

Integration Joint Board Meeting



Thursday, 19 April 2018 at 10:00

**Council Chambers
Ground Floor, Cunninghame House, Irvine, KA12 8EE**

- 1 Apologies**
Invite intimation of apologies for absence.
- 2 Declarations of Interest**
Members are requested to give notice of any declarations of interest in respect of items of business on the Agenda.
- 3 Minutes / Action Note**
The accuracy of the Minutes of the meeting held on 15 March 2018 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).
- 3.1 Matters Arising**
Consider any matters arising from the minutes of the previous meeting.

Presentations

- 4 Carers**
Receive a presentation from Isabel Marr, Senior Manager (Long Term Conditions).
- 5 West of Scotland Transformation Plan**
Receive update from John Burns, CEO of NHS Ayrshire and Arran.

Quality and Performance

- 6 Director's Report**
Submit report by Stephen Brown, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

7 IJB Interim Budget 2018/19 Proposals

Submit report by Shahid Hanif, Interim Head of Finance on the interim North Ayrshire Health and Social Care Partnership budget proposals (copy enclosed).

Strategy and Policy

8 NAHSCP Strategic Plan 2018-2021

Submit report by Michelle Sutherland, Strategic Planning and Transformation Change Lead on the final version of the Strategic Plan (copy enclosed).

9 Organisational Development Strategy 2018-2021

Submit report by Michelle Sutherland, Strategic Planning and Transformation Change Lead on the Organisational Development Strategy for the Partnership for 2018-2021 (copy enclosed).

10 Urgent Items

Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair)	NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair)	North Ayrshire Council
Councillor Timothy Billings	North Ayrshire Council
Alistair McKie	NHS Ayrshire and Arran
Councillor Christina Larsen	North Ayrshire Council
Martin Cheyne	NHS Ayrshire and Arran
Dr. Janet McKay	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

Stephen Brown	Interim Director North Ayrshire Health and Social Care
Shahid Hanif	Interim Head of Finance
Dr. Paul Kerr	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Lead Nurse/Mental Health Advisor
Vacant	GP Representative

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Robert Steel	(Chair) IJB Kilwinning Locality Forum
Fiona Thomson	Service User Representative
Nigel Wanless	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacant	Carers Representative
Vacant	Service User Representative



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 15 March 2018
at 10.00am, Council Chambers, Cunninghame House, Irvine**

Present

Stephen McKenzie, NHS Ayrshire & Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Christina Larsen, North Ayrshire Council
Councillor John Sweeney, North Ayrshire Council
Dr Janet McKay, NHS Ayrshire & Arran
Alistair McKie, NHS Ayrshire and Arran
Bob Martin, NHS Ayrshire and Arran

Stephen Brown, Interim Director of Health and Social Care Partnership
Shahid Hanif, Interim Head of Finance
Dr Paul Kerr, Clinical Director
Dr Calum Morrison, Acute Services Representative
Alistair Reid, Lead Allied Health Professional Adviser
David Donaghey, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Heather Malloy, Independent Sector Representative (for Nigel Wanless)
Marie McWaters, Carers Representative
Robert Steel, Chair Kilwinning Locality Forum
Vicki Yuill, Third Sector Representatives
Vicki Campbell, Primary Care Facilitator - NHS Ayrshire and Arran

Also Present

Councillor Anthea Dickson, North Ayrshire Council

In Attendance

Thelma Bowers, Head of Service (Mental Health)
Mark Inglis, Senior Manager (Intervention Services)
Stuart Gaw, Senior Manager (Integrated Care and Reablement Services)
Scott Bryan, Team Manager - Planning
Michelle Sutherland, Partnership Facilitator
Karen Andrews, Team Manager (Governance)
Diane McCaw, Committee Services Officer

Apologies for Absence

David Thomson, Lead Nurse/Mental Health Advisor
Nigel Wanless, Independent Sector Representative
David Rowland, Head of Service (Health and Community Care)
Donna McKee, Head of Service (Children, Families and Criminal Justice)

1. Apologies

Apologies were noted.

2. Declarations of Interest

In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies there were no declarations of interest.

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 15 February 2018 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the addition of Thelma Bowers in attendance at the meeting.

3.1 Matters Arising

Volunteering Strategy - the Third Sector and North Ayrshire are to develop the strategy and it is hoped to have this in place by April 2018 - this action is ongoing.

Action - V. Yuill

Public Partnership Forum - Officers will meet with Fiona Thomson and bring forward a paper to a future meeting. No meeting has taken place to date and an update will be provided to the next meeting on 19 April 2018.

Action - F. Thomson

Peer Support Services Specification for People with Mental Health Problems in North Ayrshire - the tender has gone out and the scoping exercise is ongoing. No further update on this at present. The Recovery College pilot has, however, commenced for 3 months.

Action - T. Bowers

Veterans First Point Service - the service is located in North Ayrshire and accessed by South and East. Discussions are ongoing regarding an equitable financial split of funding by the three Ayrshire authorities moving forward. Some savings from the psychology review will be utilised for the psychology element and other costs shared.

Action - T. Bowers

North Ayrshire Citizen's Advice Service - NACAS have given notice to NAC that they will wind down their outreach service from 31 March 2018 and discussions are continuing. David Rowland will meet with Steven Brown from NACAS around the digital strategy. Work is ongoing with Better Off North Ayrshire and Money Matters to look at outreach services to ensure people have ready access to support when they need it.

Action - D. Rowland

Meeting of Locality Chairs - a meeting of the Locality Chairs has been arranged and an update will be provided to the Board once this meeting has taken place.

Action - Robert Foster

4. Strategic Plan

The Board received a presentation from Michelle Sutherland, Partnership Facilitator and Scott Bryan, Team Manager (Planning) on the status of the new Strategic Plan 2018-21 which included information on:-

- the development of the plan;
- an overview of consultation and engagement;
- survey analysis;
- the structure of the finalised plan; and
- Strategic Planning Group feedback.

Members asked questions and had the following comments and feedback in relation to the draft Plan:-

- given low responses to recent engagement, consider consulting with NAC staff who live within North Ayrshire going forward;
- there is a need for work across the board in general in terms of how we engage with local communities;
- consider links with the launch of the Carers Act within the Equalities Section of the Plan and consultation with this specific interest group;
- Fiona Thomson intimated she will bring forward a future paper on the 2-way process of engagement;
- where we provide funding to local groups we should ask that they engage with us and provide feedback as a condition of their funding allocation;
- Locality Forums should be aware of information in terms of demand, demography and availability of resource within each particular locality and of their responsibility to the local community in terms of the funding priorities they develop; and
- that the Plan clearly aligns with national, local and statutory policies and indicates where integration adds value.

There was further discussion on the development of the role of Locality Forums and on reporting mechanisms.

The Board agreed (a) that the comments and feedback detailed above be considered when finalising the Plan; and (b) that the final Plan be submitted to the meeting to be held on 19 April 2018.

Action - Michelle Sutherland and Scott Bryan

5. Director's Report

Submit report by Stephen Brown, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership.

The report highlighted works underway in the following areas:-

- Standards Commission for Scotland Training Workshop to be organised for 2018 for all Health and Social Care Integration Joint Boards;
- Young people from Rosemount attended a private viewing on 10 February of a new exhibition on "The Art of the Future" at the Scottish National Gallery in Edinburgh;
- Recruitment process commenced regarding Wellbeing and Recovery College Pilot for people affected by mental health problems;
- Staff Partnership Awards provisionally rescheduled for 29 March 2018;
- Expansion of the Family Nurse Partnership in Ayrshire and Arran;
- Consultation Event on the development of a commissioning strategy for learning disabilities, mental health and physical disability services which took place on 21 February 2018; and
- Redesign of overnight supports within learning disabilities service.

The IJB noted the ongoing developments within the North Ayrshire Health and Social Care Partnership.

6. HSCP Challenge Fund Update

Submitted report by Shahid Hanif, Interim Head of Finance, on the progress and success of Phase 1 of the Challenge Fund. Original expected levels of savings and revised savings were detailed in the Appendices to the report.

The Board was advised of an amendment to the report at section 1.4 to read Care Home and not Care at Home.

Phase 1 is now being delivered from 2017/18 to 2019/20. Work is ongoing within the Partnership to finalise proposals for Phase 2 funding which remains within the Challenge fund pot. Phase 3 monies were redirected on a one-off basis to Care Home and Learning Disability care packages in 2017/18.

Members asked questions and were provided with further information in relation to:-

- the process followed in relation to the selection of projects and on the need to ensure they are realistic and achievable through robust outset planning and ongoing review;
- preventing the Partnership from future overspending and the need for the same level of financial detail to be provided by the Council and the NHS;
- the lessons learned from this injection of funding being applied to all change agendas with the Partnership budget;
- the effective savings model undertaken at Elderbank and Greenwood schools in relation to reducing the number of accommodated children which will realise net savings but allow continuation of funding moving forward; and
- a presentation on the Elderbank and Greenwood schools model to a future meeting.

The Board agreed (a) to note the progress to date and the success in relation to Phase 1 of the Challenge Fund; and (b) to receive a presentation to a future meeting on the effective savings model undertaken at Elderbank and Greenwood in relation to reducing the number of accommodated children.

7. 2017/18 Financial Performance Update as at 31 January 2018: Period 10

Submitted report by Eleanor Currie, Principal Manager - Finance on the projected financial outturn for the financial year 2017/18 as at 31 January 2018. Appendices to the report detailed the budget monitoring and savings position and mitigating actions.

Members asked questions and were provided with further information in relation to:-

- the ongoing process to reduce the number of vacant care at home posts;
- the difference in budget detail provided by the Council and the NHS;
- the need to ensure that groups awarded with funding provide some benefit back to the community;
- that the IJB Performance and Audit Committee will look at ensuring the correct areas are being monitored and measured; and
- the need for transparent discussions and the sharing of information.

The Board agreed to note the projected financial outturn for the financial year 2017/18.

8. Adaptations Service

Submitted report by David Rowland, Head of Service (Health and Community Care) providing an update on the Adaptations Service since delegation to NASHCP and on proposed next steps. Appendix 1 to the report detailed the adaptations process and timescale targets while Appendix 2 provided information on the increased pressures from all aspects of the process over the past 3 years.

Members asked questions and were provided with further information in relation to the need for any impact on staff to go through the relevant process.

The Board agreed (a) to approve the commissioning of demand analysis for future service requirements; and (b) the development of a formal Adaptations Policy.

9. Delivering the New 2018 General Medical Services Contract in Scotland in the Context of Primary Care Development

Submitted report by Vicki Campbell, Primary Care Facilitator, Strategic Programme Manager - Primary Care Transformation outlining the proposed arrangements for developing a three year pan-Ayrshire Primary Care Improvement Plan to implement the new General Medical Services Contract and setting out proposals to develop the improvement plan for sign off in July 2018. Appendix 1 to the report detailed project planning/setting milestones for the next 3 years. Appendix 2 detailed the governance structure and relationship between groups to ensure the programme of work is led across Ayrshire and linked to the current structure already in place via the Strategic Planning and Operational Group, IJBs and NHS Board.

Members asked questions and were provided with further information in relation to:-

- agreement across the board that a pan-Ayrshire approach is the right way forward and that the 3 IJBs will have final responsibility for delivery of the proposals;
- the commencement of discussions with independent contractors; and
- that colleagues can feed into the consultation process in relation to the involvement of different roles and professions.

The Board agreed the proposed arrangements for developing the Primary Care Improvement Plan to implement the new General Medical Services (GMS) Contract.

10. Provision of Functional Family Therapy to support families with children at risk of being looked after and or accommodated (Children, Families and Justice Services)

Submitted report by Mark Inglis, Senior Manager (Intervention Services) and Donna McKee, Head of Service (Children, Families and Justice Services) on the proposal to establish a Functional Family Therapy Service.

The Board agreed to North Ayrshire Council (NAC) undertaking a collaborative commissioning exercise with East Ayrshire Council (EAC) and South Ayrshire Council (SAC) to provide a Functional Family Therapy Service (FFT).

11. Scottish Huntington's Association

Submitted report by Stuart Gaw, Senior Manager, Integrated Care and Reablement Services on the proposal to re contract with the Scottish Huntington's Association for a further three years.

The Board agreed to direct North Ayrshire Council, on behalf of North, South and East Ayrshire Health and Social Care Partnerships and NHS Ayrshire and Arran, to lead on the procurement of the service from the Scottish Huntington's Association.

12. Strategic Planning Group Minutes

Submitted the minutes of the Strategic Planning Group held on 11 January 2018.

Councillor Foster, Chair of the Strategic Planning Group, advised on the input into the Strategic Plan and thanked all staff and members of the Group for their input.

Noted.

The Meeting ended at 12.05 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 15 March 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	15/2/18	The Third Sector and North Ayrshire are to develop the strategy and it is hoped to have this in place by April 2018.	Ongoing.	V. Yuill
2.	Public Partnership Forum	15/2/18	Officers will meet with Fiona Thomson and bring forward a paper to a future meeting.	Ongoing - no meeting has taken place to date and an update will be provided to the next meeting on 19 April 2018.	Officers and F. Thomson
3.	Peer Support Services Specification for People with Mental Health Problems in North Ayrshire	15/2/18	A report be provided to a future meeting on the scoping exercise undertaken in respect of the recovery college.	Ongoing - the tender has gone out and the scoping exercise is ongoing. No further update on this at present. The Recovery College pilot has, however, commenced for 3 months.	T. Bowers
4.	Veterans First Point Service	15/2/18	The service is located in North Ayrshire and accessed by South and East. Discussions are ongoing regarding an equitable financial split of	Ongoing.	T. Bowers

			funding by the three Ayrshire authorities.		
5.	North Ayrshire Citizen's Advice Service	15/2/18	NACAS have given notice to NAC that they will wind down their outreach service from 31 March 2018 and discussions are continuing.	Ongoing.	D. Rowland
6.	Meeting of the Locality Chairs	15/2/18	That a meeting of the Locality Chairs take place	An update to be provided to the Board once this meeting has taken place.	Councillor Foster
7.	Strategic Plan	15/3/18	That the final Plan be submitted to the meeting to be held on 19 April 2018.	Ongoing.	M. Sutherland / S. Bryan
8.	HSCP Challenge Fund Update	15/3/18	To receive a presentation to a future meeting on the effective savings model undertaken at Elderbank and Greenwood in relation to reducing the number of accommodated children.	Ongoing - May Meeting.	S. Brown / D. McKee

Integration Joint Board 19th April 2018

Subject: **Director's Report**

Purpose: To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).

Recommendation: That members of IJB note progress made to date.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NACSSP	North Ayrshire Children's Services Strategic Plan
NUS	National Union of Students
FOI	Freedom of Information

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	National Developments
	<u>West of Scotland Delivery Plan Engagement Event</u>
	On Wednesday 28 th March 2018 there was a West of Scotland Delivery Plan Workstream Engagement Event. The event allowed colleagues to share the work already undertaken by each of the workstreams and facilitated discussions on the wider aspects of the draft Regional Health and Social Care Delivery Plan.
	The engagement event for IJB Voting Members and Chief Officers which was postponed from 1 st March 2018 will now be held on Friday 11 th May 2018 at the Golden Jubilee Hotel, Clydebank. IJB Voting Members and Chief Officers are encouraged to attend.

