Draft Integration Scheme Consultation Responses

THEME	RESPONDENT	CONSULTATION RESPONSE	RECOMMENDATION to SHADOW IJB
Aims and outcomes of the Integration Scheme	Liz Taylor, ACC	The vision statement is weak, lacks ambition and should certainly reflect the wider concept of wellbeing of the population.	Vision and values will be considered at workshop on the 24 th of February
	Susan Lowes, Marie Curie	We agree with the aims, vision and detail laid out in the health and social care integration scheme for Aberdeen City. We welcome the culture of cooperation and coordination and the emphasis on high quality person centred health and social care services. We believe integration provides the opportunity to produce better person-centred care and improve outcomes, enabling people to access the right care for them at the right time and ensuring that people are at the heart of services and decisions surrounding their own care.	Noted
	Lynn Morrison NHSG	'the main purpose of integrated services is to improve the wellbeing of service users' - should the statement be broader than service users to reflect the need for the partnership to be more upstream in improving health and wellbeing, ie to influence people before they ever become service users? Comment applies to the bulleted list on page 3 too	Draft presented reflects the "Integration Planning Principles" as set out in the legislation

		which is heavily towards service users rather than the preventative element that we need to grow and develop.	
	Sandy Reid NHSG	Vision is great.	Noted
	Heather MacRae NHSG	Page 3 re the partnership will be obliged, make it a more positive statement, and welcome?	Noted
	Denise Thomson ACC	<p>With respect to the integration principles: Instead of 'recipients' I would suggest that the wording is kept consistent so perhaps refer to service users as this includes patients and recipients. Instead of 'particular needs' this should be individual needs.</p> <p>'Different parts of the area in which the service is being provided'; this is not clear.</p> <p>Takes account of the particular characteristics and circumstances of different service users; Could remove this if 'individual needs' suggested above is used. This is all about meeting individual needs and providing seamless services.</p> <p>Replace 'safety' with 'safe from harm'.</p> <p>Focuses on prevention would be better – we can't prevent needs arising.</p>	Noted but not recommended this is changed as wording reflects regulations – the legislation says "service users" so this could be changed. The rest is set out in the Act as you say.

	Sarah Ward ACC	<p>With respect to the following values:</p> <ul style="list-style-type: none"> • co-operation (or 'to be co-operative') • – (I'm struggling to see how this could be a value but it would be 'to be outcome focused') • (as above, I'm struggling to see how innovation is a value but it should be 'to be innovative') <p>Also,</p> <ul style="list-style-type: none"> • The Partnership will be obliged <i>to provide</i> evidence of how well the nine National Health and Wellbeing outcomes are being met; these <i>outcomes</i> are: 	Noted but recommend no change
Definitions and Interpretations	Graeme Smith NHSG	The roles of the key officers in the NHS Grampian should be defined in this section e.g. the role of the Chief Executive in relation to ultimate accountability for health resources and the responsibilities of the Medical Director and Director of Nursing in relation to professional validation and regulatory matters.	Scheme re-drafted to reflect. A new definition of "Accountable Officer" has been included in the Definitions. The responsibilities of the Chief Executive of NHS Grampian are detailed in the "Chief Officer" section. The responsibilities of the Medical Director and Director of Nursing are set out in the reframed "Clinical and Professional Governance" section.