	Ayrshire Wide Developments
	<u>Emergency Exercise</u>
	On 14 th March 2018, a number of our managers took part in Exercise Quattro. Simulating a mass casualty event, our managers, alongside partner agencies, rehearsed our resilience to respond.
	North Ayrshire Developments
	<u>North Ayrshire Children's Services Strategic Partnership Event</u>
	North Ayrshire Children's Services Strategic Partnership (NACSSP) held a development event on Monday 26 March at Greenwood Resource Centre. More than 70 delegates from all sectors across the CSSP were invited to discuss the progress made so far with <i>Getting it Right for You</i> , North Ayrshire Children's Services Plan (2016–20).
	<u>Corporate Parenting/Family Firm Co-ordinator</u>
	The North Ayrshire Corporate Parenting Plan was launched in October 2017. The plan included a commitment to develop a "Family Firm" policy and service. At the same time, a High Impact Leadership Project recommended the introduction of a Staff Mentoring Scheme for Looked After and Care Experienced young people.
	The Corporate Parenting Group (a sub group of the Children's Services Strategic Partnership) established a short life working group to take these recommendations forward. Funding has been secured for a 12 month full time co-ordinator to oversee the Family Firm policy and implement the Staff "Well Connected" Mentoring Scheme. Mhairi McFadzean was appointed to this post and commenced on 26 th March 2018.
	<u>Breakfast for Champions – NAHSCP Staff Partnership Awards</u>
	<p>The second Staff Partnership Awards Event "Breakfast for Champions" took place on 29th March 2018 where we celebrated the great work of our staff and volunteers across Health and Social Care. The ceremony itself, highlighted three key things.</p> <p>Firstly, the breadth and range of supports we provide across North Ayrshire with finalists and winners coming from a diverse range of service areas from Justice Services and Business Support to Children and Families and Health Visiting.</p>
	Secondly, two of our winners illustrated the positive work we are doing in the area of Recovery with Mental Health and Addictions Services featuring strongly.
	And finally, the ceremony showed a clear picture of a true Health and Social Care Partnership with our Third and Independent sector colleagues also featuring strongly. From Carewatch to Cooriedoon Care Home through to Macmillan Cancer and the Scottish Centre for Personal Safety. Illustrating that Partnership theme even further, one of our own Senior Care at Home Assistants won an award in the Trailblazer Category for the work she has pioneered with colleagues from Ayrshire Hospice to improve palliative and end of life care.

The award categories and winners were as follows :-	
<u>Partnership Champions</u> Susan Morgan, Ellen Paterson and Amelia Smyth, Carewatch	<u>Innovative Team(s)</u> Alcohol & Drug Partnership/TACT Mentoring Support HSCP Justice Team, New Street, Stevenston
<u>Partnership Volunteers</u> Anne Adrain and Hugh Lapham from Macmillan Cancer & Information Support Service (Saltcoats Library) Mary Brebner, Margaret Innes and Margaret McLaughlin	<u>Highly Commended</u> Innovative Team : Cooriedoon Palliative and End of Life Team Partnership Volunteering : Scottish Centre for Personal Safety
<u>Individual Awards</u> Everday Hero : Sharon Belshaw (Break the Silence) Partnership Champion : Moira Greco, Specialist Health Visitor Early Years Trailblazer : Alan Bell (Scottish Centre for Personal Safety) and Mary McCrorie, Care at Home Senior Assistant	
 <p>Breakfast for Champions Award Winners</p>	

	<u>Mental Health Services</u>
	I wanted to highlight again the progress in North Ayrshire and across Ayrshire and Arran, in transforming our mental health services. Our new mental health hospital at Woodland View has already won a European award for design. Whilst the new environment created by a wonderful design has undoubtedly helped, our staff have been the ones who have made the difference. We have worked creatively and tirelessly to change the way we work to improve the outcomes of our patients and are beginning to see this paying dividends.
	Within our community mental health teams we are also working to adopt new ways of working, embedding supports in various settings that enables us to provide interventions earlier. All of this work was recognised recently by the Scottish Minister for Mental Health, Maureen Watt, when she visited Kilmarnock College on 23 rd March 2018 to launch a joint initiative with the Scottish Government and the National Union of Students (NUS).
	The NUS described our approach with Ayrshire College as 'fairly unique' in Scotland and a model of best practice. The Minister for Mental Health also advised that Ayrshire is her "go to place" when looking for best practice in the field of mental health. High praise indeed from two quite disparate sources and our staff working in Mental Health Services in Ayrshire should be proud of the reputation we are building.
	<u>Care Opinion</u>
	Care Opinion (www.careopinion.org.uk) is an independent website about people's personal experiences of registered social services. Stories are submitted, moderated and posted online by Care Opinion and then organisations have the opportunity reply online.
	North Ayrshire Health and Social Care Partnership piloted Care Opinion from October 2014 and March 2016. Following a successful evaluation of the pilot, the HSCP will roll out Care Opinion across all adult services within the partnership.
	The services to be included within Care Opinion have been identified as well as the responders for each of those services. Training for responders will now be undertaken with Care Opinion and the promotion of Care Opinion will be rolled out through :-
	<ul style="list-style-type: none"> • Care Opinion logo on all letterheads; • Social Media – Facebook, Twitter, Carena etc; • HSCP Website • Care Opinion boards in public places highlighting stories; and • Promotional materials.
	Feedback from the comments received via Care Opinion will be fed into existing reporting arrangements for Freedom of Information (FOI) requests; Complaints and Compliments.
	<u>Anticipated Outcomes</u>
	Not applicable.

	<u>Measuring Impact</u>
	Not applicable
4.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	N/A
Risk Implications:	N/A
Community Benefits:	N/A

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

4.	CONSULTATION
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	CONCLUSION
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact Stephen Brown, Director/Chief Officer on 01294 317723 or sbrown@north-ayrshire.gcsx.gov.uk

Integration Joint Board
19 April 2018

Subject: **IJB INTERIM BUDGET 2018/19 PROPOSALS**

Purpose: To seek approval from the IJB of the 2018/19 interim North Ayrshire Health and Social Care Partnership budget proposals

Recommendation: That the Board approves the proposed interim budget for 2018/19 for North Ayrshire Health and Social Care Partnership inclusive of all related pressures and savings

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
NAC	North Ayrshire Council

1.	EXECUTIVE SUMMARY
1.1	This report sets out the proposals for the 2018/19 interim budget for North Ayrshire Health and Social Care Partnership. A follow up report will be brought to the IJB for approval of the finalised Budget once NHS AA has finalised its budgets and contribution to the IJB.
1.2	The IJB is funded by North Ayrshire Council and NHS Ayrshire & Arran.
1.3	<p>NAC set its budget for 2018/19 on 28 February 2018. As part of this it approved a net increase in funding for NAHSCP of £3.496m taking the total contribution for 2018/19 to £90.498m. This element of funding is final.</p> <p>The Scottish Government has also made available £66m (NAC share £1.847m) within the 2018/19 local government settlement to support the cost of the Living Wage (including sleepovers), implementation of the Carers Act, uplift to Free Personal and Nursing Care payments and other general pressures. This has been passported straight to NAHSCP by NAC. This element of funding is also final. See Appendix A</p>
1.4	<p>NHS AA funding levels are currently an interim position, whereby it approved a rollover of the existing IJB budget at its meeting on 26 March 2018. Costs and funding associated with the Agenda for Change pay arrangements remain to be resolved nationally. Also proposed investments including an enhanced intermediate care community rehabilitation service will be considered by the Board in May. Budgets shall be adjusted in-year to reflect pay, prescribing cost pressures and efficiency savings.</p> <p>The interim contribution for 2018/19 is £136.394m (excluding the estimated Set Aside element of £27.765m).</p>

	The NHS base budget will change as there are a number of proposed transfers between the Ayrshire partnerships which remain to be actioned. This shall be tracked and reported back to the IJB in due course.
1.5	The proposed interim budget for the IJB is £256.504m (inclusive of the estimated Set Aside budget of £27.765m). A summary of the 2018/19 interim budget and core funding streams is detailed within Appendix A .
2.	BACKGROUND
2.1	<p>Health and Social Care Partnerships are operating in an increasingly challenging environment. The Partnership's budget is ultimately delegated to it by the Council and NHS. Future funding for all partners is unlikely to keep pace with increasing demand and increasing costs.</p> <p>Analysis and projections of cost pressures were undertaken and the IJB approved a Medium Term Financial Plan (MTFP) in March 2017 which covered the period 2017/18 to 2019/20. The plan is being refreshed to reflect the period up to 2020/21 for presentation to the IJB in May 2018 subject to finalising of the NHS AA budgets.</p>
2.2	We have experienced exceptional demand for services over the last three years, the cost of demand has been higher than the funding the Partnership receives. The political and economic landscape show via projections that this imbalance between money in and money out is likely to continue, making this imbalance unsustainable.
2.3	<p>NAHSCP has developed a robust financial plan for 2018/19 which incorporates base budget spend based on 2017/18, additional pressures in 2018/19, savings to be realised in 2018/19 both with and without the use of the Challenge fund.</p> <p>This IJB and hence NAHSCP must operate within its financial envelope, while targeting resources to support our key priorities per the NAHSCP Strategic Plan.</p>
2.4	<p>To support the IJB to operate within its financial envelope in 2018/19, NAHSCP will:-</p> <ul style="list-style-type: none"> • Bring a transformation and change agenda to the forefront • Look to address current culture, practise and models of care across areas and in ways that focus on a reduction in statutory sector care with primacy being given to self-management, familial support and sign-posting to non-statutory alternatives. • Create a financial framework to allow detailed monitoring of month to month spending allowing early identification of potential overspends and hence allowing early corrective action to be put in place • Maximise savings achievable from the Challenge Fund Phase 1 & 2 • The action plan from the budget management audit will be rolled out to ensure operational budget management arrangements are tightened and fit for purpose to improve financial performance.
3.	PROPOSALS – 2018/19 REVENUE BUDGET
3.1	<p>NAHSCP 2018/19 interim Budget is £228.739m (excluding Set aside element) and £256.504m (including Set Aside budget).</p> <p>A summary of the 2018/19 interim budget and core funding streams are detailed within Appendix A, which is net of pressures and savings which are detailed separately in Section 3.4 of this report.</p>

3.2	The funding from NAC is £90.498m for 2018/19, with the addition of £1.847m passported through to the IJB for North Ayrshire's share of the £66m Scottish Government funding which has been made available to support the cost of the living wage associated with sleepovers, implementation of the Carers Act, uplift to Free Personal and Nursing Care payments and general pressures.
3.3	The funding from NHS AA is interim at this time and is £136.394m for 2018/19 with the addition of the indicative Set Aside budget of £27.765m.
	BUDGET PRESSURES
3.4	NAHSCP pressures are detailed within Appendix B
3.5	<p>Budget pressures for NAC commissioned services total £6.873m. These were developed in consultation with each Head of Service and their relevant Service areas, taking account of historic demand and spend levels.</p> <p>The value of total Pressures requested from NAC were £280k higher than the overall sum awarded by NAC and hence some pressures and savings had to be realigned accordingly. Any realignment will have appropriate plans in place to ensure the revised financial requirements are met.</p>
3.6	<p>Budget pressures for NHS AA commissioned services total £1.608m (interim) and are mainly in relation to payroll increases and associated costs.</p> <p>Prescribing Pressures and savings have been specifically excluded from these interim budget proposals as they are still in flux and an updated position will be brought to the IJB in due course.</p>
	BUDGET SAVINGS
3.7	<p>NAC commissioned services - Savings to be realised are detailed within Appendix Ci where they are split into:</p> <ul style="list-style-type: none"> a) Previously approved by the IJB b) Management action – HSCP can undertake these under delegated authority c) IJB approval required <p>It is important to note that should any of the overall savings proposed (NAC or NHS AA sides) not be acceptable to the IJB and hence not approved then alternative proposals will be required to be agreed, as there is a statutory obligation on the IJB to approve a balanced budget.</p>
3.8	<p>NAC's funding for 2018/19 provides a £3.496m net increase. If all resource pressures totalling £6.873m are accepted by the IJB then the total funding gap required to be balanced is £3.378m.</p> <p>The actual savings proposed total £3.238m, with the addition of £0.140m of the £1.847m passported through from the Scottish Government being utilised in line with it being awarded to contribute towards general pressures also. This achieves the total £3.378m funding gap.</p>

3.9	<p>The Challenge fund is a key enabler to being able to deliver a major element of the NAC commissioned services savings plan as detailed within Section 3.8 above, with Phase 1 required to deliver £1.119m net savings in 2018/19 – See Appendix D</p> <p>Challenge fund Phase 2 monies of up to £0.600m are available to draw down by NAHSCP on submission of appropriate projects for this to be spent on. These projects will be required to deliver part year savings of £0.250m within the 2018/19 savings target. Work is ongoing in creating a programme of transformation that funding shall be drawn down against.</p>
3.10	<p>Equality Impact Assessments (EIAs) have been carried out for all NAC commissioned services related savings. EIA's for NHS AA savings proposals will be carried out once the NHS side of the budget and savings have been finalised.</p>
3.11	<p>NHS AA commissioned services - Savings of £0.690m are to be realised as detailed within Appendix C(ii). Proposals worth £0.350m have previously been approved by the IJB as shown and are being actioned. The remaining £0.340m of savings are still being finalised alongside the NHS side of the Budget and will be detailed in the follow up report showing the final budget in due course.</p>
3.12	<p>For 2018/19 NHS AA have indicated that a 1% Cash Releasing Efficiency Saving (CRES) is required by NAHSCP which equates to £0.690m (excluding Prescribing savings).</p>
3.13	<p>Prescribing Pressures and savings have been specifically excluded from these interim budget proposals as they are still in flux and an updated position will be brought to the IJB in due course.</p> <p>The Clinical Director is preparing an initial action plan outlining how the CRES Prescribing savings targets are to be achieved. This will be a key component of a system-wide approach to delivery of Prescribing CRES recognising cost drivers within Acute, Primary and Secondary Care, as well as external factors like price increases due to short supply of drugs.</p>
3.14	<p>CRES savings not achieved in prior years 2016/17 and 2017/18 totalling £2.557m require to be carried forward into 2018/19, for which proposals still require to be developed.</p>
	<p><u>Anticipated Outcomes</u></p>
3.15	<p>There are a number of outcomes anticipated in relation to the 2018/19 interim Budget:-</p> <ul style="list-style-type: none"> • Transformation and Change will figure at the forefront of the IJB and NAHSCP agenda throughout 2018/19 and beyond. • The IJB and NAHSCP are to operate within the 2018/19 interim budget and overall financial envelope. • Financial governance will be enhanced across those authorised to approve budgets to ensure robust control of expenditure. • Financial performance monitoring will be enhanced via a detailed financial framework tracker allowing early detection of adverse spend and corrective action being agreed and deployed.

	<ul style="list-style-type: none"> • All savings, including the Challenge fund projects will be delivered per the agreed timetable to realise appropriate savings for 2018/19 and beyond. • Financial resources shall be effectively targeted to improve the health and care outcomes for the people of North Ayrshire.
	<u>Measuring Impact</u>
3.16	<ul style="list-style-type: none"> • A financial framework tracker will be used to monitor all key budget spend areas on a monthly basis focused on highlighting those areas not performing as required, reasons why and agreeing early corrective action. • Full year financial outturn forecasts will be compiled monthly with variance analysis and relevant explanations. • Detailed monthly financial review sessions will be undertaken with the Director, all Heads of Service and relevant senior managers in NAHSCP to ensure timely action is being taken where needed to stay within budgets. • Regular financial performance reports will be presented to the IJB to ensure it is kept fully informed of performance and importantly any major areas of concern requiring corrective action. • Monthly monitoring and progress of all savings and Challenge fund projects will be undertaken and reported on alongside budgetary performance, with any projects delivering adversely versus the agreed plans being highlighted at the earliest opportunity and having corrective action agreed accordingly.
4.	IMPLICATIONS
Financial:	<p>It is fundamental that the IJB and NAHSCP can operate within their 2018/19 interim Budget levels and deliver services whilst remaining within the financial envelope. Failure to do so could result in overspends which will not only breach the IJB's statutory obligations but result in additional debts alongside prior year debts, being owed to either one of or both NAC and NHS AA. This would also potentially have implications for future year Budgets also.</p> <p>To ensure areas associated with overspends in prior year 2017/18 are brought back in line with approved budget levels for 2018/19. All savings and Challenge fund projects are delivered on time and to the planned values.</p> <p>Appendix A shows the overall IJB Budget and funding streams Appendix B shows the overall Pressures both NAC and NHS AA Appendix C(i) shows the NAC commissioned services savings Appendix C(ii) shows the NHS AA commissioned services savings Appendix D shows the Challenge fund projects & related savings</p>
Human Resources:	<p>The proposed Council services savings result in a net increase in staffing of 16.7 FTE in 2018/19, this is due to investment in Challenge Fund projects which will deliver savings.</p> <p>The Council, as employer negotiates with trade union representatives on the overall workforce impact of the Council</p>

	<p>budget proposals. Trade Union discussions have yet to take place around the new savings as they are still under development but they will be undertaken in due course.</p> <p>There are likely to be workforce implications as part of the NHS savings. These savings are being developed however there will be full consultation with the Trade Unions as appropriate.</p>
Legal:	The IJB has a statutory obligation to set a balanced budget.
Equality:	<p>Equality Impact Assessments (EIAs) have been carried out for all NAC commissioned services related savings.</p> <p>EIA's for NHS AA savings proposals are also being carried out once the NHS side of the budget and savings have been finalised.</p>
Children and Young People	Approval of relevant pressures will allow continued and greater investment in early intervention and prevention in relation to children and young people, hence reducing the future likelihood of the need for accommodating them.
Environmental & Sustainability:	There are no environmental & sustainability implications.
Key Priorities:	The interim Budget proposals support delivery of the HSCP Strategic Plan Priorities.
Risk Implications:	Failure to operate within the 2018/19 interim Budget and overall financial envelope could result in another year of substantial overspend, which would cause the IJB to breach its statutory duties and possibly increase its existing prior years debts and savings commitments to both NAC and NHA AA.
Community Benefits:	Effective delivery of services as per the 2018/19 interim Budget should allow key strategic priorities to be met which should maximise benefits for the North Ayrshire community as a whole, but also benefit those areas of the community most in need.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	This report has been produced in consultation with relevant budget holders, the NAHSCP Senior Management Team and the Directors of Finance of NAC and NHS AA.
6.	CONCLUSION
6.1	That the IJB approves the proposed interim budget for 2018/19 for North Ayrshire Health and Social Care Partnership inclusive of all related pressures and savings

For more information please contact Shahid Hanif, Interim Chief Finance & Transformation Officer on 01294 324954 or shahidhanif@north-ayrshire.qcsx.gov.uk

**North Ayrshire Health and Social Care Partnership
2018/19 Budget**

Appendix A

	NAC 2018/19 £000's	NHS 2018/19 £000's	IJB COMBINED 2018/19 £000's
Expenditure			
Community Care and Health	44,305	21,040	65,345
Mental Health Services	14,108	58,180	72,288
Children Services and Criminal Justice	30,364	5,563	35,927
Primary Care inc prescribing	-	47,582	47,582
Management and Support	3,307	2,202	5,509
Change Programme	(326)	1,827	1,501
Carers Act and FPC	587	-	587
Total Health and Social Care Partnership	92,345	136,394	228,739
Plus Set Aside	-	27,765	27,765
GRAND TOTAL	92,345	164,159	256,504

	NAC 2018/19 £000's	NHS 2018/19 £000's	IJB COMBINED 2018/19 £000's
Funding			
North Ayrshire Council	90,498	-	90,498
Scottish Govt funding re Living Wage, Carers Act and FPC 2018/19	1,847	-	1,847
NHS:	-	-	-
a) NHS Ayrshire and Arran Health Board	-	126,194	126,194
b) Scottish Govt funding re Living Wage 2016/17 and 2017/18	-	10,200	10,200
c) Set Aside	-	27,765	27,765
TOTAL	92,345	164,159	256,504

This assumes that the repayments on the carried forward deficit are not commenced until at least 2019/20

Breakdown of the NAHSCP share of the £66m Scottish Government Funding

	Share of £66m £ m
Scottish Government Additional Funding	1.847
<u>Funding components</u>	
Carers Act 2016	0.532
Living Wage - adult social care	0.840
Living Wage - sleepovers	0.280
Free Personal Care uplift	0.056
General Pressures	0.140
TOTAL	1.847

North Ayrshire Health and Social Care Partnership 2018/19 Demand Pressures

Appendix B

a) Council Commissioned Services

Ref	Demand Pressure	2018/19 £000's
1a	2017/18 Demand Pressure - LD Care Packages	500
1b	2017/18 Demand Pressure - Fostering	566
1c	2017/18 Demand Pressure - Residential Schools	1,823
2	Demographic and Demand Pressure - Older People - care at home	659
3	Demographic and Demand Pressure - Mental Health - specific cases	349
4	Demographic and Demand Pressure - Learning Disability - transition cases	480
5	Demographic and Demand Pressure - Children - fostering, adoption & kinship	352
6	National Care Home Contract Inflationary increase 3.39%	490
7	Contract Inflation Outwith the Living Wage and NCHC increase	319
8	Impact of auto enrolment pension increases for personal assistants employed via Direct Payments	45
9	Pay Award	1,172
10	Auto enrolment for Council staff	118
	TOTAL	6,873

b) NHS Commissioned Services

Ref	Demand Pressure	2018/19 £000's
11	Staffing Pressure - Continuation of jointly funded post with Ayrshire College	22
12	Pay Award	1,496
13	Care Packages - Adults £57K and Children £33K	90
	TOTAL	1,608

Note - A Prescribing pressure of £3.444m is not included within the proposed interim budget. This is due to ongoing work on the prescribing savings which will reduce but not eliminate this pressure. An update on the 18/19 prescribing budget will be reported to a future IJB and reflected in the finalised 2018/19 Budget.

North Ayrshire Health and Social Care Partnership
2018/19 Savings

Appendix C (i)

Council Commissioned Services

a) Already agreed by the IJB

No.	Service	Sub Division	Description	RAG Status	2018/19 £000's
1	Mental Health	MH Challenge Fund	Mental Health - Challenge Fund Projects	Green	226
2	Community Care & Health	Comm Care - Challenge Fund	Community Care & Health Challenge Fund Projects	Green	381
3	Children & Criminal Justice	Children - Challenge Fund	Children & Criminal Justice Challenge Fund Projects	Green	519
4	Change and Improvement	Change Programme	Integrated Care Fund - reduction in spend and discontinued projects	Green	218
5	Planning and Performance	Change Team	Change Team Restructure	Green	108
		TOTAL			1,452

b) Management Action - HSCP can undertake these under delegated authority

No.	Service	Sub Division	Description	RAG Status	2018/19 £000's
6	Community Care & Health	Community Care Services	Withdrawal of funding to Crossroads, Largs	Green	14
7	Children and Criminal Justice	Intervention Services	Reallocation of Partnership Forum budget with associated savings	Green	40
8	Cross Service	Management and Support	Staff Mileage - 10% reduction across the partnership	Green	40
9	Management and Support	Management and Support	Planning and Performance Team - reduction in staffing	Green	37
10	Community Care & Health	Income	Additional projected income	Green	155
11	Mental Health	Community Mental Health	Redesign and recommission a mental health support service at a reduced cost.	Amber	30
12	Mental Health	Learning Disability	Reduction in Caley Court Learning Disability Team.	Amber	48
13	Mental Health	Learning Disability	Reduction in staff at Hazeldene Day service	Amber	35
14	Community Care & Health	Integrated Island Services	Reduction in staff from the Arran social work team	Amber	13
15	Children and Criminal Justice	Policy and Practice	To reduce the Learning and Development team	Amber	75
16	Children and Criminal Justice	Children Services	Reduction in staffing Children Services	Amber	25
17	Management & Support	Cross Service	Review all support secondments/posts which could be provided by parent organisations to the HSCP.	Amber	50
		TOTAL			562

c) IJB Approval Required

No.	Service	Sub Division	Description	RAG Status	2018/19
18	Children and Criminal Justice	Intervention Services	To discontinue the mentoring project for young people	Green	25
19	Community Care & Health	Community Care Services	Harbour Centre Day Service, Alzheimers - closure of weekend service	Green	8
20	Cross Service	Cross Service	Bring forward phase 2 Challenge Fund savings from 2019/20 to 2018/19	Green	250
21	Management and Support	Management and Support	Cap respite across all services to 35 days	Green	200
22	Management & Support	Cross Service	Operational savings generated by the business support review.	Amber	150
23	Community Care & Health	Locality Services	Reduction in Care Home Placements - proposal to reduce 25 placements.	Red	391
24	Community Care & Health	Community Care	Managing Care at Home demand	Red	200
		TOTAL			1,224

	GRAND TOTAL	Council Commissioned Services		3,238
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NHS Ayrshire and Arran - Commissioned Services

a) Already approved by the IJB

Service	Sub Division	Description	RAG Status	2018/19
Change and Improvement	Change Programme	Integrated Care Fund - reduction in spend and discontinued projects	Green	242
Planning and Performance	Change Team	Change Team Restructure	Green	108
	TOTAL			350

Service	Sub Division	Description	RAG Status	2018/19
		Savings Proposals currently being finalised *		340

GRAND TOTAL	NHS Commissioned Services		690
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Note (i) - * A number of smaller projects are currently being progressed from these proposals as they are within the delegated authority of the HSCP to be able to action

Note (ii) - Non achieved NHS CRES savings of £2.557m carried forward from 2016/7 and 2017/18 are still to be achieved and these are not reflected in the information above.

Note (iii) - Prescribing savings are not included within the proposed interim budget. This is due to ongoing work on the savings. An update on the 18/19 prescribing budget will be reported to a future IJB and reflected in the finalised 2018/19 Budget.

North Ayrshire Health and Social Care Partnership 2018/19 Challenge Fund

Appendix D

Phase 1 - funding awarded

Reference Number	Summary Description of Proposal	2018/19 Cost			Savings			Net 2018/19 Savings	Net 2019/20 Savings
		Challenge Fund	Funded from Savings	Total	Phase 1 2018/19 Delivery	Phase 1 2019/20 Delivery	Total	Net 2018/19 Savings	Net 2019/20 Savings
CF6	Review Physical Disabilities Caseload - review every package of care currently offered	26,686	-	26,686	200,000	-	200,000	200,000	-
CF7	Investment in Universal Early Years	105,333	52,667	158,000	100,000	250,000	350,000	47,333	144,667
CF8	School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	60,671	94,234	154,904	200,000	151,000	351,000	105,766	90,329
CF9	Reduction in Needs for Residential School placements enhancing our community supports with a new team.	125,994	195,692	321,686	536,000	335,000	871,000	340,308	209,006
CF10	Equipment and Adaptations	-	-	-	-	-	-	-	-
CF11	Pilot Step Up/Step Down Beds in Care Home Setting	-	-	-	-	-	-	-	-
CF12	Develop Reablement and Assessment Capacity within Care at Home	142,114	47,371	189,486	228,000	-	228,000	180,629	142,114
CF13	Pilot Sickness Absence Taskforce within the HSCP	125,000	25,000	150,000	100,000	200,000	300,000	75,000	75,000
CF16	Pilot a New Approach to Sleepover Provision within Learning Disabilities	22,500	-	22,500	-	-	-	-	-
CF17	Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	34,178	11,393	45,571	37,000	37,000	74,000	25,607	2,822
CF18	Leadership Secondment to Implement Learning Disability Strategy and new Pan Ayrshire approach	30,000	30,000	60,000	256,000	150,000	406,000	226,000	120,000
CF22	HR and Support to all projects	81,492	81,492	162,985	-	-	-	81,492	81,492
		753,969	537,849	1,291,817	1,657,000	1,123,000	2,780,000	1,119,151	418,217
Comm Care & Health		168,800	47,371	216,172	428,000	-	428,000	380,629	142,114
Children		326,176	353,985	680,161	873,000	773,000	1,646,000	519,015	446,824
MH		52,500	30,000	82,500	256,000	150,000	406,000	226,000	120,000
Other		206,493	106,492	312,985	100,000	200,000	300,000	6,492	6,493
		753,969	537,849	1,291,817	1,657,000	1,123,000	2,780,000	1,119,151	418,217

Integration Joint Board
19th April 2018

Subject: **NAHSCP Strategic Plan 2018-2021**

Purpose: To present the final version of the Partnership's new strategic plan for the period from 2018/21 to IJB and seek approval for publication and implementation

Recommendation: It is recommended that IJB:

- Approves the plan for publication, distribution and implementation
- Supports the implementation of the plan over its three year life

Glossary of Terms	
ASPIRE	All Service Performance Information, Review and Evaluation
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran

1.	EXECUTIVE SUMMARY
1.1	Since May 2017, work has progressed in the development of a new North Ayrshire Health and Social Care Partnership (HSCP) Strategic Plan that will cover the period from April 2018 to March 2021.
1.2	Following a period of consultation in January and February 2018, the plan was revised and presented to Integration Joint Board (IJB) on the 15th March 2018 for comment and noting.
1.3	The HSCP Strategic Plan 2018-21 is now complete. Both a full publication version and summarised version has now been produced and once approved these will appear on the website on the 20 th April 2018. It will take 7-10 days to produce a modest print run of copies for distribution. [Appendix 1 & Appendix 2]
1.4	Approval is now sought from IJB to proceed with publication and implementation.
2.	BACKGROUND
2.1	It is a requirement of the Public Bodies (Joint Working) (Scotland) Act 2014 that integration authorities produce a Strategic Plan.
2.2	North Ayrshire HSCP published its first 3 year plan in April 2015. This will expire in March 2018.