<p>Local Governance Arrangements</p>	<p>Graeme Smith NHSG</p>	<p>Reference should be made to the need for the IJB to reach agreement with NHS Grampian in relation to changes in health services which have an impact on other parts of the health and social care system. This relates to changes included in the strategic plan or other operational delivery changes that may be sought.</p> <p>The IJB, specifically the Chief Officer, will participate in a coordinating process involving all IJBs which will ensure that changes relating to health services provided across Grampian are managed and organised effectively and efficiently.</p> <p>This section should also make it clear that all resources at the disposal of the Parties relating to the functions which have been transferred to the Integrated Joint Board will be managed to ensure that the arrangements for carrying out the integrated functions, as set out in the strategic plan, are implemented in full.</p> <p>The section should also state that if the Integrated Joint Board proposes to take a significant decision about the arrangements for carrying out of their functions, and intends the decision to take effect other than by revising the strategic plan, the Integrated Joint Board will seek and take account of the views of the North East Partnership</p>	<p>Advice from Scottish Government review team that it is not acceptable to set out here how the IJB will go about its role and that this cannot be added to the text of the scheme</p> <p>As above.</p> <p>A paragraph to reflect this has been added to “Local Operational Delivery Arrangements”.</p>

		<p>Steering Group (or other such group established to undertake strategic level coordination of health and social care in the north east of Scotland) and take such action as it thinks fit having consulted with the service users for whom the service is being or may be provided.</p> <p>Whilst the IJBs will lead the strategic planning of the delegated hospital based services identified in the Regulations reference should be made in the Scheme that this planning will be coordinated by NHS Grampian as part of a broader plan for acute and other non delegated services for the Grampian and north of Scotland as appropriate.</p>	<p>Advice from Scottish Government review team that it is not acceptable to set out here how the IJB will go about its role and that this cannot be added to the text of the scheme</p> <p>As above.</p>
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	Lynn Morrison NHSG	'Strategic plan..provision of health and social care services' again wondered if this is a prescribed statement from the legislation or whether this could be expanded to better reflect the non-service delivery/ public health type function that we will need to do more of - or maybe the word 'service' in this context is intended to include all of that?	Reflects wording in the model scheme – no change recommended
	Heather MacRae	(Section is) good and clear.	Noted
Board Governance	Graeme Smith NHSG	<p>A broad statement should be included in this section in relation to the numbers of Board members who will be members of the IJB. This will permit local agreements to be made regarding the detail of IJB membership. If this is not permissible the Scheme should state that NHS Grampian will nominate four Health Board members (this will comprise a minimum of three non executive members), and the Council will nominate four councillors.</p> <p>The decision of the appointment of a chair needs to be clarified.</p> <p>It is proposed that the terms of office for Chair and Vice Chair should be one year.</p>	Changes recommended in text of final scheme

		<p>It would be useful if the Scheme specified the non-voting membership of the IJB. Consideration should also be given to the inclusion of staff side representation on the IJB to be consistent with the NHS principle of partnership working.</p>	<p>Change not agreed – process for agreeing chairing arrangements and office to remain as previously agreed by TLG in December 2014</p> <p>Non-voting membership will be as set out in the regulations and this list will be added to the scheme. This includes staff side representation.</p>
	<p>Martine Gallacher, Enable</p>	<p>Once the IJB is established, is there scope to appoint further non-voting members of the IJB that include - third sector representatives, service users residing in Aberdeen, persons providing unpaid care in Aberdeen staff of the parties engaged in the provision of services under the delegated functions?</p> <p>If there is a representation of the groups mentioned above how will you ensure that the views of all providers are taken into account?</p>	<p>Non-voting membership is set out in the regulations and this will be shown in the scheme. This includes representation for those groups.</p> <p>Regulations set out the range of people and groups that must be consulted with in relation to both locality planning and development of the Strategic Plan</p>
	<p>Heather McRae NHSG</p>	<p>(section) is good and clear (do wonder re suitable finances with the financial targets we will have to make but we do have the</p>	<p>Noted – issue of chairing arrangements will be set out as per</p>

		transitional money). Is there a reason the term of office of a Board member is 3 but the Chair is 2?	previous TLG agreement
	Sarah Ward ACC	'The IJB may require various support services in order to perform its functions' truism?	Noted – wording reflects the regulations and model scheme and this element reflects the need to ensure services from parent bodies support the IJB as required to enable it to carry out its functions
	ACF & GAAPAC	The number of NHSG Board members in the IJB is left subject to agreement. Some concern about how many if they are all to be non-execs. Can the non-execs sustain the commitment to the IJBs, NHSG and other roles? Depending on numbers there will be very little 'give' if there is an absence/illness etc. Clearly NHSG Board members need to populate IJBs but important to recognise how many directions they may be pulled in and look at whether this makes it difficult to be effective. Does this leave room for the opportunity for the informal contact and shared understanding to be established between board members and clinicians.	Noted and agreement has been reached in relation to voting membership which will be reflected in the final draft. This will set out a membership of 4, with NHS members comprising 3 non-execs and 1 exec.
Delegation of Functions	Graeme Smith NHSG	The Scheme identifies the services to be delegated and extracts from the Regulations associated with the legislation are included in appendices. It will be necessary to identify those services that will be delegated in	This has been set out in a new Annex 4.

		<p>terms of strategic planning only (hospital services) and those that will be delegated in terms of both service delivery and strategic planning (community services) as previously reported to the NHS Grampian Board.</p> <p>In addition there needs to be scope in the wording of the Scheme to permit the delegation of services that are not included as mandatory in the legislation i.e. this needs to state that there will be a process and criteria agreed between NHS Grampian and the IJBs to make the decision on further delegation of services – this process will lead to a formal decision made by the NHS Grampian Board and the IJBs.</p> <p>The Scheme should also include reference to services that are currently hosted by CHPs that will continue to be hosted on behalf of all three IJBs in the Grampian area.</p> <p>Reference should also be made to the potential for reaching a local agreement in relation to the hosting of strategic planning and service delivery by one IJB on behalf of the other IJBs on a rotational basis.</p> <p>In addition to the IJB taking into account the Parties' requirements to meet their statutory obligations reference should also be made to the need to meet standards required by government and other organisational and service delivery standards set and agreed</p>	<p>This is dealt with in “Local Operational Delivery Arrangements”, Annex 3 (hosted services) and Annex 4 (services delegated for strategic planning only).</p> <p>This is set out in Annex 3.</p>
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		<p>by the Parties. It would be useful if the Scheme specified the non-voting membership of the IJB. Consideration should also be given to the inclusion of staff side representation on the IJB to be consistent with the NHS principle of partnership working.</p>	<p>As above. It is for the IJB to decide on hosting arrangements.</p> <p>This has been added.</p> <p>This has been added.</p>
	Jenny Wishart Care Home Provider and Scottish Care Member	Regarding non voting membership of the IJB; why there is no representation from the Independent sector on that body?	Not required in the regulations – independent sector are required to be involved in consultation and development of strategic plan and in locality work
	Heather MacRae NHSG	Re 4:3, is it more than just our statutory duty? Responsibilities?	Wording reflects model integration scheme so no change recommended
	ACF & GAAPAC	Some concern has been raised by others	This level of operational detail is

		<p>about how to envisage professional groups such as ‘allied health professionals’ and ‘clinical psychology’ being included as delegated services when these are groups of professionals working in services spanning many clinical areas. For example, the majority of psychologists do work within outpatient mental health services but others work within surgery, cancer, persistent pain, diabetes, cardiac services and forensic mental health. Does the individual continue to be part of the non-delegated service?</p> <p>NHSG also employs a significant number of other applied psychologists such as health, counselling and associate psychologists so as a group we would refer to ourselves as ‘applied psychologists’</p> <p>Annex part 2 refers to allied health professionals as persons registered with the HPC. All applied psychologists are registered with the HPC. For the purposes of these documents does this term include psychologists as there is no specific mention of them elsewhere other than in the supporting paper.</p>	<p>not required and would not be accepted in the Integration Scheme. This will be set out in operational and workforce plans that we are required to develop.</p>
<p>Local Operational Delivery Arrangements</p>	<p>Graeme Smith NHSG</p>	<p>An important issue for NHS Grampian is the operational delivery of services to patients from more than one IJB and the need for a degree of coordination and consistency across the IJBs e.g. in relation to patient flow, delayed discharges etc. Appropriate text should be included in this section which provides an assurance of a coordinated</p>	<p>To be reflected in revised scheme. We will add “NHS Grampian and the IJB will work together to ensure that the planning and delivery of</p>