2.3	In preparation, the HSCP has developed a new three year plan for publication that will replace the existing plan and inform the activity of the Partnership from April 2018.
3.	PROPOSALS
3.1	<p>It is proposed that IJB do the following:</p> <ul style="list-style-type: none"> ▪ Approve the HSCP Strategic Plan 2018-21 ▪ Approve the Summary HSCP Strategic Plan ▪ Approve the online publication of both the HSCP Strategic Plan 2018-21 and Summary plan on the: <ul style="list-style-type: none"> ▪ HSCP Website ▪ North Ayrshire Council Website ▪ NHS Ayrshire & Arran Website ▪ Any other online formats as considered appropriate ▪ Approve a modest print run of physical copies of the HSCP Strategic Plan 2018-21 ▪ Approve a larger print run of physical copies of the Summary HSCP Strategic Plan 2018-21 for wider distribution
3.2	<u>Anticipated Outcomes</u>
	<p>The strategic plan will ensure North Ayrshire achieves the nine National Health & Wellbeing Outcomes, established by the Scottish Government, the three national children's outcomes and three national criminal justice outcomes as detailed within the Scottish Governments National Performance Framework.</p> <p>In addition, through the enactment of the Partnership Pledge and the various community based developments outlined, we anticipate that local people in North Ayrshire will become more aware of how to make changes that will positively impact their health and wellbeing and that of those around them.</p>
3.3	<u>Measuring Impact</u>
	<p>North Ayrshire HSCP has a robust performance and financial management framework incorporating multiple levels of scrutiny. This includes:</p> <ul style="list-style-type: none"> • Publishing an Annual Performance Report • Bi-annual joint performance review meetings with the Chief Executive of both North Ayrshire Council (NAC) and NHS Ayrshire and Arran • Bi-annual service area performance review meetings (ASPIRE) • Quarterly Performance and Audit Committee Reports/Meetings • Medium Term Financial Plan
4.	IMPLICATIONS

Financial :	<p>The plan includes significant detail on the Partnership' budget position and sets out the need to work differently to ensure sustainability. The Medium Term Financial Plan is currently being updated.</p> <p>Implementing the plan should ensure cost savings can be made through better ways of working.</p>
Human Resources :	The plan incorporates elements of the Workforce Development plan and identifies the ongoing need to review the HSCP

	workforce to ensure it is suitable to address the challenges faced.
Legal :	The new plan sets out the direction for the North Ayrshire Health and Social Care Partnership for the period, 2018-21 and adheres to the requirements set out in the Scheme of Delegation
Equality :	An Equality Impact Assessment has been completed on the new Strategic Plan. Overall no negative impacts were identified as a result of the implementation of this plan. [Appendix 3]
Environmental & Sustainability :	The plan highlights the need for the HSCP to work better to ensure cost pressures are met (see Risk Implications below). In addition, through the priority of Bringing Services Together, much focus is on consolidating teams into shared areas to improve access for local people.
Key Priorities :	The new plan maintains the existing five strategic priorities and identifies new actions to address them.
Risk Implications :	The plan highlights potential funding gap of £39.2million, should the plan not be realised. As such the risk is associated with non-implementation of the plan, which could ultimately leave the Partnership unsustainable.
Community Benefits :	Non-applicable. Does not directly relate to any tendering or procurement activity

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	A consultation on the draft strategic plan was held from 9 th January to 16 th February 2018. The consultation resulted in 207 responses to an on-line survey and 174 face to face conversations with local people. Analysis of the survey highlighted a strong endorsement of the Partnership's vision and strategic priorities. Where feedback and narrative was provided, it was used to inform the final development of the plan.
5.2	It is intended that the consultation analysis report and the 'You said, We did' document is also published electronically alongside the strategic plan.[Appendix 4]
6.	CONCLUSION
6.1	The HSCP Strategic Plan for the period of 2018-21 is now ready for publication. It is recommended that IJB approve the new plan for publication, public distribution and implementation. IJB is also asked to fully support the implementation of the new strategic plan.

For more information please contact Michelle Sutherland – Strategic Planning & Transformation Change Lead on (01294) 317751 or msutherland@north-ayrshire.gcsx.gov.uk

Appendix 1

HSCP Strategic Plan 2018-21 – printed paper to follow

Appendix 2

HSCP Summary Strategic Plan 2018-21 – printed paper to follow



**North Ayrshire Council
Equality Impact Assessment Form**

Section 1 - Details

- 1.1. Service** **Section**
- 1.2. Name of Policy or Practice being assessed:**

Is it new ☒ Existing ☐
- 1.3. List of participants in Equality Impact Assessment**
- 1.4. Manager responsible for impact assessment**
Name:
Designation:
- 1.5. Timetable**
Date assessment started: (dd/mm/yyyy)
Completion date: (dd/mm/yyyy)

Section 2 – Aim and Relevance

- 2.1. What is the purpose of the policy or practice?**
- 2.2. What are the anticipated outcomes?**
http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes."/>
- 2.3. Who is affected by the policy or practice as an internal or external service user?**
 - Local people
 - Local communities
 - Users of services
 - Carers





North Ayrshire Council Equality Impact Assessment Form

- Members of staff
- Health & Care professionals and organisations

2.4. Please indicate the equality groups likely to be affected by the policy:

As the strategic plan will cover all people who access health and social care services, it is likely that all equality groups will benefit from the implementation of the plan.

However, due to the nature of services delivered it is likely that the plan will have greatest impact on the following groups:

Age (children, young people and older people)

Those with a disability (both learning and physical)

Pregnancy and Maternity

Other (carers, those impacted by poverty, those in rural areas, etc)

2.5 Which aspects of the policy eliminate unlawful discrimination, harassment and victimisation?

The plan identifies the HSCPs commitment to the Pan Ayrshire Equality Outcomes that have been established to ensure we meet the public sector equality duty.

The plan underlines the importance of working with people ensuring that there is no barrier to them accessing services, kept safe from harm and that their preferences and ideas are taken into account when planning any care activity.

2.6 Which aspects of the policy advance equality of opportunity between people which share a relevant protected characteristic and those who do not?

A key focus of the plan is to help reduce the many inequalities people face in North Ayrshire. Through implementation of the plan, the HSCP aims to improve access to quality health and care services for all people across Ayrshire to ensure that regardless of your history or background you can access the right services at the right time.

In addition a large focus of the plan is to engage more effectively in communities, empowering them and building up existing assets. This approach aims to make communities more supportive and resilient places which will facilitate local people in maintain and improving their own health and that of those around them.

A number of programmes will look to support vulnerable adults (perhaps subject to poor mental health, learning disability or addictions) to access employment support programmes

2.7 Which aspects of the policy foster good relations between people who share a protected characteristic and those who do not?

A large focus of the plan is to encourage local people to be more active in improving and maintaining their own health and care and supporting those





North Ayrshire Council Equality Impact Assessment Form

around them. A key element of this is educating communities to better support people who are vulnerable, socially isolated or excluded. Through community education, local communities will be more supportive and welcoming environments and the instances of stigma or discrimination will reduce.

2.8 Which equality groups and communities have been involved in the development of the policy?

The Strategic Plan's writing group had a broad membership from across the partnership, including representatives from each of the three service areas (Mental Health, Community Care and Children & Families) as well representation from the Third and Independent Sectors. Each representative of services that support a broad section of people in North Ayrshire. Several workshops were also held with representatives of Independent Sector Organisations, the HSCP IJB and Strategic Planning Group. Representatives from the HSCP Locality Planning forums also had the opportunity to contribute to plan.

2.9 Are there any other groups to be consulted?

Consultation with Strategic Planning Group on 27th February 2018 seeking endorsement to progress to IJB for approval.
Final approval will be sought from Integration Joint Board on 15th March 2018

Section 3 – Collecting Information

3.1. What evidence is available about the needs of relevant groups?

Source of Evidence

Demographic data,
including Census

National Records for Scotland Population statistics
and projections

Research

Various strategies and policies were reviewed in the development of this plan. Including:

- Analysis of Deprivation, Disease and Practice Payments (NHS A&A)
- Learning Disability Strategy (NAHSCP)
- New Dementia Strategy
- Palliative Care Framework
- Adverse Childhood Events profiles

(Full list available)

Consultation &
survey reports

- What Matters to You? National Conversation (June 2016)
- Public Consultation (9 Jan – 16 Feb 2018)
- Mid-year financial plan





North Ayrshire Council Equality Impact Assessment Form

	<ul style="list-style-type: none"> Change programme analysis Review of Scheme of Integration Stepping Stones to change review
Equality Monitoring Data	Scottish Index of Multiple Deprivation (2016)
Inspection & audit reports	NA
Service user feedback & complaints	NA
Ombudsman reports & case law	NA
Officer knowledge & experience	Michelle Sutherland – Strategic Planning and Transformational Change Lead Scott Bryan – Team Manager Planning HSCP Strategic Planning Group HSCP Extended Partnership Senior Management Team

3.2. Are there any gaps in evidence?

NA

Section 4 – Impacts

4.1. Could the proposed policy or practice have an impact on any of the following protected characteristics?

Protected Characteristic	Yes	No	Please explain
Age (Older people, children and young people)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Through the implementation of the strategic plan, we will improve health and care services to young





**North Ayrshire Council
Equality Impact Assessment Form**

			and older people, particularly in their own communities.
Disability (Physical and Learning)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The HSCP is responsible for delivering health and care services to those with disabilities (physical and learning). The plan sets out intentions to review services to the benefit of service users. As such the implementation of this plan should positively impact this protected group.
Gender reassignment (Where a person is living as the opposite gender to their birth)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The implementation of the strategy is not anticipated to impact negatively on people who identify with this protected characteristic.
Pregnancy and Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Through delivery of our early years programmes providing support to pregnant women and new mums, it is anticipated that implementation of this strategic plan will positively impact on those within this protected group.
Race, ethnicity, colour, nationality or national origins (including gypsy/ travellers, refugees and asylum seekers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The implementation of the strategy is not anticipated to impact negatively on people who identify with this protected characteristic.
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The implementation of the strategy is not anticipated to impact negatively on people who identify with this protected characteristic.
Sex (Women and Men)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The implementation of the strategy is not anticipated to impact negatively on people who identify with this protected characteristic.
Sexual Orientation (Lesbian, gay and bisexual people)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The implementation of the strategy is not anticipated to impact negatively on people who identify with this protected characteristic.



North Ayrshire Council Equality Impact Assessment Form

Other (Poverty, homelessness, ex offenders, isolated rural communities, carers, part-time workers, or people in a marriage/civil partnership)

☒ ☐

The strategy sets out the HSCPs intentions to tackle the various inequalities North Ayrshire, provide greater support to local carers, and improve services in rural communities and supporting the reintegration of offenders back into the community. The implementation of the strategy is anticipated to impact positively on a wide range of additional groups.

Section 5 – Assessment

5.1. Is there any evidence that the policy:

- may result in less favourable treatment for particular groups?
- may give rise to direct or indirect discrimination?
- may give rise to unlawful harassment or victimisation?

Yes ☐

No ☐

No evidence ☒

If yes, give details

In making services more sustainable in the long term, there is a risk many service users may see a reduction in their provided care packages following service reviews

5.2. If you have identified a negative impact, how will you modify this?

No clear negative impacts have been identified. Where service users see a reduction in existing care packages, meaningful alternatives will be offered, including access to a Direct Payment in order for individuals to have greater choice and control over their own care package. Further we will work with partners in the Third and Voluntary sector in develop suitable community based support options for local people.

5.3. Is the policy or practice intended to promote equality by permitting positive action or action to remove or minimise disadvantage?

Yes ☒

No ☐

If yes, please give details

The plan intends to help reduce the significant inequalities in North Ayrshire and improve the areas overall health and wellbeing.
The plan intends to develop, educate and encourage communities to better support local people to improve their health and wellbeing, be mindful of and care for neighbours

Section 6 – Consultation & Recommendations

6.1. Describe the consultation undertaken with equality groups, including details of the groups involved and the methods used.





North Ayrshire Council Equality Impact Assessment Form

A public consultation on the plan took place between 9th January and 16th February 2018.

A focussed communication regarding the consultation was sent to various interest groups inviting them to participate in the online survey and attend many of the organised public events.

In terms of equality monitoring data, only Age and Gender information was collected.

7 Outcome of Assessment

7.1. Please detail the outcome of the assessment:

No major change

☒

Adjust the policy

☐

Continue the policy

☐

Stop and remove the policy

☐

7.2. Please detail recommendations, including any action required to address negative impacts identified

All potential negative impacts that would result from a review of any services will be mitigated through alternative methods, such as accessing direct payments and developing greater levels of community based support.

7.3. Is a more detailed impact assessment needed?

No



**North Ayrshire Council
Equality Impact Assessment Form**

Section 8 – Monitoring

- 8.1. Describe how you will monitor the impact of this policy e.g. performance indicators used, other monitoring arrangements, who will monitor progress, criteria used to measure if outcomes are achieved.**

HSCP performance is subject to multiple levels of scrutiny. Performance reports on progress made against the plan is reported in the following places:

- NAC & NHS Joint Performance Reviews
- Performance & Audit Committee Quarterly Performance Reports
- ASPIRE internal performance review process

- 8.2. Describe how you will publish the results of monitoring arrangements?**

HSCPs are required to publish an annual performance report setting out performance against the 9 National Health and Wellbeing outcomes.

- 8.3. When is the policy or practice due to be reviewed?**

This plan will expire on 31st March 2021. A new plan will be developed for the period 2021 onwards.

- 8.4. Head of Service who has approved impact assessment
Please insert name and title of the Head of Service who has approved this assessment**

Name:

Title:

Date:

Section 9 – Publication

- 9.1 All Equality Impact Assessments must be published on the Council website.**

Useful Guidance

Equality and Human Rights Commission: Assessing impact and the public sector duty: A guide for public authorities (Scotland) (2012)

<http://www.equalityhumanrights.com>



You said, we did

Output following Strategic Plan Consultation

North Ayrshire Health and Social Care Partnership published its second Strategic Plan (2018/2021) on 20th April 2018. A working group was established in May 2017 to progress this work and produced its consultation draft in December 2017.

This draft was subject to public consultation in January and February 2018. The aim of the consultation was to gather the views and feedback from various stakeholders, including:

- Members of the public
- Service users
- Carers
- Members of Staff
- Partner organisation
- Interest groups

In addition to the public consultation, feedback was also sought from internal stakeholders and representatives from NHS Ayrshire and Arran, as well as East and South Health and Social Care Partnerships.

Feedback gathered through the consultation and internal engagement was to inform the published version of the plan. We took on-board the comments you made and the ideas you gave us, which helped us to refine and improve the plan to make it more meaningful to you.

This paper provides a summary of the suggestions and comments you made and identifies what changes we made as a result (Section A: You Said, We Did). It will also highlight where we did not adopt a suggestion and explain the reason why (Section B: You Said, Why we did not).