		<p>approach. A related issue is the need to support the delivery of Scottish Government targets and standards, and the requirement for a collaborative approach across all partners. These issues also need to be reflected in amendments to this section.</p> <p>In relation to the above the Scheme should confirm that the IJB will take shared responsibility for the planning and delivery of services provided across the Grampian area.</p> <p>Reference should also be made to the need for the IJB to participate actively in the performance monitoring and management arrangements that will be put in place by NHS Grampian to ensure that agreed targets and standards are met, and that the Chief Officer will be accountable to the Chief Executive for the delivery of agreed targets and standards.</p> <p>This section refers to NHS Grampian and the Council providing such information as required by the Chief Officer – this should be amended to “information as may be reasonably required”. The relevant paragraph should also state that the IJB will also provide such information as would be reasonably required by the Chief Executive of the Health Board in relation to the planning of the delegated services provided within hospitals.</p>	<p>integrated (and non-integrated) hospital services are consistent.”</p> <p>The Parties are not permitted to inform the IJB how it should go about its strategic planning business.</p> <p>This has been included in the new section on “Targets and Performance Measurement”.</p> <p>This has been amended.</p>
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	Heather MacRae NHSG	(section) is good and clear.	Noted
	Sarah Ward ACC	I think this section would benefit from some diagrams that map out the roles and relationships between the parties.	This is not required in the scheme and will be set out in operational and workforce plans and papers
Support for Strategic Planning	Graeme Smith NHSG	<p>Reference should be made to the need for the IJB strategic plan to support the delivery of Scottish Government and NHS Grampian aims, targets and standards.</p> <p>This section should also include a statement that the Parties individually require to be involved in and approve the IJB strategic plan.</p> <p>Reference should be made to the need to consult with other Health Boards and other IJBs outwith the Grampian area in the preparation of strategic plans.</p>	<p>This is covered in the new section on “Targets and Performance Measurement”.</p> <p>This is not permitted by the legislation. The Scottish Government will not allow the scheme to state this. The Parties will be consulted in the development of the strategic plan as is set out in the legislation.</p> <p>Requirements for consultation on the strategic plan are set out in the legislation. The Parties are not permitted to inform the IJB how it is to go about its strategic planning so this cannot be included in the scheme.</p>
	Lynn Morrison NHSG	Similar thoughts (to those expressed in 'local Governance arrangements') related to point 6.7 which focuses again on service users rather than 'people' or 'population'.	Noted but no change recommended

	Heather MacRae NHSG	(section) is good and clear.	Noted
	Sarah Ward ACC	Re 6.7: 'consideration' is all very well, appropriate or otherwise but surely we need proper cross boundary arrangements in place??	Noted – but these not required to be set out in the scheme
Clinical and Professional Governance	Graeme Smith NHSG	<p>This section of the Scheme should be amended to provide clarity on the role of the Board's Clinical Governance Committee as NHS Grampian will retain responsibility for the clinical governance of the delegated services. i.e. the scheme should state that NHS Grampian Board is responsible for clinical and professional governance. Professional governance responsibilities are carried out by the professional leads through to the health professional regulatory bodies. Reference should also be made to the need for the IJB to develop a supporting clinical governance structure and process and that NHS Grampian will support the development of clinical and care team governance to support integrated working and service delivery.</p> <p>This section should be specific about the validation, regulation, supervision, learning, support and continuous improvement of staff.</p> <p>It should be made clear that the</p>	This section has been significantly reworked. The issues have been addressed.