Section A: You said, we did

Ref	You Said...	We Did...	Page Reference
A:1	The document was too long and often difficult to read	Reviewed the language used, removed and condensed information where appropriate and re-ordered chapters to improve the reader experience. Further, where appropriate we also moved sections to the appendix, for example the locality mini profiles.	Throughout document.
A:2	You had concerns for those in which English is not their first language, as this could lead to social isolation. The plan had no mention of supports available to those who do not have English as a first language	We developed an Action around working closer with our colleagues across Ayrshire to improve access to Translation and Interpretation Services including BSL	Page 41 (Strategic Priorities: Tackling Inequalities)
A:3	You agreed with our message of working closer with communities.	We revised our 'Partnership people and the future' chapter and moved the 'Working with you' section to the beginning.	Page 30
	You identified concerns regarding challenges in getting GP appointments and the availability of health related education in regards to alternative services (e.g. pharmacy, optometry)	We included many actions to improve how we deliver primary care services and improving local people's knowledge and confidence in using other community based health services that are easier to access. For example, some of our actions state we will: <ul style="list-style-type: none"> • Expand the role of Community Link Workers to help people understand the full range of services available to them, and • Implement a Primary Care Development plan to help people access the right services as soon as possible. 	Pages 42 and 46 (for example)
A:4	Certain information in the Independent Sector section was no longer true.	We removed the text in relation to the outdated information.	Page 38
A:5	Many of the actions could be worded better to improve their meaning. Members of staff helped identify better forms of wording.	We adopted the suggested changes from staff colleagues to improve the wordings of our actions	Pages 41 to 49
A:6	Asked us to include reference to the 'No Alcohol, No Risk' in pregnancy message as you identified a growing concern of Foetal Alcohol Spectrum Disorder (FASD)	We included an action to work with partners to raise awareness and help combat the prevalence of this condition.	Page 46

North Ayrshire Health and Social Care Partnership

A:7	The plan was not clear on the resources and finances we had available. Some concern was raised over how we would fund the implementation of the strategic plan and achievement of the HSCP Vision.	We enhanced the finance chapter with the most up to date finance information available. This included: Information on our Medium Term Financial Plan The IJB budget for 2017/18 and breakdown of how it is spent between our service areas Identifies the contributions from our Parent Bodies Identifies the potential funding gap if we do not change how we deliver services.	Page 24 -27
A:8	The plan was not clear on our intentions for the future commissioning of services	We included a section 'Strategic Commissioning of Services', underlining our commitment to the effective and efficient strategic commissioning of services at the local, pan Ayrshire and Regional level	Page 28
A:9	During the consultation you told us what you did to keep yourself and those around you, well. You also told us what more you could do to maintain or improve your health and wellbeing.	We took what you told us and included it in our Partnership Pledge, and in the 'You can help by,' boxes against each Strategic Priority	Pages 4, 42, 44, 46, 49, and 51

Section B: You said, why we did not

Ref	You Said...	Why we did not...	Page Reference
B:1	We received some feedback regarding our Vision for North Ayrshire. Some feedback indicated the vision in itself was meaningless without firm actions to back it up.	The majority of respondents agreed with the Vision (96% of respondents). As such, we made no changes to the wording of the Vision. However, we have made other changes to the document firming up the narrative to explain how the HSCP intends to achieve its Vision. This includes greater detail on the budget and our strategic commissioning intentions.	Page 6
B:2	You were concerned about the lack of support services and leisure opportunities for children and young people on Arran	We did not include a specific action around this concern. The plan contains a number of actions around engaging with communities to identify needs and priorities for action as well as actions around improving opportunities for vulnerable young people. For example, on page 41 within the Tackling inequalities section we have two actions: Communities: <i>Continue to work with communities to co-produce the highest possible quality of health and social care; supporting you to stay well and self-manage your condition as effectively as possible</i> Children & Families: <i>Implement the Children's Services Plan and Corporate Parenting Plan to support vulnerable young people to access the same opportunities as their peers</i> These actions would apply to young people across all of North Ayrshire.	Page 41
B:3	You highlighted many things during the consultation that you felt should be a priority for the partnership. These included concerns over <ul style="list-style-type: none"> • Transport • Self-management • Employability 	We did not create any new priorities based on this feedback. It was agreed that the priorities identified are covered within the existing five strategic priorities. In addition, the plan contains specific actions to address the issues raised.	Page 40 onwards.

North Ayrshire Health and Social Care Partnership

	<ul style="list-style-type: none"> Community support/Activities 		
B:4	Our finance and resource information should be as up to date as possible.	Due to publication timescales, we are unable to include the IJB budget for 2018-19. This is due in part to the different budget setting processes held by our parent bodies of North Ayrshire Council and NHS Ayrshire & Arran.	Most up to date budget information available on Page 24
B:5	You told us that you were supportive of developing an integrated care hub on Cumbrae, but you were concerned about the current lack of availability of care services on the Island of Cumbrae, e.g. a local care home.	The IJB has concluded (meeting held on 14 th September 2018) that building an integrated care hub is the preferred option to enhancing health and social care on the island. Information and evidence available indicates that building a care home would not be a financially sound investment. Through future engagement work, the HSCP will continue to listen to the concerns and issues of local residents and work to potentially develop the best care solutions for people on the island	

Integration Joint Board
19th April 2018

Subject: **Organisation Development Strategy 2018 - 2021**

Purpose: The purpose of this Organisation Development (OD) Strategy Document is to describe (1) the development aspirations of North Ayrshire Health and Social Care Partnership (NAHSCP) and (2) how the Partnership will continue to develop its people, processes, systems and structures to achieve its strategic priorities and vision.

Recommendation: The IJB is asked to approve the Organisation Development Strategy 2018 – 2021

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
OD	Organisational Development
LD	Learning Disabilities

1.	EXECUTIVE SUMMARY
1.1	<p>The Organisation Development Strategy describes the difference we are seeking to achieve in the Partnership - in terms of people, process, systems and structures - to help achieve our strategic priorities set out in our new Strategic Plan.</p> <p>It presents an estimate of where we are on our journey and outlines the key principles that will underpin the range of individual, team and Partnership-wide interventions that can help the Health & Social Care Partnership make progress towards achieving its ambitions.</p>
2.	ILLUSTRATION
2.1	<p>Whilst the document is necessarily “high-level”, it recognises the strengths and added value of the Partnership in its widest sense recognising the contribution of the third and independent sector, communities, families and carers.</p> <p>Some practical examples of anticipated interventions of ongoing OD support:</p> <ul style="list-style-type: none"> • Tarryholme Drive and Warrix Avenue: supporting leaders, their teams and service users in their design of the model for care and their vision for change; linking to the vision and aims of other service developments (e.g. Learning Disabilities). • Learning Disabilities – Supporting the vision & strategy, articulation and implementation; to provide a productive and fulfilling service for users and work experience for staff. • Cumbrae: helping leaders articulate the design and plan the implementation of integrated services, including encouraging the emphasis of preventative and

	<p>early intervention, plus recognising the contribution of the third sector and the Cumbrae community.</p> <ul style="list-style-type: none"> Quarry Road: helping staff contribute to the public engagement for this development, to promote the Partnership and to collaborate in additional ways with the public.
3.	PROPOSALS
3.1	The IJB is asked to approve the principles and rationale presented in the document.
3.2	<u>Anticipated Outcomes</u>
	<ul style="list-style-type: none"> Healthy appetite for change Shared learning for continuous improvement Clear and confident identity Productive collaboration Embedded values Societal contribution
3.3	<u>Measuring Impact</u>
	<p><i>Main methods:</i> are surveys (e.g. staff engagement), focus groups and performance information.</p> <p><i>Measurements include:</i> staff members report - playing to their strengths and can offer evidence of productive shared learning; people report engagement with their team(s); NAHSCP can evidence meaningful involvement of the community with staff in service design; NAHSCP receives compliments and reports of positive experiences; progression on the strategic priorities.</p>
4.	IMPLICATIONS

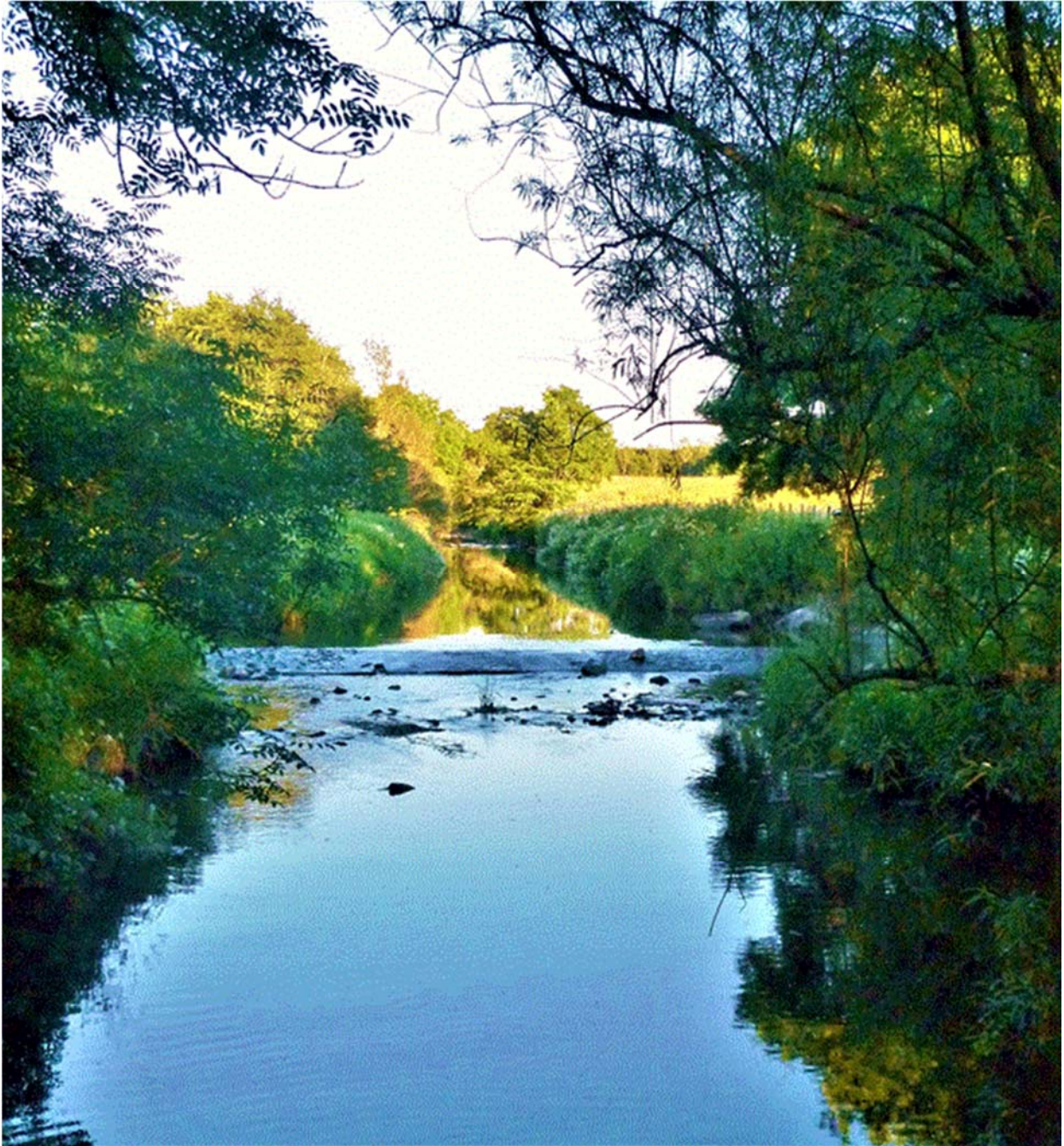
Financial:	The OD strategy requires no new or additional funding.
Human Resources:	The strategy is intended to support staff in embracing new ways of working including multidisciplinary team-working and public engagement in service design.
Legal:	None.
Equality:	The OD strategy is designed to develop, promote, enable and comply with our equality policies.
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	The strategy is designed to enable fulfilment of the strategic priorities identified in the Strategic Plan 2018-2021.
Risk Implications:	The OD strategy links to the Strategic Plan and Operational Plans of the NAHSCP. Its success is partly dependent upon the success and robustness of these.
Community Benefits:	None

	Direction to :-	
--	-----------------	--

Direction Required to Council, Health Board or Both	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	This document has been reviewed and commented on the Partnership Senior Management Team and Leads from the Third and Independent sectors.
6.	CONCLUSION
6.1	The IJB is asked to approve the OD Strategy.

For more information please contact Michelle Sutherland on michelle.sutherland@north-ayrshire.gcsx.gov.uk (01294) 317751



North Ayrshire Health and Social Care Partnership Organisation Development Strategy 2018-2021

Preface

Purpose of this document

The purpose of this Organisation Development (OD) Strategy Document is to describe

- The development aspirations of North Ayrshire Health and Social Care Partnership (NAHSCP).
- How the Partnership will continue to develop its people, processes, systems and structures to achieve its strategic priorities and vision.

Background and sources

The approaches to change described here are derived from a large number of sources and link with NAHSCP's Strategic Plan and the Pan-Ayrshire OD Strategy. They embrace established good practices including those within North Ayrshire Council (NAC), NHS Ayrshire & Arran (NHSAA) and the Third Sector and Independent Care Sectors.

This strategy was informed by views of people who live and work in the areas we serve, health and social care colleagues participating in group events, and ongoing discussions with the Partnership's senior leaders and staff from other agencies.

Additionally, the learning from a number of resources has informed this document (see Resources).

Acknowledgements

The photograph on page 15 is used by the kind permission of Nicola Murray and North Ayrshire Council (NAC) (from the Big Picture Competition 2016). All other photographs are used by the kind permission of Evelyn Berry.

All photographs were altered for inclusion in this document.

Acronyms used in this document

CPP - Community Planning Partnership
IJB – Integration Joint Board
MAT – Multi-agency team
MDT – Multi disciplinary team
NAC – North Ayrshire Council
NAHSCP – North Ayrshire Health and Social Care Partnership
NHSAA – National Health Service Ayrshire and Arran
PSMT – Partnership Senior Management Team
OD – Organisation Development

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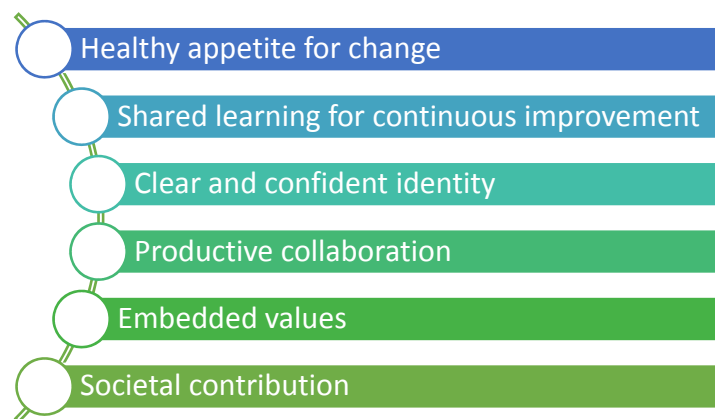


Summary

This document describes how our approach to Organisational Development (OD) will help achieve the vision of North Ayrshire Health and Social Care Partnership.