		<p>Professional Reference Group is not a governance group as the governance responsibilities remain with the NHS Grampian Board, Chief Social Work Officer and the IJB i.e. this section should state that Professional Reference Group, bringing together senior professional leaders across Grampian, including Medical Director, Nurse Director, Chief Social Work Officers, and the Director of Public Health, will be established. This group, chaired by one of its members, will oversee professional standards of care and practice to ensure the delivery of safe and effective person-centred care within Grampian. This group will ensure that the responsibilities for Clinical and Professional Governance which remain with NHS Grampian and the Council relate to the activity of the IJB.</p> <p>Reference should be made to the effect that the IJB will ensure that there is evidence of effective information systems and that there are relevant professional and service user networks or groups to feed into the agreed clinical and care governance and professional governance framework.</p> <p>There should also be a statement which confirms that the IJB will be responsible for ensuring that effective mechanisms are in place for service user and carer feedback and complaints handling.</p> <p>The section should also provide clarify that</p>	
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		<p>the NHS Grampian Area Clinical Forum (and clinical advisory structure), Managed Clinical and Care Networks, Local Medical Committees, other appropriate professional groups, and the Adult and Child Protection Groups and the clinical advisory structure will be available to provide clinical and professional advice to the IJB.</p> <p>With regard to staff governance the scheme needs to state that NHS Grampian is responsible for ensuring that the NHS national staff governance standards are implemented for those services where NHS Grampian remain the employing organisation. The Integrated Joint Board will be responsible for ensuring that these staff governance standards are embedded within the delegated services.</p>	
	Lynn Morrison NHSG	<p>No mention of where AHP advice will be provided from? - will there be an AHP advisor as part of the non-voting membership and if not how will this advice be sought. This is important to clarify as for example OT services are currently being provided from the health and social care (with the latter provided at arms length through BAC), both with different governance arrangements.</p> <p>Integrated professional governance group - assuming that the 'other clinical leads' would include an AHP lead to ensure governance for this staff group?</p>	<p>AHP Advisor is not a requirement of the regulations or legislation and AHP advice will be sought from the wider professional reference and advisory structures</p> <p>Issues of operational management and structures will be set out in operational and workforce plans</p>

	Heather MacRae NHSG	<p>7:3 In terms of the professional guidance and support, it is more than that, for example to ensure the professional role/function is integral to the structure, and the importance of clinical professional leadership at all levels? Do worry re duplication as we don't have the capacity to do things in 2 places, would we say as a result of the governance being in existing organisations, we would manage our staff through individual organisations policies, we need to think through how we will do this and it perhaps is something we test when we do the double running?</p> <p>7:5 clinical and professional, but it is about all staff governance as well not just professional. 5 Is it more than just under this act, for example as we will have HV's and school nurses and others, in children's services under the children and young peoples act.</p> <p>7:7 needs to say something re the importance of engagement with all levels of clinical and professional leadership not just hierarchical? Maybe add in something about all levels? Re shared governance? And it isn't just in terms of turning to for advice but professional representation available appropriately during discussions?</p> <p>7:13 not sure what this means? Need to be clear about where the responsibility for</p>	Noted and will be reflected in operational and workforce plans
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		referrals re clinical practice to the IJB is this about lessons learned and reporting ? Need to make sure this is efficient, and using the same templates etc, can see there could be confusion re where the reporting lines are, esp in transition.	
	Sarah Ward ACC	<p>I suspect that social workers and health care professionals might welcome some sort of diagram/s that map out who will be responsible for whom.</p> <p>Re 7.6: In partnership with SCSWIS and Health Improvement Scotland?</p> <p>Re 7.9: 'The non-voting members of the IJB will have a key role in the planning and delivery of services', truism?</p>	Noted but operational and not required for the scheme
	ACF & GAAPAC	<p>Professional supervision and advice – for small professional groups, this may need to be arranged across IJBs on a Grampian wide basis.</p> <p>Further discussion would be welcome about the Integrated Professional Governance group and how will relate to the ACF. What will the membership be? (may not need to be specified for the purpose of this document). Will the individuals in this group be responsible for operational management in the IJB? There has been some feedback that there appears to be a blurring of the operational management focus and strategic focus.</p> <p>There is no mention of professionals other</p>	Noted and a revised section will address this in the final scheme