The difference

OD helps people make a difference. OD will help generate a healthy appetite for change in a context of shared learning. Embedding our values and forming a unique Partnership identity will enable productive collaboration to fulfil our vision of improving the health and wellbeing of the people in North Ayrshire and beyond.



... will be achieved by ...

The difference will be achieved through combining the assets of the partners – the **community, Third Sector, Independent Sector, NAC, NHSAA and the person or family** using our services to “add value” to the people we serve. Through effective relationships we can combine the different gifts and talents that all partners bring, to make progress. People will lead, collaborate, design, support and deliver different levels of change driven by a genuine commitment to success. This will be informed by:





Where we are

Background

Origins

Following a long history of joining health and social care in Scotland and the UK, legislation to implement health and social care integration in Scotland came into force on 1 April 2016. This brings together local council social services and local health board services under one partnership arrangement for each local authority area. One of the first of these 31 Partnerships, NAHSCP comprises North Ayrshire Council (NAC) and NHS Ayrshire & Arran (NHSAA), working with the Third and Independent Care sectors.

The Partnership and its reach

For people who live and work in North Ayrshire and other parts of Ayrshire, NAHSCP is responsible for the provision of local, community health and care services (everything outside of, but often interfacing with, acute hospital care - as in our management of the set aside budget to meet the costs of unscheduled or emergency admissions to hospital).

Contributing to the North Ayrshire Community Planning Partnership (CPP), we work with a range of stakeholders, including carers and communities, Education and Housing, plus East and South Partnerships, to help ensure that the people of Ayrshire get the right health and social care.

Our Localities

Assets, needs and opportunities

North Ayrshire, as with all of Ayrshire, has many assets – its rich history and traditions, thriving communities and aspirational future all contribute to its strengths in diversity, environment, talent, hopes and potential. To give a flavour of some of North Ayrshire's resources, the CareNA website has around 420 published profiles of providers (including Third and Independent Sector providers).

We have some of the most beautiful parts of Scotland, some of the healthiest and some of the most deprived. The Scottish Index of Multiple Deprivation portrays a range of social conditions and needs in North Ayrshire relative to the rest of Scotland. In 2012, 4.7% of the 15% most deprived data zones in Scotland were in North Ayrshire. In 2016, this has risen to 5.3%, although the health component of these relative measurements shows a slight improvement during the same period. Around 53,000 people of North Ayrshire live in the most deprived areas of Scotland. Between two points in a North Ayrshire locality or between Localities, there can be notable differences in life chances - for example, life expectancy can vary by ten years or more.

As well as differences, and particular local priorities (eg transport on Arran or the mental health of young people in Kilwinning) there are similarities – for example social isolation is a shared need in Three Towns, Irvine and North Coast.

Our Localities face many demographic trends similar to the rest of the UK. Our population is aging and we expect demand on services to increase.

Partnership Development

Our context and some challenges

Mostly uncharted, our context it is often complicated and sometimes complex - due to external social, political and economic driving forces as well as the internal evolution of NAHSCP partners – their cultures, structures, systems and processes. The changing external environment is illustrated by the Scottish Government's focus on a 10–15 year strategy that builds on the 2020 Vision for health and social care in Scotland, acts of Parliament such as the Carers (Scotland) Act (2016) and policy developments that shape strategic direction – for example, The 2018 General Medical Contract in Scotland.

Furthermore, like other health and social care partnerships, we need to run our services and change them at the same time - during a time of increasing demand. To illustrate demand, in the last three years, we have seen a 30% increase for some services. We aim to inspire staff and engage with the public to embrace new ways of working whilst needing to make substantial financial cuts.

While advances and developments in approaches to care and support can alleviate pressure, the future will need different thinking to promote equity, to deliver enduring, quality services and to contribute to quality of life.

As the Partnership develops, anticipating and responding to various needs and pressures, we will continue to develop our services and work collaboratively and creatively with the public and providers to make a difference to society.

Anticipated development path of the Partnership

This strategy assumes a fluid environment where the application of mechanistic approaches to change is less effective and where more dynamic approaches are needed

As with other large complex change contexts, not all parts of our Partnership are in the same state of change. People in the Partnership will embrace the wave of change at different times. Another key premise is that the Partnership as a whole is likely to experience three phases of change (generative, movement and agility phases). These are described below to give context to the OD strategy, intentions and approaches.

The generative phase

In this initial phase, the Partnership has used strengths-based approach to help initiate change in parts of the Partnership. The philosophy and principles of this approach included:

People are connected to their strengths and their core values

Innovation happens in nurturing environments

Challenges are the raw material for all learning

This has been a fundamental approach in enabling and supporting the reviews of services across the Partnership and to help generate creative ideas. OD interventions will build on this positive, engaging and constructive beginning.

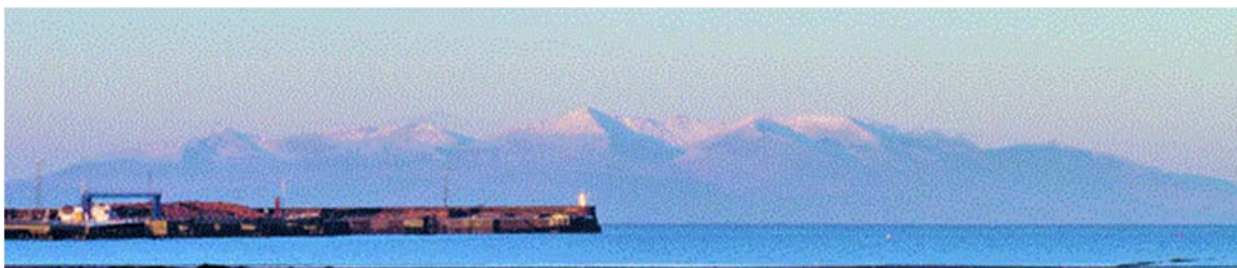
The movement phase

Having kindled and unleashed the creative potential and energies, the practices from the previous phase can contribute to the Partnership shifting into the second phase of *implementation*. This period is typified by a range of emotions and thoughts. The emphasis is on playing to the talents and strengths identified in the previous phase, to enable individuals and teams to join and align with the movement of change. This is the time when change becomes more tangible and results become more measurable. Success necessitates going beyond pilots or small tests of change.

The OD strategy for this phase will note the complexity, promote adaptability and focus on results. This phase is where the assets of the Partnership and the community will combine to help navigate our shared journey, implement real change and develop agility for future change.

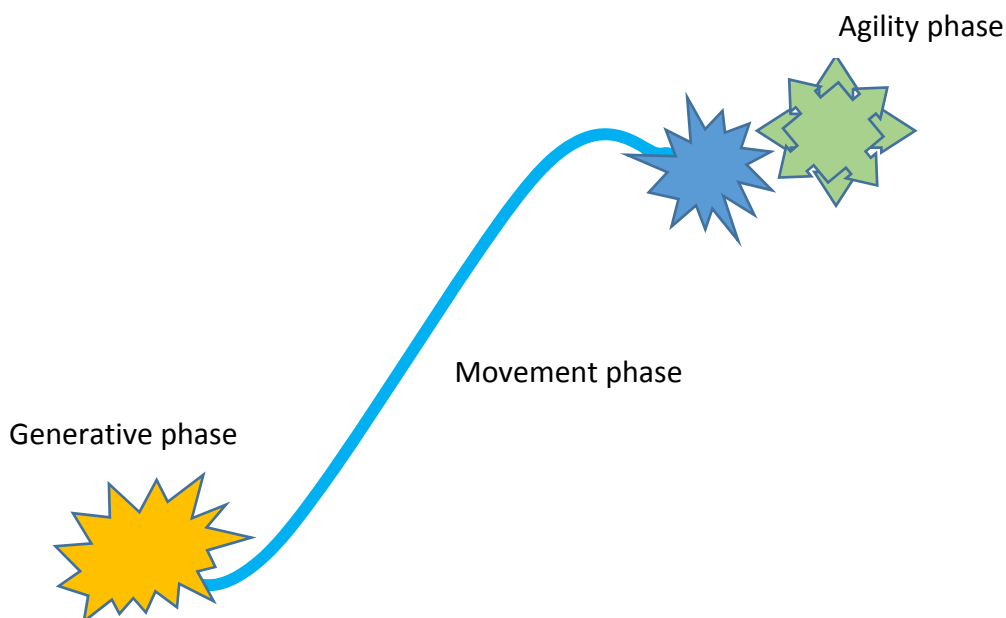
The agility phase

This is the anticipated future state where the previous phases have been successfully navigated, values are embedded and change has gathered momentum and is the new norm. In this state, the Partnership changes and learns in a constant cycle of improvement, dealing with external and internal developments with a fleetness of foot that continues to deliver success. It will be a time when the Partnership is ready to change again.



Focus of this document

The content of this strategy document majors on the first two phases of change described above and aims to position the Partnership for success in all three phases.

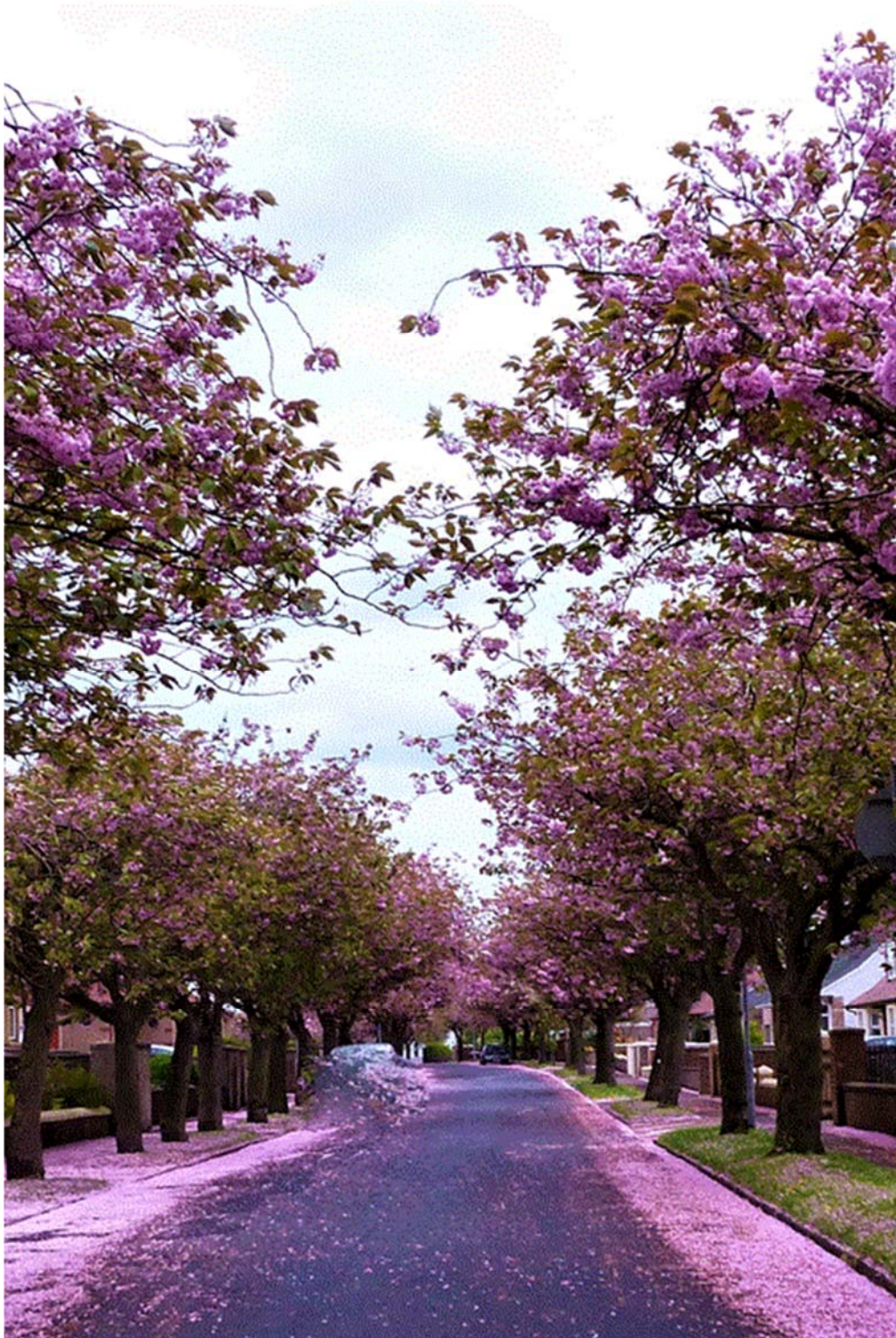


The developing nature of the Partnership and its context are better suited to a considered and emergent OD approach. This approach will align people, processes, systems and structures as the Partnership develops. The aim is to release the passions, talents and energy of people involved with the Partnership. Our evidence-based OD will:

- Enable fulfilment of the vision, values and strategic priorities.
- Enable change through people to build future capability and continuous improvement.

Given the context and challenges of partnership development, the OD strategy encompasses the need to change with the simultaneous need to deliver on outputs and outcomes. For this reason, the strategy is necessarily specific in some areas with greater flexibility in other areas.

This strategy aims to complement rather than duplicate or replace the Workforce/OD/People and other relevant strategies and policies of the employing bodies. Contractual terms and conditions do not fall within the scope of this strategy. The OD strategy and activities are monitored by the Partnership - specifically the Partnership Senior Management Team (PSMT) and the Integrated Joint Board (IJB).



Our direction

This strategy supports our direction in:



Vision, values and priorities

North Ayrshire Health and Social Care Partnership has clearly articulated its vision, values, service principles and priorities in its Strategic Plan

Vision

The vision is stated as:

“All people who live in North Ayrshire are able to have a safe, healthy and active life.”

Values

The values state the way in which the Partnership engages with everyone. They are:

- Person centred
- Respectful
- Efficient
- Caring
- Inclusive
- Honest
- Innovative

Strategic priorities

To deliver the vision, North Ayrshire Health & Social Care Partnership has five priorities:

- Tackling inequalities
- Engaging communities
- Prevention and early intervention
- Improving mental health and wellbeing
- Bringing services together

What is changing?

Working to our five strategic priorities requires changing the delivery of health and social care and adopting new ways of working.

New ways of working

An overview of the historic and aspired ways of working appears below. In 2017, a small sample of staff (around 70 from NAC, NHSAA, Third Sector and Independent sector) estimated our progress in moving from historic ways of working to the new ways of working. An average of their assessment appears in the right-most column.

Historic ways of working	New ways of working	2017 estimate of progress
Specialist health care needs are dealt with hospitals only.	Care and support provided in communities with access to hospitals when people need it.	Moderate
Care provided is disjointed with handover of individuals between services.	Health and Social Care services are brought together	Below moderate but not historic
The care delivered to meet acute needs is reactive.	The emphasis is on a preventative approach with ease of access and available information	Below moderate but not historic
Statutory Agencies are responsible for planning and delivering of services and prioritisation of resources.	Communities plan, drive and deliver change and prioritise resources.	Below moderate but not historic
Self-care is infrequent	Self-care is encouraged, supported and facilitated by communities.	Below moderate but not historic
Individuals are passive recipients of care	Individuals determine how their needs are best met, supported with professional advice and help	Moderate
Carers are largely undervalued	The value of carers is recognised by local communities and proactive help is given to support their role.	Moderate
Risk averse care and support	. . . a new approach to managing risk which ensures the delivery of safe, effective and innovative services.	Below moderate but not historic

We are increasingly embracing *new ways of working* but acknowledge we are still on our journey. This section highlights some examples of how we are enabling the shift to our desired direction and new ways of working.

Local presence, person-centred delivery

The Partnership's Strategic Plan describes how it will position teams locally to provide person-centred care. We have identified six Localities (Arran, North Coast and Cumbrae, Garnock Valley, Three Towns, Kilwinning and Irvine) which are identical to the Localities of North Ayrshire Community Planning Partnership (CPP) and compatible with GP clusters. New teams will be formed, with a local focus and collective mission, to move towards the new ways of working and so enable new levels of person-centred health and social care.

Multi-agency teams (MATs) and multi-disciplinary teams (MDTs)

We envisage locality-based teams composed of selected key professions supported by other teams who can operate in a broader geography – especially in our pan-Ayrshire responsibilities. Teams will comprise NAC, NHSAA, Third Sector and Independent Care Sector members as determined by local needs and assets, with the imperative of providing person-centred, timely, quality services.

Measuring outcomes and outputs for the person or family who uses our services, and for localities, will help shape the operations of MDTs/MATs. Teams will use data and information to support their planning, resourcing, delivery and reporting and inform the reporting of overall performance of the Partnership.

Close connections with the local community will be part of the service delivery as each team will develop and tap into the local assets.

Local Partnership teams will connect with each other to share learning and collaborate to ensure cohesive, congruent, holistic solutions.



A productive perspective on professional identity and professional leadership

Professional leadership will be part of the essential ingredients for success of our teams. The creation of health and social care partnerships provides a new landscape for innovation, for developing professional standards and practice, and clinical/professional leadership, which are special to partnership working. Professional leadership will be an integral part of team operations and processes

The safety of the people we care for remains paramount. The aim of our MDT/MAT approach is to make best use of the highest level of professional expertise, to help all professionals “bring their best to the table”. This focus will need, and enable, strong professional identity.

Successful MDT/MATs can look at blending of tasks with the effective maintenance of professional standards. There will be shared responsibilities without the dilution of professional standards or professional identity.

We have the opportunity to explore these new opportunities.

New leadership for successful MDTs/MATs

The multi-disciplinary and multi-agency nature of the locally-focused teams means a shift to new levels of autonomy or self-management for the team members. This demands a leadership approach that is built on empowerment rather than technical expertise or discipline experience. It requires enabling leadership - with new levels of accountability. It gives freedom to act within a clear, safe framework. Collaborating in these contexts requires a leadership style that can support the local team while respecting and valuing the whole Partnership.

Specialist teams

Our new ways of working will have teams within teams and interconnected teams. Some teams will be MDTs or MATs whilst others will be specialist teams. Effective team working will not only mean working effectively within teams but also between teams, including connecting with and developing specialist services teams.

Engaging and collaborating with the public

We are encouraging and inviting North Ayrshire residents and users of health and social care services to take care of their own health and wellbeing and to be mindful of the wellbeing of others in the community. By collaborating in this way, we hope to improve health and wellbeing in North Ayrshire and help to lessen the demand on services. We hope that by working with the public in new ways we can help build communities that are even more vibrant and more resourceful.



Making it happen

Overview

OD interventions will help make things happen and will:



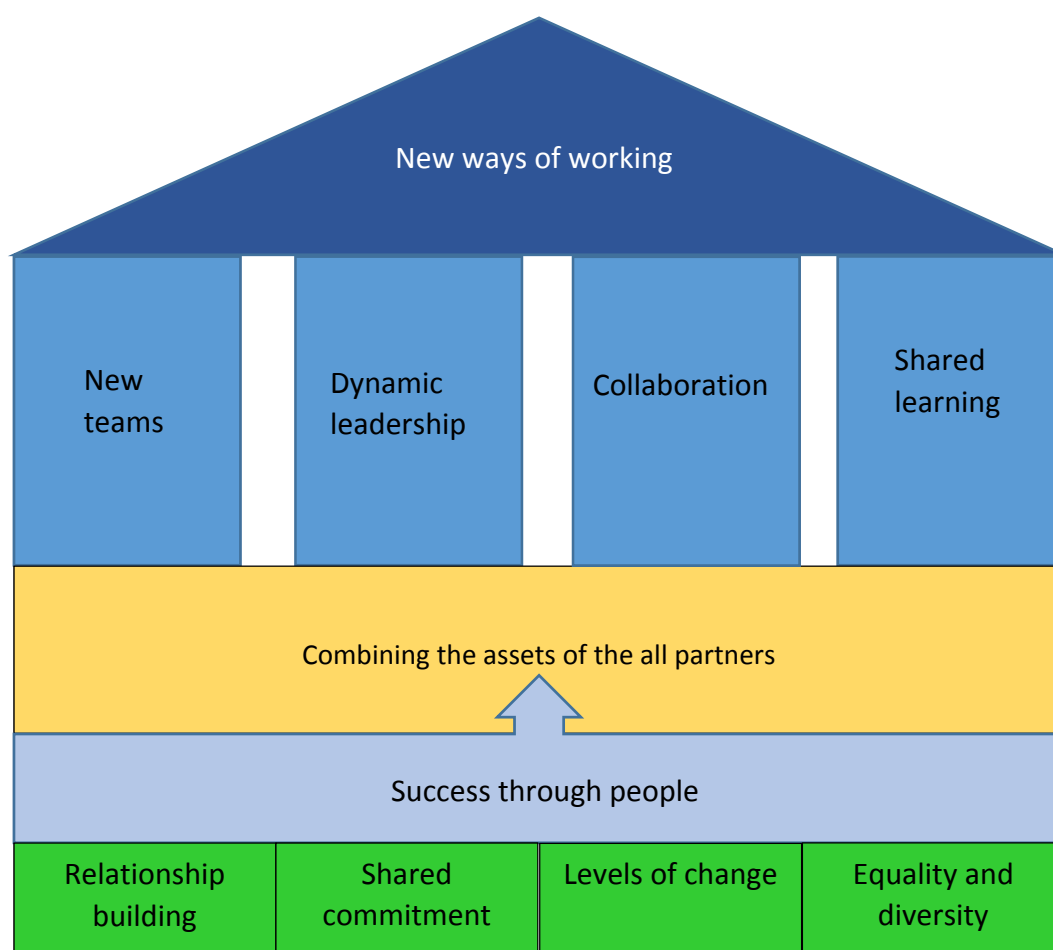
We believe that success will come through people. This belief relies upon four “foundations”: Through effective relationships and valuing the different gifts and talents that all partners bring, we can combine our assets to make significant progress. People will design, support and deliver different levels of change driven by a genuine commitment to change and success.

Our mechanisms of change will include new teams, progressive inter-team working, dynamic leadership, co-productive collaboration between partners and other agents - and generous sharing of learning for accelerated development.

The model of Partnership change below depicts the components that will lead to change.

This section expands on how this change to new ways of working will be supported.

A model of Partnership change



Success through people – the four foundations

Relationship building

Developing relationships and embedding the Partnership's values in a range of service, team and staff engagement and design activities will continue to be an important focus for us. Employees and volunteers will feel part of the Partnership but also identify with their Localities and various teams of which they are members.

The positivity and 'can do' approach of people creates new and exciting opportunities for joined-up health and social care services that promote quality, person-centred care. Our approach values the wellbeing of all, and focuses on developing an attitude of thriving on change and building resilience.

Shared commitment

Our team-based shift to the new ways of working requires innovative and effective systems, structures and processes. These will be achieved through the commitment and efforts of staff (i.e. employees and volunteers of NAC, NHSAA, Third and Independent Sectors) working with the community. The Partnership shares a commitment to care and making a difference to society.

Levels of change

To meet the societal demand and to make the degree of positive difference to people's lives, change will happen at different levels – from simple and local to complex and wide. To be successful, people will make change at all levels.

Design and process improvement, will help “listen to the voice of the customer”, make best use of resources and improve the efficiency and effectiveness of resources. Process design and improvement will be vital components of our change interventions.

The new paradigm suggests additional broader and deeper changes, for example, in our team-based structures and systems – designed and implemented to make ambitious improvements in services. These team-based interactions, systems and processes will be created by all partners.

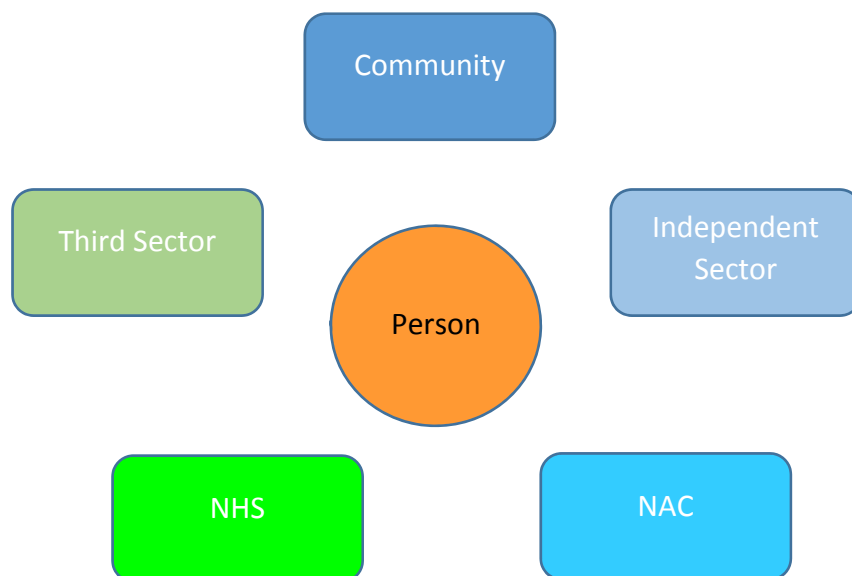
Equality and diversity

All aspects of this strategy will be delivered in a way that promotes equality, values diversity, protects human rights and tackles discrimination. Respect is reflected in our published values and success will be through getting the most out of our diverse staff and communities.

Building on the foundations of change

Combining assets

Achieving change, at all levels, will be through the harnessing of the strengths and talents of the people who contribute to the Partnership goals – getting the best from NAC, NHSAA, Third Sector, Independent Sector and the community. In our approach, the person using the service is at the centre and takes responsibility for their health and wellbeing and is part of decision making about their services.



All these partners have a role in managing change to build new, person-centred, quality services that will last and to develop healthy and successful communities.

By identifying and combining their greatest assets, individuals and teams across the Partnership will deliver the change required to achieve the strategic priorities. An inclusive approach to how we do this will enable the new ways of working through addressing real opportunities - with leaders, managers and frontline staff working with the community and being empowered to drive our change priorities.

OD interventions will support the individuals and teams who will make this happen. Progress will be underpinned by encouraging focus on key success factors of Partnership culture, teams, leadership, collaboration, processes, systems and structures.

People from across the Partnership working closely with individuals and groups in our Localities will make change happen. OD interventions will promote success through using the strengths, talents and assets of our people and the community to make the change.

Success through teams

Designing and developing teams

OD support for the design and development of teams will follow established good practice. Designing new teams will include identifying the spectrum of existing and predicted assets and needs, scoping the nature of teams to work effectively in these contexts and agreeing inter-team relationships and relationships with the community.

Ensuring cohesion with other Partnership teams (see Intra- and inter-team development below) will be essential to ensure a Partnership approach to local priorities.

Intra- and inter-team development

The construction of MDTs/MATs with attached and aligned teams will require the formation and development of new teams with relationships to other teams. To ensure a Partnership identity, rather than a narrow focus, inter-team development will help build and maintain cross-partnership relationships and collective productivity.

Our Pan-Ayrshire focus will mean continuous development of connectivity and relationships amongst teams more directly linked to East or South Partnerships.

Workforce planning

OD will support workforce planning and development.

Workforce planning is a dynamic approach to having the right staff with the right skills in the right place at the right time at the right cost. It involves determining the type of workforce and workforce skills required to deliver current and future services. Workforce planning in the Partnership has its own opportunities and particular emphases and OD can enable and support these opportunities. Workforce planning also links with the OD strategy in their relationship with workforce development to enable strategic change.

Workforce development

Workforce development focuses on developing the capacity, capability and effective behaviours of colleagues in the Partnership. Workforce development will be informed by workforce planning action plans.

Partnership OD interventions complement and do not replace or duplicate the workforce development responsibilities and activities of the employing agencies.

Success through leadership

IJB (Integration Joint Board)

Members of NAHSCP's Integration Joint Board (IJB) will continue to be supported to promote a learning and continuous improvement culture that actively promotes human rights and social justice. In its NAHSCP leadership role, and in its Community Planning Partnership role, the IJB can demonstrate the values of partnership working through example, affirm the contribution of staff through the application of best practice and be transparent and open to innovation, continuous learning and improvement.

PSMT (Partnership Senior Management Team)

As the most visible leaders, individually and collectively, the PSMT members shape the culture as role models as well as enabling strategic direction. PSMT channels the impetus, motivation and guidance of the IJB and other stakeholders. From an OD perspective, their leadership contribution is paramount to the success of the Partnership – being the wind in the sails of the teams charged with success of integration and service delivery.

Leadership at all levels

Leadership can sometimes be seen as the responsibility of those in senior or managerial positions. To develop the Partnership effectively, to promote change and to enable working in a new team culture, a different approach to leadership is needed. As part of our collective development journey, colleagues, regardless of position, will be encouraged to demonstrate distributive leadership behaviours around spotting opportunities, setting a positive example, motivating others, communicating effectively, collaborating and making things happen.

Team leadership and front-line leaders

The contribution of teams and front line leaders working at a grass roots level will be essential for success. In the case of MDTs and MATs, the leadership role will not be based on professional or technical background. For some, this will mean a new leader-member relationship. Leaders at the “sharp end” will require a skillset that integrates coordinating or facilitating the team with linking to other teams.

OD interventions will aim to ensure that consistent leadership principles will be present at all levels and all roles in the Partnership.

Front-line leaders will be supported and enabled to move to the new paradigm and take performance to new levels.

Managerial leaders

Those who manage people in the Partnership will help colleagues adjust to new systems, practices, roles and responsibilities. OD will support:

- Creating approaches to communicate clear, shared and persuasive goals - engaging people to identify with the Partnership aspirations as well as local priorities
- Developing positive relationships across the Partnership, continuing to build a collective identity and continued commitment to change
- Enabling ongoing integration and improvements in services
- Empowering and developing staff to demonstrate leadership at all levels

Success through collaboration and shared learning

Partnership development takes place in an environment of collaboration and interdependencies - including the range of governance and professional standards relevant to those operating in regulated health and social care occupations and practice sessions.