		<p>than social work, medical and nursing at this level but presumably other clinicians would be part of this group. Would a member of the Integrated Professional Governance group from each IJB attend the ACF?</p> <p>Who will be in the strategic planning group and if/when clinical advice is required where will this come from. Will all IJBs follow the same model? Clear preference expressed for a Grampian wide model.</p>	
Chief Officer	Graeme Smith NHSG	<p>This section should be amended to state that the Chief Executive of NHS Grampian is responsible for the planning and delivery of public health and health services across Grampian not delegated to IJBs. The Chief Executive or a delegated officer will provide information to the Chief Officer on the operational delivery of services etc.</p> <p>There should also be a statement that the Chief Officer is the Accountable Officer for Health and Social Care Integration to the Joint Board. A key element of this role will be to develop close working relationships with elected members of the Council and Non Executive and Executive NHS Grampian Board members.</p> <p>In addition reference should be made to the need for the Chief Officer to establish and maintain effective working relationships with a range of key stakeholders across NHS Grampian, the Council, the third and</p>	<p>This has been added.</p> <p>The Chief Officer's responsibilities to the IJB are set out in the legislation. Re close working relationships - this has been added.</p>

		independent sectors, service users and carers, Scottish Government, trade unions and relevant professional organisations.	This has been added.
	Heather MacRae NHSG	thought this section was good and clear.	Noted.
Workforce	Graeme Smith NHSG	This section should state that staff engaged in the delivery of delegated services shall remain employed by their existing organisations on their current terms and conditions of employment. No changes to terms and conditions of employment are anticipated as a result of integration and should these be identified at a future date, this would be subject to consultation as per the appropriate legislation and terms and conditions. Within the NHS staff have a legal entitlement to be treated in accordance with the Staff Governance standards. This right will continue to apply.	We have included as much detail on this as is permitted by the Scottish Government.

		<p>This section should state that the Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised trade unions, staff side representatives and professional organisations involved in the integration of health and social care.</p> <p>The section should also include a statement that the Chief Officer will receive support from the human resources and organisational development functions of both parties and together will work with trade unions, staff side representatives and professional organisations to ensure a consistent approach to their continued involvement in the integration of health and social care.</p> <p>There should also be a statement that the establishment of any group, including employee or trade union representatives, will not replace or supersede the role and functions of existing established consultative and partnership arrangements with the Council, NHS Grampian and trade unions without prior agreement.</p> <p>In addition the Scheme should indicate that the Parties are committed to developing any arrangements that may be required to enable a member of staff from one organisation to be managed by a member of staff from another organisation where</p>	
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		matters must be dealt with under the arrangements of an individual's employer. Employers will take every opportunity to ensure that policies enable outcomes for individuals and the security and safety of staff within the spirit of integration	
	Heather MacRae NHSG	<p>9:4 is it worth adding in something in this section re professional leadership/guidance?</p> <p>9:6 we don't have the same statutory supervision that social work has, we have clinical supervision which has been implemented in Health visiting but not in Community nursing. There is a resource issue around this for us? Not sure ensuring an opportunity is the right words, perhaps more an agreed process?</p> <p>9:7 do we need to say how this joint workforce plan relates to each organisations workforce plan?</p>	<p>These issues have been addressed in the new "Clinical and Professional Governance" section.</p> <p>That is not required.</p>
	Liz Taylor ACC	Suggested new wording for section 9.6: Arrangements will be in place to ensure that professional supervision for clinicians and social workers, required by statute or policy, is provided.	This has been covered in "Clinical and Professional Governance".
	Denise Thomson ACC	'A joint process for the handling of staff complaints will be developed in line with the Parties' existing procedures, which the IJB shall approve'; will staff representatives be consulted on this?	The IJB will no longer approve this – it is for the Parties to make arrangements for this as they consider suitable. It is likely that consultation would take place.