Within integrated pan-Ayrshire responsibilities such as Mental Health, Primary Care and some Children's Services, NAHSCP connects with these services and works directly and indirectly with other learning, relevant activities in East and South Ayrshire health and social care partnerships. This collaboration helps assure a pan-Ayrshire perspective on OD planning and activities, as well as collaborative working and sharing of learning and resources.

In addition to the natural gifts and talents of people, their learning and experience, from what goes well and less well, are also huge assets on the change and improvement journey. Their insights from change – and their stories – are integral to sharing learning and success. These insights also help change work in other services as solutions and problem solving experiences are transferred across the Partnership and with its partners.



The Strategic Planning and Transformational Change Team

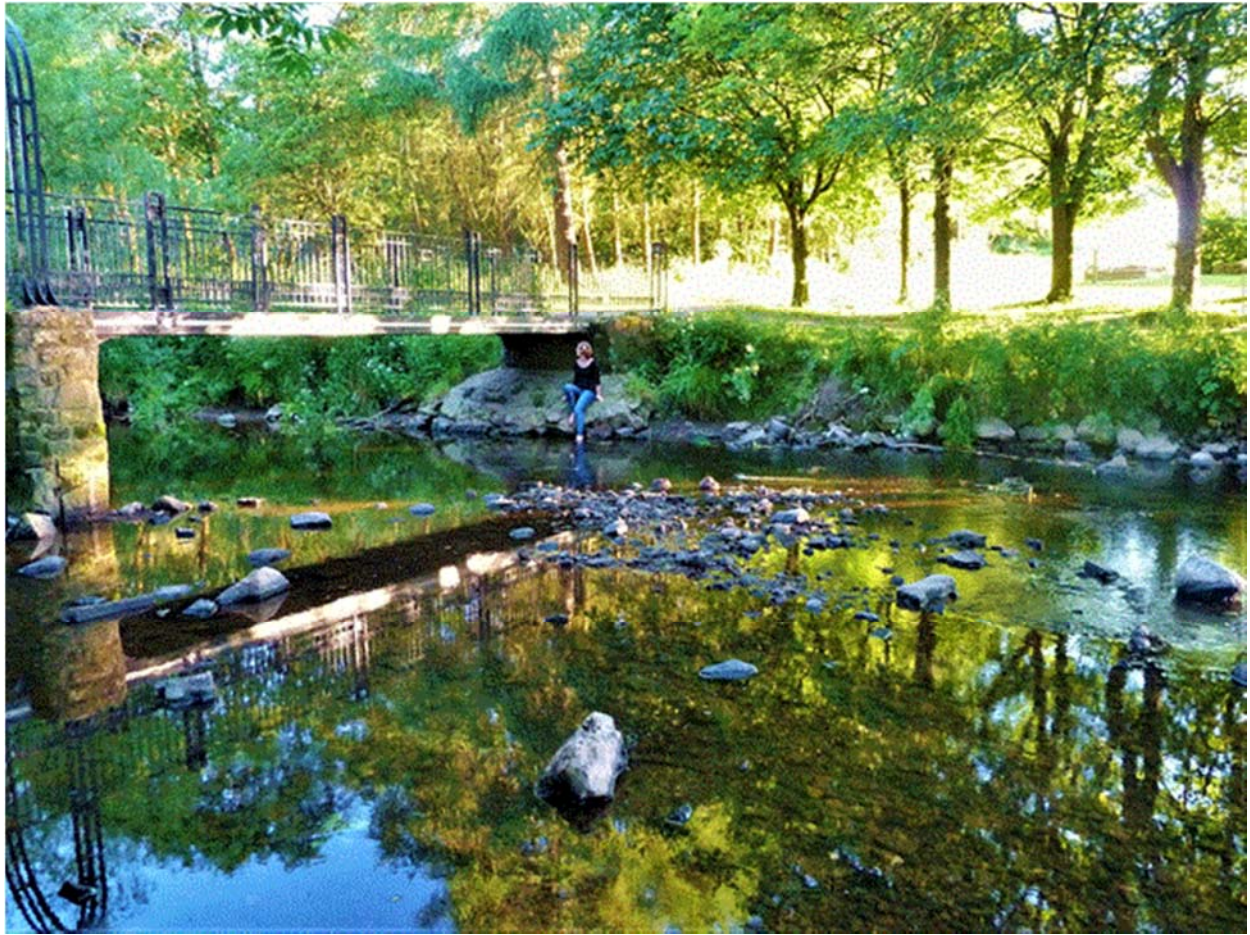
The Strategic Planning and Transformational Change Team works with all service areas and key partners, including the community, to design and implement sustainable change and service improvement. This work supports, and is focussed on, the key ambitions and priorities specified in the Strategic Plan.

The Team recognises that the people involved in the Partnership are key to success. The Team works to ensure that the engagement of those delivering services is attained and that staff, stakeholders, service users and members of the public are empowered to drive and deliver sustainable change.

Our locality profiling has helped shape our service focus and our Locality Connection events have helped get an enriched picture of some of our local assets and priorities. Our productive inclusion of data and evidence has shaped our change activities and will continue to inform meaningful change.

In addition, the Team enables and evaluates the change programme to ensure that service improvement has been delivered and sustained. It provides change, OD, project management, communications and engagement expertise. It uses and presents a range of data sources to inform service teams of their current position against the strategic priorities.

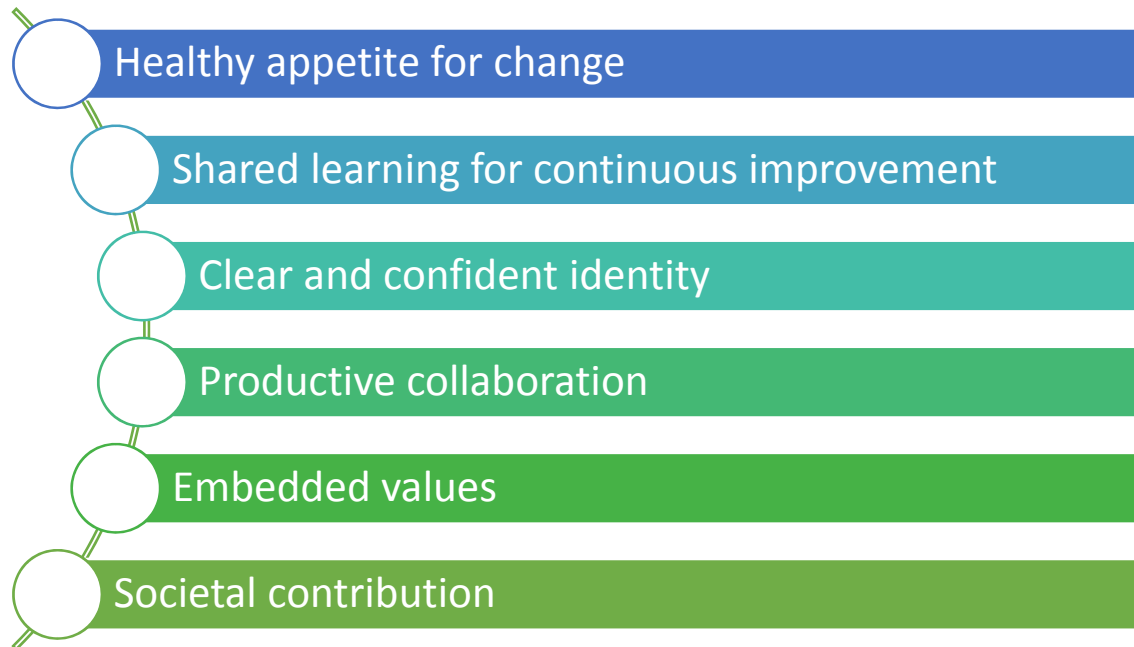
Communications with staff and other stakeholders is the life blood of engagement and change. As we move forward, the Change Team will continue to develop its communication tools, methods and reach.



The difference

Partnership development – enablers, outputs and outcomes

OD interventions, with staff engagement, workforce development and community engagement, will contribute to Partnership development and success. The key enablers, outputs and outcomes related to the OD strategy are:



Healthy appetite for change

We will thrive on change and manage change at a personal level. We will use the strengths and talents of staff to manage change, developing resilience and an appetite for meaningful change.

Shared learning for continuous improvement

The Partnership will provide opportunities for cross-partnership learning, including sharing good practice and learning from things that did not work well or at all. We will continue to explore and identify opportunities for joint learning and training – where there is common content or common interest for partners – to reduce duplication and to make best use of the assets of partners.

Learning and OD representatives from all three Ayrshire health and social care partnerships will continue to share learning and take opportunities to offer collaborative support for workforce development and continuous improvement.

The Partnership will be able to evidence how it has shared learning to accelerate its development and improve performance.

Clear and confident identity

Regardless of team or location or employer or role, we will feel part of North Ayrshire Health and Social Care Partnership.

People will be clear about their role and contribution, retain their professional identity, and feel part of a high performing team, or teams. People will feel loyal to these teams and to the Partnership as a whole.

Productive collaboration

Productive collaboration will make the best use of resources and talents of individuals and teams across the Partnership and with other stakeholders (such as North Ayrshire CPP). We will combine the energies and talents of people, including the individuals in Localities and community groups where we work, jointly learning, developing and delivering services to improve the health and wellbeing of the individuals and families in Localities.

Embedded values

We will uphold the values of the Partnership and these will be experienced in our actions and behaviours. We will value care, honesty, innovation, respect, person-centredness, inclusion and efficiency. Our culture will be about helping the people of North Ayrshire.

Societal contribution

Our resource-effective, high value services will help lead to the personal and community outcomes we are seeking:

- Through effective engagement and collaboration, we will have enriched communities and released their potential.
- We will have significantly tackled inequalities in our Localities and across Ayrshire.
- We will have made impressive and measurable improvements to the mental health and wellbeing of the people of Ayrshire.
- Our joined up services will be seamless to the individuals and families we help and will emphasize prevention and early intervention.

Measuring the difference

Given the planned and iterative elements of change, we will continue to use ongoing feedback (people's views) and input (performance data) to shape the content of Partnership OD interventions. This also helps the Partnership to review and adapt interventions to achieve the outcomes of the strategic plan.

Our main sources for monitoring, measuring and continuous improvement are surveys, focus groups and performance information.

Survey feedback

Input from colleagues is especially important for Partnership development. The Partnership collated input from managers and other staff to inform this strategy and specific interventions, and this approach will continue. Closer analysis of these survey results helps to shape the type and emphases of OD and support interventions.

In addition to these staff-wide approaches, more specific, targeted surveys are also used periodically to ascertain staff views.

New and existing groups

Input on change and on OD intervention plans has been sought from groups in a variety of contexts including focus groups and the Providers Forum.

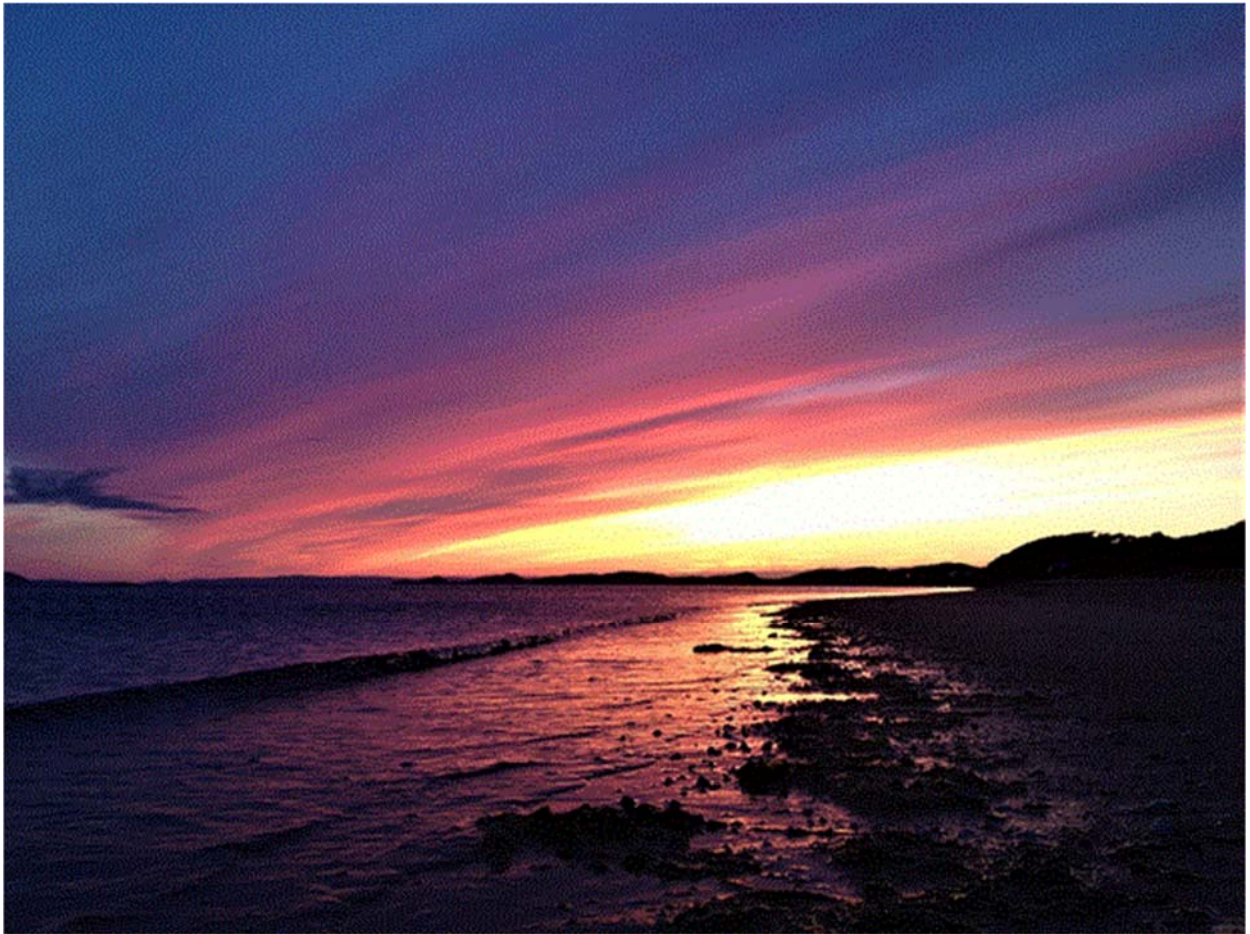
Aspire – performance review

The Partnership's Aspire process reviews service performance and delivery of outcomes. Meetings provide the Partnership Senior Management Team with the opportunity to review service performance and feed into OD interventions.

Making the difference

The Partnership will undergo a cycle of continuous learning and change. Our vision describes the difference we want to make, articulated in our five strategic priorities. Through an emphasis on meaningful outcomes, monitoring and evaluating our progress will inform what we do and help us learn from what we've done – and tell us what difference we are making.





Resources

Resources that influenced the content of this strategy include:

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