Finance	Graeme Smith NHSG	<p>There should be a statement which confirms that the Council will host the financial transactions of the IJB and that these transactions will cover payments made to the IJB by the Partners and the Direction back to the Partners for commissioned services, cost of the IJB, external audit and the Chief Officer. The recording of the individual transactions of the delegated services will continue to be hosted by health board and local authority.</p> <p>In the paragraphs relating to overspends the the Scheme should state that in the event that an overspend is evident following the application of reserves, the following arrangements will apply for addressing that overspend :-</p> <p>First complete financial year of the IJB – the overspend will be met by the Partner to which the spending Direction for service delivery is given i.e. the Partner with operational responsibility for the service.</p> <p>Future financial years of the IJB – Either a) A single Party may make an additional one off payment to the IJB, or b) The Parties many jointly make additional one off payments to the IJB in order to meet the overspend. The split of one off payments between Parties in this circumstance will be</p>	<p>This is already set out in the Finance section.</p> <p>This has been added.</p>

		based on each Party's proportionate share of the baseline payment to the IJB, regardless of in which arm of the operational budget the overspend has occurred in."	
	Heather MacRae NHSG	<p>10:1:3 Need to be clearer I think in terms of audit and internal scrutiny and how this relates to external scrutiny. Realise now this point and the next one relate to finance only?</p> <p>10:1:4 again do we need to say something about also relating to each organisations risk assessments etc, in terms of not duplicating, Seems to be a lot of detailed info re finance, maybe need to make sure it is balanced with the other considerations of service provision?</p>	We have been advised to remove these sections from the scheme so they may be set out elsewhere – the Scottish Government have indicated that it is for the IJB to make these arrangements, not for the Parties to determine.
	Denise Thomson ACC	'In the event of a return of funds to the Parties, the split of returned payments between Parties will be based on each Party's proportionate share of the baseline payment to the IJB, regardless of which arm of the operational budget the underspend occurred in'; Just a query, is this a statutory instruction?	No. This has been amended for the first financial year – see above.
	Sarah Ward ACC	<p>Re 10.1.6: Further details of financial governance and Financial Regulations are contained in a separate document out with this Scheme (what is this document called? Is it publicly available?)</p> <p>Sections 10.6 and 10.7 would benefit from</p>	Work is still underway on this by the Joint Resources Group.

		diagrams that map the roles and relationships between parties.	Noted.
Participation and Engagement	Heather MacRae NHSG	(section is) good and clear.	Noted.
	Sarah Ward ACC	For 11.1 to be true then the methodology used to consult with the various stakeholders groups should be mentioned here (the consultation feedback should be pulled together in a separate report). 12.1; Would the noun 'protocol' not be better suited in this context?	Yes, that has been added. That is not the terminology expected by the Scottish Government.
Information Sharing and Confidentiality	Kate McKay, ACC	Clarification on who will be the data protection lead? Will each organisation continue to adhere to its own processes in relation to data management, data protection and data sharing?	A Joint Grampian Information Sharing Group for integration has been established. We already have a Grampian Memorandum of Understanding and Information Sharing Protocol for adult services. The Group will review these documents and the procedures etc.
	Heather MacRae NHSG	(Section is) good and clear.	Noted.
Complaints	Kate McKay, ACC	A joint complaints protocol between ACC	Noted.

		and NHS(G) already exists. Until such time as the SW legislation is repealed, there will need to be a process for managing complaints within the different legislation – this includes an independent ACC committee to review complaints (Complaints Review Committee).	
	Heather MacRae NHSG	<p>13:3 needs to be a bit stronger than communicate, communicate and work together if appropriate ?</p> <p>13:5 should it be feedback, as we do get good feedback that we need to share as well, lessons learned, think it would be good to acknowledge building on good practice already in each organisation? Something about continuing good principles of enabling staff to do local resolution?(there would be words in both our existing organisations feedback systems you could probably cut and paste.)</p>	<p>Further arrangements may be made but these will not be included in the integration scheme.</p> <p>The legislation only requires this section to deal with Complaints. Further arrangements can be made outside of the scheme.</p>
	Sarah Ward ACC	<p>13.2: 'The IJB will aspire to have a streamlined process for complaints relating to delegated services. Until such time as this process is achieved, complaints should continue to be made to the Parties using the existing mechanisms'.</p> <p>I'm not sure 'streamlined' is the best adjective to use in relation to complaints – what about 'comprehensive'? (the way I read this paragraph is that the IJB will be responsible for dealing with complaints that relate to delegated services).</p>	<p>We have clarified that any changes to existing complaints procedures will be set out in an amended integration scheme after further consultation. We will require to await changes to the existing legislation on complaints before this can happen.</p>

		<p>Re 13.3 'The parties shall communicate with each other in relation to any complaint that requires investigation or input from the other organisation'; truism?</p> <p>Re 13.5: The IJB will use complaints as a valuable tool for improving services and to identify areas where further staff training may be of benefit. Good for the IJB! Is this statement necessary?</p> <p>Re 13.7: The complaints procedures will be clearly explained, well-publicised, accessible, will allow for timely recourse and will sign-post independent advocacy services (but not streamlined!! What will be the relationship with existing NHS/Council procedures? It wouldn't be good if users of delegated services had a less effective route of redress than those of non-delegated services.</p> <p>What will be the relationship between the IJB and the statutory regulators (HSE, SCSWIS, and Healthcare Improvement Scotland).</p>	<p>Including this in the scheme makes it a legal requirement.</p> <p>Yes, this is required in order to meet Scottish Ministers' approval.</p> <p>Any changes to the complaints process will only occur after further consultation (and changes to the legislation) – see above.</p> <p>Details of this have been added to the "Clinical and Professional Governance" section. They will still provide external scrutiny.</p>
Claims Handling,	Denise Thomson ACC	Will both ACC and NHSG be retaining their	Yes.

Liability and Indemnity		own public and employers liability insurance?	
Risk Management	Graeme Smith NHSG	This section should indicate that a process will be put in place which will ensure that risks and responsibilities for risks will be clearly identified and apportioned using the NHS Grampian risk management process as appropriate.	This is addressed in this section.
	Heather MacRae NHSG	<p>15 this is headed up risk management, but is this just risk management relating to the IJB? Is each of our organisations still having a risk register? Or is all our risks within the IJB ? Is this the case during the transitional period as well??</p> <p>15:6 don't understand this statement, risk management is in all our job descriptions some more than others. Is it more about resourcing the process's required? Or is a statement saying we need to resource to safely deliver what is expected of us? In which case that is difficult as I don't think we have that now?</p>	<p>Both Parties will still require to manage risks. This section deals mainly with risks for the IJB, but recognises that there may be overlap.</p> <p>It means resources are required for the IJB to have an effect risk management strategy in place.</p>
	Sarah Ward ACC	<p>Will the Risk Management strategy be made public?</p> <p>Re 15.6: The Parties will provide appropriate resource to ensure that the risk management of the IJB is delivered to a high standard (this doesn't read too well.</p>	<p>That is for the IJB to determine.</p> <p>See comment above.</p>

		What about something along the lines of: The Parties will provide the appropriate resources to ensure that the IJB can manage the identified risks.	
Other Comments	Sandy Reid NHSG	Unpaid carers - still reads at times to me that they are not recognised as a key part of our "workforce" eg " main purpose is to improve wellbeing of service users" (page 2) ; 6.7 " the plan is written for users (no reference to carers).	That is the way this is set out in the legislation – we cannot alter the wording.